

**INSTRUCTIONS**

Complete all sections in full and attach to the main application. Revenue figures should reflect net fee income only — i.e. placement / recruitment fees charged by the agency, excluding placed personnel salaries and client payroll.

**SECTION A — AGENCY DETAILS**

LEGAL NAME OF AGENCY	OPERATING / TRADE NAME (IF DIFFERENT)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

BUSINESS ADDRESS	CITY	PROVINCE / STATE	POSTAL / ZIP
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PRIMARY CONTACT NAME	TITLE	PHONE	EMAIL
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

WEBSITE	YEAR ESTABLISHED	FINANCIAL YEAR END (MM/DD)	# OF OFFICES / LOCATIONS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

TYPE OF AGENCY (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Temporary / contract staffing  | <input type="checkbox"/> Permanent placement / recruitment |
| <input type="checkbox"/> Executive / retained search    | <input type="checkbox"/> Healthcare staffing               |
| <input type="checkbox"/> Managed service provider (MSP) | <input type="checkbox"/> Other (describe below)            |

IF 'OTHER' — DESCRIBE AGENCY TYPE

**SECTION B — PLACEMENTS & REVENUE**

Your agency's earnings only — the fees / commissions your agency charges clients for placing workers. Premium is based on agency fees only — not on wages of placed workers.

**AGENCY FEES EARNED**

AGENCY FEES EARNED — LAST FISCAL YEAR (\$)	AGENCY FEES EARNED — CURRENT YEAR ESTIMATE (\$)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

TOTAL PLACED WORKER WAGES BILLED TO CLIENTS — LAST FY (\$)	FISCAL YEAR END (MM/DD)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**GEOGRAPHIC BREAKDOWN OF AGENCY FEES — MUST TOTAL 100%**

CANADA (%)	USA (%)	OTHER TERRITORY (%)	OTHER — DESCRIBE COUNTRY / REGION
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

TOTAL ACTIVE CLIENT ORGANISATIONS	WORKERS CURRENTLY ON ASSIGNMENT	APPROX. # OF PLACEMENTS — LAST FY
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**SECTION B — PLACEMENTS & REVENUE (continued)**
**PLACEMENT TYPE BREAKDOWN — MUST TOTAL 100%**

Allocate % of agency fee income by placement type and indicate the model used.

PLACEMENT TYPE / SECTOR	% NET FEE INC.	TEMP / CONTRACT	PERMANENT PLACEMENT	CONTINUED SEARCH
Healthcare — nursing (RN, RPN, LPN)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare — PSW / care aide / support worker	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare — allied health (PT, OT, SW, etc.)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare — physicians / specialist MDs	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive / senior management search	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional / office / administrative	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT / technology	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled trades / industrial	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light industrial / warehouse / logistics	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality / food service	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education / childcare	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF 'OTHER' PLACEMENT TYPE — DESCRIBE

**HIGHER-RISK MANUAL & TRADES PLACEMENTS**

Does the agency place workers in any of the following higher-risk settings: mining, oil &amp; gas, heavy industrial, construction, electrical / high-voltage, or other hazardous work environments?

 Yes  No

IF YES — DESCRIBE TYPES OF WORK, TYPICAL SETTINGS, AND APPROXIMATE % OF AGENCY FEE INCOME

**SECTION C — WORKER VETTING & SCREENING**

**CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.**

- Criminal record / police checks are conducted on all workers prior to placement.
  - Vulnerable sector screening is completed for all workers placed in healthcare, education, or childcare settings.
  - Professional credentials, licences, and designations are verified prior to any regulated or licensed placement.
  - Employment references are obtained and verified for all workers prior to placement.
  - Right to work / eligibility to work in Canada is confirmed for all workers prior to placement.
  - All pre-placement screening results are documented and retained on file.
  - Agency / temporary workers are subject to the same vetting standards as direct hires.
- Confirmed — all statements above apply to this agency.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

Are credential and licence checks renewed or repeated at regular intervals for ongoing placements?

Yes  No

Are workers' licences and registrations monitored for expiry or disciplinary action during placement?

Yes  No

DESCRIBE PROCESS FOR MONITORING LICENCE STATUS AND CREDENTIAL CURRENCY DURING PLACEMENTS

**SECTION D — CONTRACTS & LIABILITY**

**CLIENT AGREEMENTS**

**CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.**

- Written service agreements are in place with all client organisations prior to any placement.
- Client agreements clearly define the scope of the agency's services and responsibilities.
- Client agreements include a limitation of liability clause in favour of the agency.
- Client agreements include a provision requiring the client to supervise and direct placed workers on-site.
- Client agreements specify that the client employer is responsible for the day-to-day management of placed workers.

Confirmed — all statements above apply to this agency.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

**LIABILITY STRUCTURE**

Does the agency assume any contractual liability for the professional acts, errors, or omissions of placed workers while on assignment at client sites?

Yes  No

Are placed workers considered employees of the agency during their assignment (i.e. workers' compensation / employer liability)?

Yes  No

DESCRIBE THE AGENCY'S LIABILITY POSITION FOR PLACED WORKERS' ON-SITE CONDUCT

**WORKER AGREEMENTS**

Are written agreements in place with all placed workers prior to each assignment?

Yes  No

Are workers required to carry their own professional liability insurance for regulated or licensed placements (e.g. nurses, allied health, engineers)?

Yes  No  N/A

MINIMUM PLI LIMIT REQUIRED PER WORKER FOR REGULATED PLACEMENTS (\$) % OF PLACED WORKERS WITH OWN PLI

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**SECTION E — HEALTHCARE & SPECIALIST PLACEMENTS**

Does the agency place workers in any healthcare or regulated professional settings?  Yes  No

HEALTHCARE PLACEMENT SETTINGS (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Hospitals / acute care     | <input type="checkbox"/> Long-term care / aged care  |
| <input type="checkbox"/> Home care / community care | <input type="checkbox"/> Residential care homes      |
| <input type="checkbox"/> Mental health facilities   | <input type="checkbox"/> Disability support services |
| <input type="checkbox"/> Clinics / medical offices  | <input type="checkbox"/> Emergency / urgent care     |
| <input type="checkbox"/> Other (describe below)     |  |

IF 'OTHER' HEALTHCARE SETTING — DESCRIBE

**CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.**

- All healthcare workers are placed only in settings where their qualifications and registration are appropriate.
- Workers' registration with the applicable regulatory college or body is verified prior to each healthcare placement.
- The agency does not place unregulated workers in roles that require regulated professional qualifications.
- Client healthcare organisations confirm they have supervision structures in place for placed workers.
- The agency has a process to immediately withdraw a worker from placement if concerns arise about their competence or conduct.
- Confirmed — all statements above apply to this agency.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

Does the agency place workers in settings where vulnerable persons are cared for?  Yes  No

Does the agency place workers for shifts of 12 hours or longer on a regular basis?  Yes  No

Has the agency ever placed a worker who was subsequently found to have provided substandard care, harmed a patient or client, or been subject to professional disciplinary action?  Yes  No

IF YES — DESCRIBE THE CIRCUMSTANCES AND OUTCOME

**SECTION F — CLAIMS HISTORY**

Has the agency, any predecessor, or any individual recruiter / placement consultant ever been subject to a claim, complaint, suit, or demand for compensation arising from placement or recruitment services?  Yes  No

DATE	NATURE OF CLAIM / ALLEGATION	PLACEMENT TYPE / SECTOR	STATUS	PAID (\$)	RESERVED (\$)

Are there any known circumstances, incidents, or situations that may give rise to a future claim?  Yes  No

IF YES — DESCRIBE IN FULL DETAIL

**SECTION G — DECLARATIONS & AUTHORIZED SIGNATURE****IMPORTANT NOTICE**

The information provided in this supplementary application forms part of any policy issued and must be read together with the main application. The applicant warrants that all statements are true, accurate, and complete to the best of their knowledge. Material misrepresentation or omission may render any policy issued voidable at the option of the insurer.

FULL NAME (PRINT)

TITLE / POSITION

DATE (MM / DD / YYYY)

SIGNATURE OF AUTHORIZED REPRESENTATIVE