



[Professional Services]

EMPLOYMENT SERVICES E&O APPLICATION

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Broker:

Broker Phone:

Broker Contact:

Broker Email:

Applicant Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone No.:

Email:

Branch Locations:

Website:

Additional Documentation to be included with your application:

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract / Terms of Engagement
- Company Brochure

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YYYY):

Company Structure:

☐

Sole Proprietor

☐

Corporation

☐

Partnership

☐

Joint Venture

☐

Other

Number of Employees (own staff):

Directors & Officers:

Technical or Qualified Staff:

Administrative (Clerical):

Other:

Details of Directors, Officers, or Partners:

| Name | Years in Position | Years of Experience | Qualifications |
|------|-------------------|---------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Is coverage required for predecessors to the Firm? ☐ Yes ☐ No

If 'Yes', please provide full details:

☐ Yes ☐ No

PART 3 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars):

| Financial Year End | Prior Year: (MM/YY) ____/____ | Last Completed Year: (MM/YY) ____/____ | Estimate for Next Year: (MM/YY) ____/____ |
|--|---|--|---|
| a) Gross Revenues (=b+c+d+e) | \$ | \$ | \$ |
| b) Canadian Revenue | \$ | \$ | \$ |
| c) USA Revenue | \$ | \$ | \$ |
| d) Foreign Revenue (Please Specify) | \$ | \$ | \$ |
| e) Other Revenue (Please Specify – i.e. Sales) | \$ | \$ | \$ |

Annual Payroll: \$

PART 4 COMPANY OPERATIONS

Description of Operations:

Breakdown of Placed Personnel by Category (total must equal to 100%):

| | | | |
|---|---|--|---|
| Architects & Engineers | % | Hospitality | % |
| Clerical | % | IT: Consultancy/ Data Entry | % |
| Drivers | % | IT: Hardware Installation/ Maintenance | % |
| Education | % | Light Manual (warehouse or light industrial) | % |
| Executive/ Managerial | % | Healthcare | % |
| Finance/ Accountancy | % | Offshore (Oil rigs and Platforms) | % |
| Heavy manual (construction or heavy industrial) | % | Other (Please describe below) | % |

Description of Other:

Breakdown of Business Activities performed in the following categories (total must equal 100%):

| | | | |
|--------------------------|---|---------------------|---|
| Consultancy Services | % | Permanent Placement | % |
| Employee Leasing | % | Temporary Placement | % |
| Other: (please describe) | | | % |

Details of Consultancy Services:

Please state the number of staff supplied at any one time:

| | Prior Year | Last Completed Year | Estimate for next year |
|---------------------------------|------------|---------------------|------------------------|
| Temporary placed personnel: | | | |
| Placed independent contractors: | | | |

Is the applicant anticipating any changes in business operations in the next 12 months? ☐ Yes ☐ No

If 'Yes', please explain:

Do you belong to any association related to these activities? ☐ Yes ☐ No

Please provide details of all activities:

Does the applicant/ company or any related company engage in actual hands-on (manual) work such as construction, erection, installation, repairs, manufacturing, or fabricating, etc. or sub-contract any of that type of work out? ☐ Yes ☐ No

If 'Yes', please provide a detailed explanation:

Does the applicant have any locations, employees, perform any activities or provide any services outside of Canada? ☐ Yes ☐ No

If 'Yes', please provide complete details including the services provided, location, and revenue:

| Forthcoming Year (YYYY) (projected) | Services Provided | Location | Revenue |
|--|-------------------|----------|---------|
| Prior Year 1: | | | \$ |
| Prior Year 2: | | | \$ |

| | | | |
|---------------|--|--|----|
| Prior Year 3: | | | \$ |
|---------------|--|--|----|

In the event the applicant's service failed or delivery was delayed, please describe the worst-case scenario:

Do you engage in any business or professional activities other than what is described above? ☐ Yes ☐ No

If 'Yes', please explain:

What percentage of work is subcontracted to a third party? %

If work is subcontracted, is proof of insurance required? ☐ Yes ☐ No

Please provide details of what work is subcontracted:

PART 5 HEALTHCARE PERSONNEL

If applicable, please confirm the following with respect to placement of healthcare personnel ☐ N/A

On what basis does the agency contract with their end clients? Are contracts:

Ex- Vicarious %
- standard contracts where the end client retains the responsibility for the actions of the placed personnel

Vicarious %
- non-standard contracts where the end client pushes back liability for the placed personnel to the nursing agency

What is the split of staff and where are they being placed? What do the roles include? Please describe below:

| Staff Split | Placement | Role | Description of Occupation |
|-------------|-----------|------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

When being placed into hiring roles, are personnel working as: ☐ Employees of the agency ☐ Working on a self-employed basis

Who has their own coverage in place as an individual and who is required to be covered by the agency?

| Insured Name | Individual Coverage | Agency Coverage |
|--------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Do medical practitioners/ physicians have their own coverage through their medical defense unions? ☐ Yes ☐ No ☐ N/A

When vetting, are processes/ pre-requisite checks in place for all medical practitioners? ☐ Yes ☐ No

Please explain:

PART 6 RISK MANAGEMENT

Does the applicant have a written Quality Assurance/ Quality Control Program? ☐ Yes ☐ No

Do you provide the appropriate background check on all perspective personnel, prior to placement? ☐ Yes ☐ No

If 'No', please provide details:

If temporary staffing services are provided, do you use written client service agreements? ☐ Yes ☐ No

If 'Yes';

Do they contain a hold harmless clause in your favor? ☐ Yes ☐ No ☐ N/A

Is the direction and control of placed personnel always the responsibility of the client? ☐ Yes ☐ No ☐ N/A

Are the subcontractors/ subconsultants hired under a written, standard subcontractor agreement? ☐ Yes ☐ No ☐ N/A

What percentage of the applicant's services are performed under the following contract types:

| | | | |
|---------------------------|---|-------------------------------|---|
| Client drafted agreement | % | Purchase Order | % |
| Firm's letter agreement | % | Verbal Agreement | % |
| Firm's standard agreement | % | Other (please describe below) | % |

Are all non-standard agreements reviewed by applicant's legal counsel of insurance broker before they are executed? ☐ Yes ☐ No

What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

| | |
|--|---|
| A specific dollar amount which is less than the applicant's insurance limit | % |
| A specific dollar amount equal to the applicant's insurance limit | % |
| A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services | % |

Does the applicant have procedures for monitoring and collecting outstanding fees? ☐ Yes ☐ No

Applicant regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live entertainment, and they test to ensure those backups are recoverable? ☐ Yes ☐ No

Applicant uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: ☐ Yes ☐ No

Applicant does not allow remote access into their environment without a virtual private network (VPN): ☐ Yes ☐ No

Applicant regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? ☐ Yes ☐ No

Insured has a Business Continuity Plan in place that has been successfully tested to confirm that following an unexpected interruption of your computer systems, all revenue-earning operations can be fully resumed within 12 hour. Yes No

PART 7 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Errors & Omissions** insurance policy:

| Effective Date (MM/DD/YYYY) | Retro Date (MM/DD/YYYY) | Limit | Deductible | Premium | Insurer |
|--------------------------------|----------------------------|-------|------------|---------|---------|
| | | \$ | \$ | \$ | |

Please provide details of your required **Errors & Omissions** insurance policy:

| Effective Date (MM/DD/YYYY) | Retro Date (MM/DD/YYYY) | Limit | Deductible | Premium | Insurer |
|--------------------------------|----------------------------|-------|------------|---------|---------|
| | | \$ | \$ | \$ | |

Please provide details of your required **Commercial General Liability** insurance policy:

| Effective Date (MM/DD/YYYY) | Limit | Deductible | Premium | Insurer |
|--------------------------------|-------|------------|---------|---------|
| | \$ | \$ | \$ | |

PART 8 CLAIMS HISTORY

a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No

b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No

c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No

d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

| TYPE OF LOSS | DATE OF LOSS | DESCRIPTION OF LOSS | \$ RESERVE OR LOSS AMOUNT PAID BY INSURER | \$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU |
|--------------|--------------|---------------------|--|---|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: