One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

Underwritten by: Philadelphia Indemnity Insurance Company

DIRECT HIRE/ EXECUTIVE SEARCH APPLICATION - MA (Combined Commercial Package/ Management & Professional Lines

APPLICANT'S INFORMATION

| Name of Applicant: | | | | |
|--|--------------------------|------|-----|----|
| Address: | | | | |
| City: | State: | Zip: | | |
| Website: www. | Email: | | | |
| Date Established: | Telephone Number: | | | |
| Is the Applicant involved in any business other than staffing? | • | | Yes | No |
| If yes, please describe on a separate sheet. | | | | |
| Risk Management Contact: | Risk Management's Phone: | | | |
| Risk Management Email: | - | | | |

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Completed signed/ dated Direct Hire/ Executive Search Application
- ACORD Application for Property, Owned-Auto, Umbrella
- Copy of Client Services Agreement
- New Ventures must provide a business plan inclusive of Applicant experience

Whenever used in the Application the term Applicant shall mean the Named Insured/ Named Entity/ Private Company and its subsidiaries. Certain coverages addressed in the Application are provided on a Claims Made and Reported basis, please read your policies carefully. Employee includes permanent and staffed/ temporary placed employees.

SECTION I – GENERAL INFORMATION

Please provide a breakdown of the Applicant's Corporate Employees and Recruiting.

| | Prior Year Actual | Next Fiscal Year Projection |
|--|-------------------|-----------------------------|
| Total Number of Full Time Corporate Employees | | |
| (In House) | | |
| Total Number of Part Time Corporate Employees | | |
| (In House) | | |
| Total Number of Independent Contractors | | |
| (In House) | | |
| Total Net Receipts | \$ | \$ |
| (Gross Revenue deducting pass through payroll) | | |
| Direct Hire Percentage of Total Revenue | % | % |

How many of the Applicant's Corporate Employees have been terminated or demoted in the past twelve (12) months? Voluntary: Involuntary: Laid Off: Is any reduction in corporate employees anticipated within the next year? Yes Does the Applicant conduct a prior employment check on all candidates? Yes

Does the Applicant conduct criminal background checks? Yes No Is the Applicant involved in any franchise operations? Yes Nο

No

No

SECTION II - LIABILITY

Quote Requested? Yes No E&O has been continuously in force since: b. Current form type: Occurrence Claims Made If Claims Made, current retroactive date: d. E&O limit requested: \$ e. Deductible requested: \$ **General Liability** Quote Requested? Yes No Limit Requested: \$1,000,000/ \$2,000,000 Other: \$ b. Damages to Premises Rented to the Applicants: \$1,000,000 Other: \$ Medical Expense: \$10,000 \$25,000 Bodily Injury/ Property Damage Deductible requested: C. \$10,000 \$1,000 \$2,500 \$5,000 Other: \$ d. Square footage: (List and identify for each location)

3. Stop Gap Coverage

1. Professional Liability (E&O)

a. Quote Requested?
b. Total payroll in each monopolistic workers compensation state:
North Dakota:
\$ Ohio:
\$

Washington: \$
Employee Benefits Liability (EBL) Coverage

a. Quote Requested?

Yes No

Wyoming:

\$

b. Each Act/ Aggregate Limit: 1,000,000/ \$2,000,000 Other: \$ c. Deductible requested: \$1,000 Other: \$

5. Hired and Non-Owned Auto (HNOA) Liability

a. Quote Requested? Yes No

6. Employment Practices Liability (EPL) *EPL is not available monoline

a. Quote Requested?

b. Limit Requested: \$
c. Deductible requested: \$

d. Current Retro Date:

SECTION III - CRIME

| Requested | Limit | Deductible |
|---|-------|------------|
| Insuring Agreement A1: Employee Theft | \$ | \$ |
| Insuring Agreement A2: ERISA Fidelity | \$ | \$ |
| Insuring Agreement B: Forgery or Alteration | \$ | \$ |
| Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises | \$ | \$ |
| Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises | \$ | \$ |
| Insuring Agreement E: Money Orders and Counterfeit Paper Currency | \$ | \$ |
| Insuring Agreement F: Computer and Funds Transfer Fraud | \$ | \$ |

| Are the Applicant's financial statements prepared by an independent Certified Public Accountant on | | |
|--|---|--|
| an annual basis? | Yes | No |
| Are the owners involved in the daily operations of the company? | Yes | No |
| Are two signatures required on checks? | Yes | No |
| a. If yes, over what amount? \$ | | |
| b. If no, who has the authority to sign checks: | | |
| Do employees who reconcile bank statements also: | | |
| a. Sign checks? | Yes | No |
| b. Make withdrawals? | Yes | No |
| c. Make deposits? | Yes | No |
| d. Have access to bank checks? | Yes | No |
| e. Have access to computer systems that print checks? | Yes | No |
| f. Have access to facsimile, signature plate, or check signing machines? | Yes | No |
| | an annual basis? Are the owners involved in the daily operations of the company? Are two signatures required on checks? a. If yes, over what amount? \$ b. If no, who has the authority to sign checks: Do employees who reconcile bank statements also: a. Sign checks? b. Make withdrawals? c. Make deposits? d. Have access to bank checks? e. Have access to computer systems that print checks? | an annual basis? Are the owners involved in the daily operations of the company? Are two signatures required on checks? a. If yes, over what amount? \$ b. If no, who has the authority to sign checks: Do employees who reconcile bank statements also: a. Sign checks? b. Make withdrawals? c. Make deposits? d. Have access to bank checks? e. Have access to computer systems that print checks? Yes Yes |

SECTION IV - POLICY INFORMATION

| | Carrier | Limit | Deductible | Effective Date | Expiration Date | Premium |
|------------------------|---------|--------|------------|----------------|-----------------|---------|
| | Carrier | LIIIII | Deductible | Date | Dale | Freimum |
| General Liability | | \$ | \$ | | | \$ |
| Professional Liability | | \$ | \$ | | | \$ |
| Hired/ | | | | | | |
| Non-Owned Auto | | \$ | \$ | | | \$ |
| Stop Gap | | \$ | \$ | | | \$ |
| EBL | | \$ | \$ | | | \$ |
| Crime | | \$ | \$ | | | \$ |
| EPLI | | \$ | \$ | | | \$ |

| 1. | With respect to the coverage addressed in this application, has any Underwriter refused, canceled | | |
|----|---|-----|----|
| | or non-renewed coverage? (Not applicable in Missouri) | Yes | No |
| 2. | With respect to the coverage addressed in the Application, has the Underwriter indicated any intent | | |
| | to not offer renewal terms to the Applicant? (Not applicable in Missouri) | Yes | No |
| 3. | Has the Applicant given written notice under the provisions of any prior policies providing | | |
| | similar insurance claims, or of specific facts or circumstances which might give rise to a | | |
| | Claim being made against any person or entity applying for this insurance? | Yes | No |
| 4. | No person applying for Employment Practice Liability (EPL) or Professional Liability (E&O) | | |

No person applying for Employment Practice Liability (EPL) or Professional Liability (E&O) coverage is aware of any facts or circumstances that may give rise to a Claim under these coverages.
 None or as noted below: (provide attachment if necessary)

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

| NAME (PLEASE PRINT/TYPE) | TITLE (MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR) | |
|--|--|--|
| SIGNATURE | DATE | |
| SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT | | |
| | | |

PRODUCER AGENCY

(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER (If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)