

- Westchester Fire Insurance Company
- Westchester Surplus Lines Insurance Company

COMPLETE THIS APPLICATION ONLY IF REQUESTING COVERAGE FOR EMPLOYMENT AGENCY/ TEMPORARY HELP RELATED ERRORS AND OMISSIONS LIABILITY COVERAGE. Please submit with the Advantage[®] Miscellaneous Professional Liability Application. Please complete in ink. A principal must sign both the supplement and the miscellaneous professional liability application.

THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY.

Instructions to the applicant:

- Please answer all questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered material to that evaluation.
- If a question is not applicable, state N/A. If more space is required, please attach a separate exhibit with the question number.
- Application must be signed and dated by an authorized person of the company.

1. Applicant name _____

2. Please indicate type of placement by percentage:

- a) Permanent Placements _____%
- b) Temporary Placements _____%

3. Types of placements. Please check all that are applicable:

Perm	Temp		Perm	Temp	
<input type="checkbox"/>	<input type="checkbox"/>	Executives	<input type="checkbox"/>	<input type="checkbox"/>	Computer Professional
<input type="checkbox"/>	<input type="checkbox"/>	Doctors	<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping
<input type="checkbox"/>	<input type="checkbox"/>	Nurses	<input type="checkbox"/>	<input type="checkbox"/>	Light Industrial
<input type="checkbox"/>	<input type="checkbox"/>	Architects/Engineers	<input type="checkbox"/>	<input type="checkbox"/>	Educational
<input type="checkbox"/>	<input type="checkbox"/>	Lawyers	<input type="checkbox"/>	<input type="checkbox"/>	Research/Lab Technician
<input type="checkbox"/>	<input type="checkbox"/>	CPA's	<input type="checkbox"/>	<input type="checkbox"/>	Clerical/Office
			<input type="checkbox"/>	<input type="checkbox"/>	Other _____

4. Percentage of Applicant fees derived from:

- a) Candidate _____%
- b) Employer _____%

5. Are placed employees required to carry individual professional liability insurance?
 Yes No

6. Are proficiency tests administered to job applicants? Yes No

7. Does Applicant perform and verify background checks on all potential job candidates?
 Yes No
If no, please explain _____

8. Does Applicant perform and verify qualifications/credentials of all potential job candidates? Yes No
If no, please explain _____

Please attach the following documents:

- Sample contract between Applicant and employer
- Sample contract between Applicant and employee

Signed: _____

Title: _____

Date: _____

Broker: _____

Address: _____