



**SUPPLEMENTAL MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
EMPLOYMENT AGENCY AND/OR
EXECUTIVE SEARCH
(Claims First Made & Reported)**

Van Wagoner Companies
1134 Commerce
Richardson, TX 75081
Phone: 972-331-6566
Fax: 972-331-6599
Email: amber@vwcos.com
Website: www.vwcos.com



Name of Applicant: _____

1. Please list the types of positions being filled: _____

2. Are placements made on temporary or permanent basis? _____
If both, please set forth the approximate percentage for each type of placement. (Must total 100%.)
Permanent placements: _____ %
Temporary placements: _____ %

Total number of annual placements: _____

3. If temporary placements are made, are subcontractors utilized to perform services required?YES NO

If YES, please submit the following:

- (a) Sample contract used with the subcontractors.
- (b) A list of positions filled by subcontractors.
- (c) A brief description of services performed relative to each position.

4. Are any tests administered to job applicants?YES NO
If YES, please provide a detailed description of the test including the types of testing and details of their administration and, if the test is a written form, a copy of the test: _____

5. To complete your Application, please attach the following items:
- (a) sample contract between yourself and the prospective employer;
 - (b) sample contract between yourself and the prospective employee;
 - (c) sample promotional material/brochures/advertisements utilized.

6. Indicate the number and percentage of gross receipts derived from the following:

	Permanent Placements:		Temporary Placements:	
	Number	Percent	Number	Percent
Clerical	_____	_____	_____	_____
Professional	_____	_____	_____	_____
Trade	_____	_____	_____	_____
Other (describe)	_____	_____	_____	_____

7. Is the Applicant responsible for obtaining references of the prospective employees?YES NO
If YES, please describe the procedures followed by the Applicant. _____

8. Is the Applicant responsible for verifying or checking the qualifications of the prospective employees?YES NO
If YES, please describe the procedures following by the Applicant. _____

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to employment agency and/or executive search operations.

In addition to all other terms and conditions:

Applicable in Kentucky. Any person who knowingly and with 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.

Date Authorized Representative Title