

**EXECUTIVE RECRUITING CONSULTANTS SUPPLEMENT
TO THE GENERAL APPLICATION FOR SPECIFIED PROFESSIONS**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

Name of Applicant: _____

2. APPLICANT RECRUITING OPERATIONS

| | <u>Previous Year</u> | <u>Last Year</u> | <u>Estimate This Year</u> |
|---|--------------------------|----------------------|-------------------------------|
| a. Breakdown of Total Staff | | | |
| Professionals: | _____ | _____ | _____ |
| Other Employees: | _____ | _____ | _____ |
| Total: | _____ | _____ | _____ |
| b. Number of Search Engagements: | _____ | _____ | _____ |
| c. Average salary level of completed placements: | \$ _____ | \$ _____ | \$ _____ |
| d. Highest salary level of completed placements: | \$ _____ | \$ _____ | \$ _____ |
| e. Describe in detail the percentage breakdown of the different industries with which your company renders professional services (Total must equal 100%): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

Name of Applicant*

Title (Officer, partner, etc.)

Signature of Applicant

Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.