

PLEASE COMPLETE THIS SUPPLEMENTAL APPLICATION FOR THE PROFESSION SHOWN IN THE TITLE ABOVE. THIS IS A SUPPLEMENTAL APPLICATION TO THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #101 (08/08) OR #MEO 102 (08/08) WHICH MUST BE COMPLETED AND ACCOMPANY THIS SUPPLEMENTAL APPLICATION. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED BY THE SAME PERSON WHO IS REQUIRED TO SIGN THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION.

THIS SUPPLEMENTAL APPLICATION ALONG WITH MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101 (08/08) OR #MEO 102 (08/08)ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS SHALL SERVE AS THE BASIS FOR THE POLICY, AND SHALL BECOME PART OF THE POLICY AS IF PHYSICALLY ATACHED. THE *INSURER* RELIES ON THE APPLICATION AND THIS SUPPLEMENTAL APPLICATION IN ISSUING THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

1. Applicant Name (SHOULD MATCH THAT GIVEN IN ANSWER TO QUESTION #1 OF THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101(08/08) OR #MEO102 (08/08)

2. Please indicate type of placement by percentage:

- a) Permanent Placements _____%
- b) Temporary Placements _____%
- c) Other _____% (describe): _____

3. Types of placements. (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. Are placed employees required to carry individual professional liability insurance? Yes No

5. Percentage of Applicant's fees derived from:

- a) Candidates _____%
- b) Employers _____%

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, (a) explain why not _____

(b) Are your employer- clients advised in each case that you are not performing this function? Yes No

8. Does Applicant perform and verify qualifications/credentials of all potential job candidates? Yes No
If no, (a) explain why not: _____

(b) Are your employer- clients advised in each such case that Applicant is not performing this function? Yes No

Please attach the following documents:

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

THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE SAME PERSON REQUIRED TO SIGN AND DATE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101 (08/08) OR MEO 102 (08/08)

Signed _____

Date _____