

Intact Insurance Company

Application for Employment Placement Agency's Errors and Omissions Insurance

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant: _____

Postal Address:

(Number) (Street) (City) (Prov.) (Postal Code)

Location of Operations:

2. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee

☐ Other (give details)

3. How long has applicant been engaged in his/her current business?

Has applicant operated under a different corporate name in the past?

☐ Yes ☐ No

If yes, give details:

4. Provide complete details of employees placed:

a) Temporary	_____ %		Permanent	_____ %	
b) Executive	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manual	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No	Truckers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Clerical/Secretarial		<input type="checkbox"/> Yes <input type="checkbox"/> No	Others		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes for Professionals or Others give details of occupations:

5. Is Applicant engaged in any business or profession other than as an Employment Placement Agency? ☐ Yes ☐ No

If yes, please explain:

6. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant for the coming policy year: \$

- b) Does the Applicant provide employees for work performed outside of Canada? ☐ Yes ☐ No

If yes, give full details indicating the number of employees, type of work, as well as the location and gross annual receipts:

7. Indicate the number of employees actively engaged in any phase of Applicant's business:

Professional

 Clerical

 Other (give details)

8. Does Applicant:
- i) test placement employees' skills? ☐ Yes ☐ No
- ii) check references? ☐ Yes ☐ No
- iii) offer training courses? ☐ Yes ☐ No

If yes, give details:

9. Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? ☐ Yes ☐ No

Attach a copy of your standard contract with both the employee and employer.

10. Give particulars of all professional liability insurance held by the Applicant in the past three (3) years:

Policy Number	Insurer	Policy Limit	Policy Period	Retroactive Date

11. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

12. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? ☐ Yes ☐ No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

13. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? ☐ Yes ☐ No



If yes, give details:

14. Limits of Insurance desired:

\$ _____ Each Claim

\$ _____ Aggregate

\$ _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by:

Date:

Position:

Broker:

Signing of this form does not bind the Applicant to complete the insurance.