

Scottsdale Indemnity Company

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EMPLOYMENT AGENCIES, TEMPORARY PERSONNEL SERVICES AND EXECUTIVE SEARCH FIRMS SUPPLEMENTAL APPLICATION FOR ERRORS AND OMISSIONS COVERAGE

1. Provide your current year total gross commissions: \$ _____
2. Indicate the percentage of total gross receipts derived from the following services:

Employment Agency (permanent placement).....	_____ %
Temporary Help Placement	_____ %
Executive Search	_____ %
Employee Leasing.....	_____ %
Career Counseling Services	_____ %
Outplacement Services	_____ %
Relocation Services	_____ %

3. If you provide permanent and/or temporary placement services, indicate the total number of placements and the percentage for each category listed.

	Permanent Placement		Temporary Placement	
	Number	Percentage	Number	Percentage
Clerical				
Professional				
Manufacturing				
Medical				
Industrial				
Construction				
Other: _____				

4. Do you provide temporary placement of the following types of personnel?

Lawyers	Yes	No
If yes, provide the total number of placements made in the last year: _____		
Architects	Yes	No
If yes, provide the total number of placements made in the last year: _____		
CPAs	Yes	No
If yes, provide the total number of placements made in the last year: _____		
Engineers	Yes	No
If yes, provide the total number of placements made in the last year: _____		
Physicians/Nurses.....	Yes	No
If yes, provide the total number of placements made in the last year: _____		
5. Do you provide subcontractors to perform temporary services for clients?..... Yes No
 If yes, please explain: _____
6. Do you offer any job training for potential placements? Yes No
 If yes, please explain: _____

7. Do you:
- a. Require that all potential temporary placements undergo tests to determine applicant's ability or skill level? Yes No
 - b. Check and document all references and qualifications of applicant before placement?..... Yes No
 - c. Confirm and obtain approval from the potential job applicant to relay confidential information to potential employers prior to doing so? Yes No
 - d. Communicate and confirm understanding of who pays the fee, and what the fee is, with potential employers and employee? Yes No
 - e. Provide any guarantee on a placement's performance or duration of employment? Yes No
8. Do you perform or contract for any psychological, alcohol, drug abuse or other substance abuse testing? Yes No

It is understood that this supplement becomes a part of the general application for Errors and Omissions Coverage.

FRAUD WARNING: 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.

Date

Signature

Title