

Express Franchisor Authorization Form

Named Insured

Franchisor Express Services, Inc. will be added as additional insured to the Personnel Consultants Errors and Omissions.

Signature _____

Title _____

Date _____

Franchise Number: _____

World Wide Specialty Programs, Inc.

68 SOUTH SERVICE ROAD, SUITE 235, MELVILLE, NY 11747

Toll Free – 800-245-9653 IN NEW YORK STATE: 631-390-0900 FAX: 631-390-0921

<http://www.wwspi.com/>

PERSONNEL CONSULTANTS ERRORS AND OMISSIONS APPLICATION

PROPOSED EFFECTIVE DATE OF COVERAGE: _____

1. Company's exact legal name and **ALL** trading names: _____

Street Address: _____

Mailing Address: _____

Telephone: _____ No. Years in Business: _____

E-mail Address _____ Fax No. _____

Applicant is: individual partnership corporation

Are you a: franchisor franchisee independent

If you are a franchisee, please provide a copy of franchise agreement.

Owner's name (if partnership, list names of ALL partners): _____

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: _____

Does applicant make placements out of the country? _____

Please attach copy of promotional material used.

2. Limits of Liability desired (check one): _____ Effective date desired: _____

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

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

Higher limits available upon request

NOTE: If you are engaged in a temporary help service, please note a separate policy applies. Please check here if you are involved in temporary help service. The Personnel Consultant's E&O Policy doesn't cover this.

3. 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 and c. _____

4. Current Insurance status _____

a. Current E&O insurance carrier (submit copy of policy): _____

b. Current limits: _____

c. Policy Expiration Date: _____

d. Has any similar insurance ever been declined or cancelled? NO YES (if yes, attach explanation)

e. Attach list and status of all errors and omissions claims, or incidents which may give rise to a claim, involving any proposed insured during the past five years. If NONE, check here

5. Please describe all associated services you provide, i.e. career counselors out-placement, retainer work, resume writing service, executive search, other.

This application does not bind the applicant of the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Vj g'rgtuqp'pco gf "dgmj 'cwj qtk gu"Y qtrf "Y kf g"Ur gekcm{ 'Rtqi tco u'v'r tqxkf g'lphto cvkqp'tgi ctf lpi "vj ku'r qnk{ 'vq-<Gzr tguu" Ugtxlegu."fpe0Qnmj qo c'Eksf.'QMD

Underwritten by
American Home Assurance Company
175 Water Street, 18th Floor
New York, NY 10038

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.

SIGNATURE OF PRINCIPAL OR OFFICER

TITLE

DATE