

WORLD WIDE SPECIALTY PROGRAMS, INC.

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WWW.WORLDWIDESPECIALTYPROGRAMS.COM

PERSONNEL CONSULTANTS ERRORS AND OMISSIONS RENEWAL APPLICATION

Exp. Date _____

1. Company's Exact Legal Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: () _____
Fax No.: _____ E-Mail Address: _____
- No. of Offices: _____ List all trading names, street addresses, and additional locations and show percentage of ownership _____
- Approximate Number of Annual Placements: _____
Approximate Annual Gross Receipts: \$ _____
- Field of Specialization, if any: _____
(do not include any temporary help service exposure since they are not within scope of this coverage)

2. **Limits of Liability Desired:** (Check One)

Personnel Consultants: Each wrongful act or personal injury/aggregate:

- \$100,000/
\$300,000 \$250,000/
\$750,000 \$1,000,000/
\$1,000,000

3. **Personnel Consultants:**

Indicate the total number of persons in each of the following categories:

- A) Partners, officers, counselors or assistant counselors: (include all inactive officers) _____
B) Other employees including secretaries engaged by the applicant in the performance of services as a private personnel placement service (Do not include bookkeepers, messengers, file clerks, telephone operators, or others not directly engaged in work for clients of the applicant): _____
C) Independent Consultants: (list by name) _____
D) Total of A, B & C above: _____

4. It is agreed that this renewal application is a supplement to the original application and other prior applications, and those applications together with this renewal application, constitute the complete application that shall be the basis of the contract should a policy be issued.
5. THE UNDERSIGNED AUTHORIZED AGENT OF THE PROPOSED INSREDS DECLARES THAT TO THE BEST OF HIS KNOWLEDGE, THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE.
6. IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER AND ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.
7. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Underwritten by
American Home Assurance Company
70 Pine Street, New York, NY 10270
A Stock Insurance Company

SIGNATURE OF PRINCIPAL OR OFFICER

TITLE

DATE