



**EMPLOYMENT AGENCY INSURANCE PACKAGE  
QUOTATION REQUEST FORM / INSURANCE APPLICATION**

PLEASE COMPLETE ALL FIELDS

**APPLICANT**

|  |                                      |                                      |                                     |
|--|--------------------------------------|--------------------------------------|-------------------------------------|
| <b>CORPORATE NAME(S):</b><br>(including holding companies and all trade names: |                                      |                                      |                                     |
| <b>STRUCTURE:</b>  | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> INDIVIDUAL |
| <b>YEAR ESTABLISHED:</b>   |                                      |                                      |                                     |
| <b>MAILING ADDRESS:</b>  |                                      |                                      | Square Footage:                     |
| <b>LOCATION ADDRESS:</b><br>(if different from mailing address)                |                                      |                                      |                                     |
| <b>ADDITIONAL LOCATIONS:</b><br>(use separate sheet if required)               |                                      |                                      |                                     |
| <b>CONTACT NAME:</b>   |                                      |                                      |                                     |
| <b>PHONE:</b>  |                                      | <b>FAX:</b>                          |                                     |
| <b>E-MAIL:</b>   |                                      | <b>WEB ADDRESS:</b>                  |                                     |

**OPERATIONS (all locations combined)**

|  |   |                         |                         |
|--|---|-------------------------|-------------------------|
| <b>ANNUAL GROSS INCOME LAST FISCAL YEAR:</b><br>(commissions & fees earned)          | \$ Permanent Placements   | \$ Temporary Placements | \$ Total                |
| <b>ANY PERSONNEL PLACED ON ASSIGNMENT OUTSIDE OF CANADA?:</b>                        | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please advise:<br>% U.S.A.                      % OTHER, SPECIFY _____ |                         |                         |
| <b>ANY PERSONNEL PLACED AS DRIVERS / TRUCKERS IN THE U.S.?</b>                       | <input type="checkbox"/> No <input type="checkbox"/> Yes  |                         |                         |
| <b>LIST ALL TYPES OF PLACEMENTS YOU SPECIALIZE IN:</b>                               | (provide copies of any applicable brochures)  |                         |                         |
| <b>NUMBER OF EMPLOYEES:</b>  | Are any consultants domiciled in the U.S. or other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes                  |                         |                         |
| <b>PRINCIPALS:</b>   | <b>NAME</b>   | <b>TITLE</b>            | <b>YEARS EXPERIENCE</b> |
|  |   |                         |                         |
|  |   |                         |                         |
|  |   |                         |                         |
| <b>COUNSELORS:</b><br>(attach separate page if additional space is required)         | <b>NAME</b>   | <b>POSITION</b>         | <b>YEARS EXPERIENCE</b> |
|  |   |                         |                         |
|  |   |                         |                         |
|  |   |                         |                         |
| <b>ASSISTANT COUNSELORS:</b><br>(attach separate page if additional space required)  | <b>NAME</b>   | <b>POSITION</b>         | <b>YEARS EXPERIENCE</b> |
|  |   |                         |                         |
|  |   |                         |                         |
|  |   |                         |                         |
| <b>SALES AND OTHER STAFF:</b><br>(attach separate page if additional space required) | <b>NAME</b>   | <b>POSITION</b>         | <b>YEARS EXPERIENCE</b> |
|  |   |                         |                         |
|  |   |                         |                         |
|  |   |                         |                         |
| <b>LIST MEMBERSHIPS IN ANY INDUSTRY ASSOCIATIONS:</b>                                |   |                         |                         |

**CURRENT INSURANCE AND CLAIMS HISTORY**

|  |   |  |  |
|--|---|--|--|
| <p><b>HAVE YOU HAD ERRORS &amp; OMISSIONS INSURANCE BEFORE?</b></p>                            | <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please advise:<br/>For what period:<br/>Insurance company:</p>  |  |  |
| <p><b>DESCRIBE ANY CLAIMS IN THE PAST 5 YEARS:</b><br/>(attach separate sheet if required)</p> | <p align="center"><b>DATE OF LOSS</b></p>   | <p align="center"><b>DESCRIPTION</b></p> | <p align="center"><b>AMOUNT PAID</b></p> |
| <p><b>HAS YOUR COMPANY EVER BEEN REFUSED OR HAD CANCELLED ANY INSURANCE?:</b></p>              | <p><input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)</p>  |  |  |
| <p><b>DECLARATION:</b></p>   | <p>DO YOU, OR DOES YOUR COMPANY, OR ANY OWNER, PARTNER, OFFICER, CONSULTANT OR EMPLOYEE HAVE ANY KNOWLEDGE OF INFORMATION OF ANY OCCURRENCE, SITUATION, ACT, ERROR OR OMISSION WHICH MIGHT GIVE RISE TO A CLAIM OR HAS ALREADY RESULTED IN A CLAIM SUCH AS WOULD BE COVERED BY THE PROPOSED INSURANCE:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes<br/>If yes, provide details.</p> |  |  |
|  | <p>The undersigned declares that the statements set forth herein are true and that any material facts have not been suppressed or misstated. The undersigned agrees that this form shall form part of the contract of insurance if written with the insurance company.</p>  |  |  |
| <p><b>DATE:</b></p>  |   |  |  |
| <p><b>NAME:</b></p>  |   |  |  |
| <p><b>TITLE:</b></p>   |   |  |  |
| <p><b>SIGNATURE:</b></p>   |   |  |  |
| <p align="center"><b>MUST BE SIGNED BY A PRINCIPAL, PARTNER OR EXECUTIVE OFFICER</b></p>       |   |  |  |