

## SUPPLEMENTAL APPLICATION EMPLOYMENT / PLACEMENT AGENCY

Please fully answer all questions and submit all requested information. If no answer is available, please write "not applicable" in the space provided. If more space is required to answer a question, continue on a separate sheet.

| ТН | IE AF | PPLICANT   |                                  |                         |            |         |                  |   |  |  |
|----|-------|--|----------------------------------|-------------------------|------------|---------|------------------|---|--|--|
| 1. |       | Name of Firm:  |                                  |                         |            |         |                  |   |  |  |
|    |       |  |                                  |                         |            |         |                  |   |  |  |
| 2. |       | Please indicate the approximate perce  | ntage of your revenues derived   | from the following      | ງ (total r | must be | e 100%)          |   |  |  |
|    |       | Permanent Placements:  | %                                |                         |            |         |                  |   |  |  |
|    |       | Temporary Placements:  | %                                |                         |            |         |                  |   |  |  |
| CC | NTR   | ACTS / AGREEMENTS  |                                  |                         |            |         |                  |   |  |  |
| 3. | a)    | If temporary staffing services are provi agreements?   | ded, do you use written client s | ervice                  | Yes        |         | No               |   |  |  |
|    | b)    | If "Yes" do they contain hold harmless   | clauses in your favour?          |                         | Yes        |         | No               |   |  |  |
|    | c)    | Is direction and control of placed perso   | nnel always the responsibility o | of your client?         | Yes        |         | No               |   |  |  |
| ΤY | PES   | OF PLACEMENTS  |                                  |                         |            |         |                  |   |  |  |
| 4. |       | Please indicate the percentage of revenues in respect of the following placement (total must be 100%): |                                  |                         |            |         |                  |   |  |  |
|    |       | Positions  |                                  | Permanent<br>Placements |            |         | porary<br>ements |   |  |  |
|    |       | Office/Clerical/Administrative   |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Human Resources  |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Information Technology / Data Entry  |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Managerial / Executive   |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Architects / Engineers   |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Finance / Accounting   |                                  | %                       | ,          |         |                  | % |  |  |
|    |       | Light Manual (warehouse or light indus   | strial)                          | %                       | ,          |         |                  | % |  |  |
|    |       | Heavy Manual (construction or heavy i  | ndustrial)                       | %                       | )          |         |                  | % |  |  |
|    |       | Drivers / Trucking   |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Medical (Doctors, Nurses)  |                                  | %                       | )          |         |                  | % |  |  |
|    |       | Other  |                                  | %                       | )          |         |                  | % |  |  |
|    |       | If Other, please provide details:  |                                  |                         |            |         |                  |   |  |  |
|    |       | Do you the appropriate background ch placement?  | ecks on all prospective personi  | nel, prior to           | Yes        |         | No               |   |  |  |
|    |       | If "No", Please explain:   |                                  |                         |            |         |                  |   |  |  |

May 2022 Page 1 of 2



This Employment / Placement Agency Supplemental Application is attached to and form's part pf the Miscellaneous Professional Liability Insurance Application. The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

| Applicant Name:                   | Signature:                                  |          |  |  |  |
|-----------------------------------|---|----------|--|--|--|
|                                   |   |          |  |  |  |
| Title:                            | Date:                                       |          |  |  |  |
| MUST BE SIGNED BY THE PRESIDENT O | R CHAIRPERSON OF THE BOARD OR THE EXECUTIVE | DIRECTOR |  |  |  |

May 2022 Page 2 of 2