

**EMPLOYMENT AGENCY & EXECUTIVE SEARCH  
SUPPLEMENT**

Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



\_\_\_\_\_ Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following types of placement:**

Executive/Officers \_\_\_\_\_ Percentage

Doctors/Nurses \_\_\_\_\_ Percentage

Engineers/Architects \_\_\_\_\_ Percentage

Licensed Professionals\*\* \_\_\_\_\_ Percentage

Clerical/Office \_\_\_\_\_ Percentage

Light Industrial \_\_\_\_\_ Percentage

**TOTAL should equal 100%**

Machine Operators \_\_\_\_\_ Percentage

Truck Drivers – Long Haul \_\_\_\_\_ Percentage

Truck Drivers – Short Haul \_\_\_\_\_ Percentage

Research/Lab Technicians \_\_\_\_\_ Percentage

Labourers\*\* \_\_\_\_\_ Percentage

Other \_\_\_\_\_ Describe \_\_\_\_\_ Percentage

\_\_\_\_\_ \*\* Please Describe \_\_\_\_\_

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Permanent Placements \_\_\_\_\_ Percentage

**TOTAL should equal 100%**

Temporary Placements \_\_\_\_\_ Percentage

**Were more than 50% of your total gross billing for any one year derived from a single client or contract?**  Yes  No

If yes please provide: \_\_\_\_\_ Client Name

\_\_\_\_\_ Relationship with client

\_\_\_\_\_ How long do you expect this relationship to continue?

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Do you provide the appropriate background checks on all prospective personnel, prior to placement?  Yes  No

Do you pay the Temporary Placements salaries?  Yes  No

If Yes, are you required to pay the benefits as well as Workmen s Compensation?  Yes  No

\_\_\_\_\_   
If Yes, please describe

\_\_\_\_\_

How long do you keep your patient s information/documentation on file? \_\_\_\_\_   
Years

\_\_\_\_\_   
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |