



Professional Indemnity

Proposal Form Recruitment and Employment Agencies



RECRUITMENT AND EMPLOYMENT AGENCIES.

Company name:

Contact details:

| | | |
|------------|---------------|------|
| Address: | Contact name: | |
| | Telephone: | Fax: |
| | Email: | |
| Post code: | Website: | |

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional insured name and address:

| |
|----------|
| Postcode |
|----------|

NOTE: Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

Additional liabilities:

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Indemnity Insurance proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES NO

If YES, please provide details:

Date business established:

Total income:

| | Last completed financial year | Current year | Estimate next year |
|---------------------|-------------------------------|--------------|--------------------|
| UK law contracts | £ | £ | £ |
| EU law contracts | £ | £ | £ |
| US law contracts | £ | £ | £ |
| Other law contracts | £ | £ | £ |

Number of employees:

| Last year | Current year | Estimate next year |
|-----------|--------------|--------------------|
| | | |

Partners and directors:

| Name | Qualifications | No. of years experience |
|------|----------------|-------------------------|
| | | |
| | | |
| | | |



Your business activity

Please estimate your split of total income from placements into the following categories:

| | Temporary | Permanent |
|----------------------------------|-----------|-----------|
| Clerical/IT | % | % |
| Other professional | % | % |
| Medical/nursing/care | % | % |
| Drivers/warehousemen | % | % |
| Blue collar/manufacturing | % | % |
| Construction manual | % | % |
| Engineering/technical | % | % |
| Other (please give full details) | % | % |

Average package of personnel placed:

£

Please provide details of the three largest placements or teams supplied by you in the last three years:

| Customer | Description of contract | Total contract value | Your contract value | Industry | Standard or non-standard contract |
|----------|-------------------------|----------------------|---------------------|----------|-----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Do you agree to non standard contracts?

YES NO

If yes, please describe the type of activity and the percentage of your total income:



Do any of your contracts involve:

- i) Work offshore? YES NO
- ii) Aviation? YES NO
- iii) Nuclear power? YES NO
- iv) Chemical/petrochemical industries? YES NO
- v) Safety critical transport work? YES NO

Are you a member of the REC? YES NO

**Interviewing/vetting procedure
- permanent staff**

Do you select, choose or place staff for clients without referral? YES NO

Are you responsible for checking references and qualifications? YES NO

If YES, do you always verify these independently and are gaps in references always checked? YES NO

If NO, please explain:

Please note that our policy will not provide vicarious liability cover, i.e. the policy will not cover you for the work of any personnel supplied by you to a client, unless you have breached a duty of care in supplying them. If vicarious liability cover is required please advise us with an explanation for why/what it is required for.

Have you ever bought professional indemnity insurance in the past? YES NO

If YES, please provide details:

| Name of insurer | Limit of indemnity | Excess | Premium | Renewal date | No. of years continuously held |
|-----------------|--------------------|--------|---------|--------------|--------------------------------|
| | | | | | |

Please tick the limit of Indemnity now required:

£250,000 £500,000 £1,000,000 £2,000,000

Other:

Preferred excess



You must complete this section.

In relation to your professional business activities, are you after reasonable enquiry aware of:
Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES NO

A client withholding payment due to you after any complaint.

YES NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt?

YES NO

2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

YES NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES NO

If YES, please provide details:

| Date | Details |
|------|---------|
| | |



DECLARATION

You must complete this section.

Please read the declaration carefully and sign at the bottom.

MATERIAL INFORMATION

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

DATA PROTECTION

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name _____
(in capitals)

A copy of this proposal should be retained for your records.