

Supplementary Questionnaire for Employment Agency

Attaching to and forming part of the Professional Indemnity Proposal Form

1. Please give the following information:

Percentage of fee income/revenue relating to the supply of:

(a) Temporary staff _____% (b) Permanent staff _____%

Please provide a further breakdown of fee income/revenue by the categories below:

	Temporary Staff %	Permanent Staff %
(a) Computer personnel*		
(b) Drivers		
(c) Persons responsible for or with access to money/goods		
(d) Executive, technical, specialist or professional personnel		
(e) Medical personnel		
(f) Social services personnel (including home helps)		
(g) Scientific consultants (including environmental specialists)		
(h) All other personnel (please give details)		

* Have any personnel supplied given specialist advice in respect of "Year 2000"/data recognition solutions? Yes/No

If Yes, please give details:

2. (a) Does the applicant have formalised vetting procedures? Yes/No
- (b) Are written references always obtained? Yes/No
- (c) Does the applicant have a formal policy for ensuring client confidentiality? Yes/No

If No please give details of how these issues are handled:

Declaration & Signature

The undersigned declares on behalf of all applicants that to the best of his/her knowledge and belief the statements set forth herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares that this supplementary questionnaire together with the proposal form and any other information supplied shall form the basis of this contract and undertakes to inform the Company of any material alteration to those facts occurring before the issuance of this contract of insurance.

Signed _____

(To be signed by the Policyholder or the person authorised by the Policyholder)

Name _____

Title _____

Policyholder _____

Date _____