



# EMPLOYEE LEASING SERVICE

## SUPPLEMENTAL APPLICATION

Applicant:

1. a. Total Leasing fees:

b. Fees derived from governmental sources:

c. Fees derived from foreign sources:

d. Please describe any foreign operations:

2. Total number of leased employees:

3. What are the types of positions being filled?

4. If professional employees are leased, do you require that they maintain individual Malpractice/Professional Liability Insurance? YES  NO

If YES, please give details:

5. Are any pre-placement screening procedures used? YES  NO

If YES, please give details:

6. Describe supervisory and precautionary measures used to foster quality control:

7. Does the Company actually design any tangible products, structures or production systems? YES  NO

If YES, please describe:

8. How does the Company ascertain client satisfaction when a contract is completed?



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9. Does the Company administer or otherwise handle any pension or retirement plans for clients?

YES  NO

If YES, please describe:

10. Give the following information with respect to the Company's three largest clients in the past year:

	Type of Work	Fee received
a.		\$
b.		\$
c.		\$

11. a. Attach one copy of annual report and/or financial Statement.  
b. Attach one copy of descriptive brochure furnished to prospective clients.  
c. Attach one copy of contract/service agreement.  
d. Attach one copy of employee packet.

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

**A copy of this application should be retained for your records.**