EMPLOYMENT AGENCY & EXECUTIVE SEARCH SUPPLEMENT





| Name of Applicant | | | | |
|--|---|--------------------------|--|--|
| Provide the percentag | e of your firm's gross revenue from the last fis | scal period attributable | e to the following types of placement: | |
| Executive/Officers | | L L L Percentage | | |
| Doctors/Nurses | | L L L Percentage | | |
| Engineers/Architects | | L_L_L Percentage | | |
| Licensed Professionals** | | L L L Percentage | | |
| Clerical/Office | | Percentage | | |
| Light Industrial | | LII Percentage | TOTAL should equal 100% | |
| Machine Operators | | L L L Percentage | | |
| Truck Drivers – Long Haul | | L L L Percentage | | |
| Truck Drivers – Short Haul | | L L L Percentage | | |
| Research/Lab Technicians | | L L L Percentage | | |
| Labourers** | | L_I_I_I Percentage | | |
| Other Describe | | L L L I Percentage | | |
| ** Please Describe | | | | |
| | | | | |
| Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following: | | | | |
| Permanent Placements Temporary Placements | | Percentage | TOTAL should equal 100% | |
| | | L I I Percentage | | |
| Were more than 50% of | of your total gross billing for any one year deriv | ved from a single clier | nt or contract? Yes No | |
| If yes please provide: | Client Name | | | |
| | Relationship with client | | | |
| | How long do you expect this relationship to continue? | | | |

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Forming part of the Professional Liability Application swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



| Do you provide the appropriate background checks on all prospective personnel, prior to placement? | Yes No |
|--|--------|
| Do you pay the Temporary Placements salaries? | Yes No |
| If Yes, are you required to pay the benefits as well as Workmen's Compensation? | Yes No |
| If Yes, please describe | |
| | |
| How long do you keep your patient's information/documentation on file? | Years |
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| | |
| Print Name and Title | |
| Signature of Applicant or Authorized Reprsentative | |
| DATE: DDMMMYYY | |