



**PHILADELPHIA INSURANCE COMPANIES  
 ONE BALA PLAZA, SUITE 100  
 BALA CYNWYD, PA 19004**

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS  
 EMPLOYMENT AGENCY/PEO/TEMP EMPLOYMENT/AND RECRUITER  
 SUPPLEMENTARY APPLICATION**

Instructions:

- A. Please answer **ALL** the questions. If more space is required to answer a question, continue on applicant's letterhead.
- B. This supplement must be signed and dated by a principal, partner, officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Name of Applicant: \_\_\_\_\_

2. Please indicate the percentage of the Applicant's revenue for the past 12 months from each activity:

Traditional employment agency	_____%	Contingency/Executive Search	_____%
Temporary Help	_____%	Career Counseling	_____%
Outplacement	_____%	Retained search	_____%
Contract Employee	_____%	Pro. Employee Organization	_____%
		Other: _____	_____%
		<b>Total must equal</b>	<b>100%</b>

3. Please indicate the percentage of types of professionals placed in the past 12 months:

Advertising Profession	_____%	Computer Profession	_____%	Insurance Profession	_____%
Architect & Engineers	_____%	Consultants	_____%	Land Surveyors	_____%
Attorneys	_____%	Dentists	_____%	Mortgage Brokers	_____%
Accountants/CPAs	_____%	Financial Advisor	_____%	Physicians/Surgeons	_____%
Bookkeepers	_____%	Interior Designers	_____%	Real Estate Professions	_____%
		Other _____	_____%	<b>Total must equal</b>	<b>100%</b>

4. For professionals that are placed on a temporary or permanent basis, does the Applicant require that they maintain individual professional liability? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are any test administered to job applicants? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please describe the specific steps and procedures in which the Applicant takes to investigate and verify the backgrounds, qualifications and credentials of job candidates.

7. What steps does the Applicant take to protect a job candidates' confidential information from being released to an unauthorized party?

8. Is workers' compensation insurance currently in force? Yes \_\_\_\_\_ NO \_\_\_\_\_

9. Are all temporary employees covered under this insurance? Yes \_\_\_\_\_ NO \_\_\_\_\_

**WARNING: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING,**

**INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

**NOTICE TO OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Please Print)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_