

**EXECUTIVE RECRUITING**  
SUPPLEMENTAL APPLICATION



**Instructions to the applicant:**

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

APPLICANT: \_\_\_\_\_

	Previous Year:	Last Year:	Est. This Year:
1. a. Breakdown of Total Staff			
Professionals:	_____	_____	_____
Other Employees:	_____	_____	_____
Total:	_____	_____	_____
b. Number of search engagements:	_____	_____	_____
c. Average salary level of completed placements:	\$ _____	\$ _____	\$ _____
d. Highest salary level of completed placements:	\$ _____	\$ _____	\$ _____

e. Describe, in detail, the percentage breakdown of the different industries for which the applicant renders professional services:

Industry	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	Must total 100%

2. Does the applicant participate or conduct any joint or shared placements?  
 Yes  No  
If Yes, what percentage of annual revenue is derived from shared placements? \_\_\_\_\_
3. Does the applicant conduct background checks?  
 Yes  No  
If Yes, please detail service provider or procedure used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the applicant involved in the development of job specifications?

Yes  No

If Yes, please describe:

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5. Does the applicant use engagement letters, contracts, or other written agreements as part of the placement process?

Yes  No

If Yes, please describe:

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If additional space is needed, please provide details on a separate attachment.

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I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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Signature of Owner, Officer or Partner

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Print or Type Name and Title

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Date (m-d-y)