



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

STAFFING SUPPLEMENT

1. Name of Applicant: _____

2. Provide a complete list the types of positions being filled:

3. Indicate the percentage of revenues derived from the following services in the past 12 months:

Executive/Permanent Placement	___%	Relocation Services	___%
Temporary Placement	___%	Career Counseling	___%
PEO/Leasing	___%	Resume Writing	___%
Outplacement Services	___%	Other: _____	___%

Total must equal 100%

4. Indicate the percentage of placements in the following fields during the past 12 months:

Medical/ Allied Health	___%	Technology	___%	Manufacturing	___%
Legal	___%	Finance	___%	Transportation	___%
Architect/Engineer	___%	Insurance	___%	Government	___%
Accountant/CPA	___%	Real Estate	___%	Education	___%
Media	___%	Other: _____	___%	Total must equal	100%

5. Indicate:

The total number of engagements in each of the past three years: _____; _____; _____

The average salary of placements completed in each of the past three years: \$ _____; \$ _____; \$ _____

The highest salary of placements completed in each of the past three years: \$ _____; \$ _____; \$ _____

6. Are any tests administered to job applicants to determine ability or skill level? Yes No
If Yes, provide a detailed description including types of tests and details of the administration.

7. Does the Applicant require that clients with whom temporary professional employees (medical/allied healthcare providers, attorneys, accountants, architect, engineers, etc.) are placed provide proof of professional liability insurance which extends to acts of temporary staff in the amount of at least \$1,000,000 per claim or occurrence? Yes No

If Yes, is the requirement always in writing? Yes No

Are certificates of insurance obtained in all cases? Yes No

8. Does the Applicant offer any job training for potential placements? Yes No

9. Does the Applicant perform background checks on candidates? Yes No

10. Please describe the specific steps and procedures utilized by the Applicant to investigate and verify the backgrounds, qualifications and credentials of job candidates.

11. Is worker's compensation insurance currently in force? Yes No

12. Are all temporary employees covered under this insurance? Yes No

EXECUTIVE/PERMANENT PLACEMENT SECTION – for Applicants performing permanent placement activities, only. If permanent placement activities are not performed, check here and skip to Question 15.

13. Indicate the number of permanent placements in the past 12 months for the following positions:

President/CEO _____

Senior VP/CFO _____

Other Executive _____ Briefly describe other executive placements: _____

14. Of the executive placements indicated above, what screening services were performed (i.e. telephone interview, in-person interview, obtaining transcripts, calling prior employers, drug screening, etc.)?

TEMPORARY PLACEMENT SECTION – for Applicants performing temporary placement activities, only. If temporary placement activities are not performed, check here [] and skip to Question 16.

15. Provide the current employee count and gross payroll during the past 12 months for each of the following:

<u>Position</u>	<u># Employees</u>	<u>Annual Payroll</u>
Clerical:		
Office workers (secretarial, filing, word processing etc.)	_____	\$ _____
Bookkeepers (accounts receivable/payable)	_____	\$ _____
Messengers	_____	\$ _____
Other Clerical (describe)	_____	\$ _____
Blue Collar:		
Forklift Operators	_____	\$ _____
Warehouse Workers	_____	\$ _____
Manufacturing	_____	\$ _____
Drivers	_____	\$ _____
Other (describe)	_____	\$ _____
Retail:		
Sales/Stock	_____	\$ _____
Cashiers	_____	\$ _____
Other (describe)	_____	\$ _____
Professional:		
Medical/Allied Health	_____	\$ _____
Attorneys	_____	\$ _____
Accountants/CPAs	_____	\$ _____
Architects/Engineers	_____	\$ _____
Other Professionals requiring specialized training, degree of license (real estate professionals, insurance professionals, educators, etc.)	_____	\$ _____

PEO/LEASING SECTION – for Applicants performing PEO and employee leasing activities, only. If PEO and employee leasing activities are not performed, check here [].

16. Indicate:

The total number of leased employees: _____
 Total fees derived from leasing activities: \$ _____

17. Do the Applicant’s contracts provide that the client company assumes responsibility for the activities of leased employees? [] Yes [] No

18. Does the Applicant assume contractual responsibility in any of the following areas:

- | | | | | | |
|----------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Paying claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pre-placement screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Withholding taxes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Filing tax forms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Payroll processing/reports | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Maintaining workers comp | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tax levy garnishments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Client employee record keeping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child support garnishments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Client unemployment claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Benefits sections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Administration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process background checks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Safety Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

If Yes to any of the above, provide details:

19. Is the Applicant contractually responsible for the placement of worker's comp coverage? Yes No

If Yes, is the insurance placed by a licensed and insured insurance agent? Yes No

If Yes, name of agency: _____

20. Has the Applicant established its own workers compensation program? Yes No

If Yes, are the claims:

- Handled by the Applicant Subcontracted

If subcontracted, identify the company handling the claims: _____

Does the Applicant require that this company maintain E&O insurance? Yes No

21. Is the Applicant responsible for or in any way involved in handling any pension or retirement plan for the clients? Yes No

If Yes, provide details:

22. Does the Applicant act as a fiduciary for any employee benefit plans for the leased employees? Yes No

23. Does the Applicant provide loss control services including but not limited to OSHA compliance safety training? Yes No

If Yes, does the Applicant disclaim any responsibility for these activities? Yes No

If Yes, provide details:

24. Describe the Applicant's supervisory and precautionary measures used to foster quality control:

25. Does the Applicant design any tangible products, structures or production systems? Yes No

If Yes, describe:

26. Describe how the Applicant ascertains client satisfaction when a contract is complete:

27. If professional employees are leased, do you require that the client or individual maintain E&O insurance? [] Yes [] No

If Yes, provide details:

28. Attach the following:

- a copy of the annual report and/or financial statements.
- a copy of descriptive brochure furnished to prospective clients.
- a copy of contract/service agreement.
- a copy of the employee packet

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____