



ADDITIONAL QUESTIONNAIRE PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS

EMPLOYMENT/PLACEMENT AGENCIES

1. Name of Applicant: _____

2. What percentage of your revenue is generated from:

(a) permanent placements: _____ % number per year: _____

(b) temporary placements: _____ % number per year: _____

3. With respect to the temporary placements, are the individuals placed:

(a) independent contractors: _____ %

(b) your employees: _____ %

4. Please provided a breakdown of the type of positions being filled:

<u>Position</u>	<u>Permanent Placements</u>	<u>Temporary Placements</u>
(a) Clerical or administrative	_____ %	_____ %
(b) Executive	_____ %	_____ %
(c) Labourer (describe):	_____ %	_____ %
(d) Homecare/Nursing	_____ %	_____ %
(e) Professional (please describe):	_____ %	_____ %
• _____	_____ %	_____ %
• _____	_____ %	_____ %
• _____	_____ %	_____ %
(f) Other (please describe):	_____ %	_____ %
• _____	_____ %	_____ %
	100%	100%

Please ensure that copies of the following are attached:

- your contract with the individuals placed (if a different format is used with permanent and temporary placements, please forward both)
- your contract with your clients

SIGNED AND DATED this day of

Signature