

EMPLOYEE LEASING SERVICE
SUPPLEMENTAL APPLICATION

1. (a) Total Leasing fees \$ _____
(b) Fees derived from governmental sources: \$ _____
(c) Fees derived from foreign sources: \$ _____
(d) 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, furnish details.
5. Are any pre-placement screening procedures used? ___YES ___NO
If yes, please furnish 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? _____

9. Does the Company administer or otherwise handle any pension or retirement plans for clients? ___YES ___NO If Yes, please furnish full details: _____

10. Give the following information with respect to the Company's three largest clients in the past year:
- (a) Type of work done: _____

 Fee received: \$ _____
- (b) Type of work done: _____

 Fee received: \$ _____
- (c) Type of work done: _____

 Fee received: \$ _____
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 & Omissions Insurance.

 Date

 Name of Applicant

 Signature of person authorized
 to execute on behalf of the
 Applicant