

EMPLOYMENT AGENCY / EXECUTIVE SEARCH SUPPLEMENT



1. a. Please provide a percentage breakdown based upon gross revenue for the past twelve (12) months of the following types of work performed. If Firm is newly established, please advise best estimate. Percentages must total 100% within each chart below.

Traditional Employment Agency	_____ %	Career Counseling or Consulting	_____ %
Temporary Help Placement	_____ %	(Stand Alone Without Placement)	
Outplacement	_____ %	Retained Search	_____ %
Contingency Executive Search	_____ %	Other (Describe):	_____ %

b. Further define your business by providing a breakdown by percentage of the placements you have made within the past twelve (12) months in the following professions or fields of employment.

Advertising / Communications	_____ %	Education	_____ %
Architects & Engineers	_____ %	Insurance / Banking / Finance	_____ %
Attorneys	_____ %	Manufacturing	_____ %
Accountants / CPAs	_____ %	Medical Professionals (Doctors, Dentists)	_____ %
Bookkeepers	_____ %	Medical Support Personnel	_____ %
Clerical / Office Support	_____ %	Real Estate Professionals	_____ %
Computer Professionals	_____ %	Retail / Restaurant / Service Industries	_____ %
Construction / Manual Labor	_____ %	Scientific / Research & Development	_____ %
Consultants	_____ %	Other (Describe): _____	_____ %

2. Are any tests administered to job applicants? ----- Yes No
If "Yes", please describe.
3. Please describe the specific steps and procedures you take to investigate and verify the backgrounds, qualifications and credentials of job candidates: _____

4. How do you protect a job candidate's confidential information from being released to an unauthorized party? _____

5. Is your full fee payable contingent upon a set duration of an employee's satisfactory performance? --- Yes No
6. Do you have a policy in place against recruiting individuals from the client where they were originally placed by you? ----- Yes No
7. Do you provide any type of employee leasing services? ----- Yes No
8. Do you require that any professionals you place on a part-time or temporary basis furnish you with evidence of individual professional liability insurance being in place? ----- Yes No
9. Do you provide any of the temporary help you place with any kind of employee benefits? ----- Yes No
If "Yes", please describe.

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by a principal, partner or owner as duly authorized on behalf of the Applicant.

Signature of Principal, Partner or Owner

Title

Date