

Insurance Package Proposal Form for Recruitment



JLT Professional Risks

- NB
1. No insurance is in force until the proposal has been accepted by the Insurer.
 2. Where 'ADDITIONAL INFORMATION' is required in the answer to any question please insert such information in the boxes provided.
 3. Please use BLOCK CAPITALS throughout this form.

Legal Title, including Trading Name(s):

Full Correspondence Address:

..... Postcode:

Full Trading Address:

..... Postcode:

Telephone Number: Email Address:

Description of trade or business (including any specialist areas of recruitment and/or supply):

.....

Commencement date of cover from for 12 months

Are you an REC Audited member? Yes No

Are you a corporate member of the REC? Yes No

If so, please provide membership number:

Date the business was established:

Section A - Employers' and Public Liability

Cover Required?

Yes

No

Employers Liability limit of Indemnity is £10,000,000

1 Do you have a current Liabilities policy, if so please advise expiry date:

2 Public Liability limit of indemnity required any one claim: £1,000,000 £2,000,000 £5,000,000 Other (state below)
Other £

3 Estimated payroll in respect of your own staff: £

4 Estimated payroll in respect of temporaries supplied under your standard terms of business:

a) Clerical £

b) Supervisory/Light manual (warehouse) £

c) Manual (construction) £

d) Drivers/Caterers £

e) I.T. £

f) Medical (nursing/carers) £

g) Domiciliary Carers £

h) Other (please advise) £

(If you are supplying medical or care personnel, please complete the medical and care staff questionnaire)

- 5 Are you involved in contracts outside your own standard terms of business? Yes No
(If yes, please provide details in the table below)
- 6 Are temporary workers knowingly:
- a) Involved in work Off-shore? (e.g; work on oil rigs, ships or dock sites) Yes No
(If yes, please provide details in the table below)
- b) Involved in the use of electric, oxyacetylene welding or flame-cutting plant, blow lamps or torches? Yes No
(If yes, please provide details in the table below)
- c) Supplied to work at any height in excess of 30 metres or depths in excess of 5 metres? Yes No
(If yes, please provide details in the table below)

Name of Client/ End User	Type of work/ Equipment	Payroll - Standard Contract	Payroll - Non-Standard Contract	Turnover	Location if Overseas/ Off-shore

- 7 Do you provide temporary workers to the Agriculture, Horticulture or Food Processing industry? Yes No
If Yes, and you are required to obtain a Gangmasters Licence, have you obtained or applied for such licence ? Yes No
Unique Ref No.

8 What systems of check do you have in place to ensure that your clients have the required Gangmasters Licence?

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- 9 Are any of the placements supplied by you employed under a contract of service? Yes No
(If yes, please provide details on the additional information section below)
- 10 Do any of your temporary placements travel OUTSIDE the United Kingdom in the course of their/ your business? Yes No
(If yes, please give details on a separate sheet including all Non UK Nationals who are not supplied from within the UK)
- 11 Are you knowingly involved/likely to become involved within the next twelve months with the supply of temporary workers to either the aviation, nuclear, railways, power generating or petrol/ chemical industries? **(If yes, please provide details on the additional information section below)** Yes No

ADDITIONAL INFORMATION This space is for any additional information for questions 9 & 11	Reference to Question

Medical and Care Staff Questionnaire

- 1 Please confirm if you provide Domiciliary Care Services? Yes No
- 2 Do any of your staff, temporary or permanent, carry out assessments of the service users needs? Yes No
- 3 Do any of your staff, temporary or permanent, oversee, administer or pass drugs (prescribed or otherwise) to the care service user? Yes No
- 4 Do any of your staff, temporary or permanent, provide any treatments to the care service user? Yes No
- 5 Are any of the carers/nurses provided by you employed by you under contracts of employment? (contract of services) Yes No
- 6 Do you provide any staff under local Councils contracts?
(If yes, please provide answers to a), b) & c) below)
- a) Please provide us with a copy of the Local Council Contract wording
- b) Please provide an estimated payroll figure for staff under these contracts £
- c) Please provide an estimated Turnover figure for these contracts £
- 7 Do you provide any staff to the NHS under the NHS contract terms?
(If yes, please provide answers to a), b) & c) below)
- a) Please confirm the limits if indemnity required under these contracts £
- b) Please provide an estimated payroll figure for staff under these contracts £
- c) Please provide an estimated Turnover figure for these contracts £

**If you have answered 'Yes' to any of the questions above, please provide details in the section below.
You can attach additional pages if this space is not adequate.**

Signed:

Dated:

Section B - Drivers Negligence**Cover Required?**Yes No **(only available with Employers' and Public Liability)**

Cover will only be granted for drivers who;

- a) Are over the age of 23 years, and;
- b) Hold a full driving licence with no unspent Endorsements other than Endorsements for speeding and/or parking offences totalling a maximum of nine points, and;
- c) Have held the appropriate Licence for the particular class of vehicle to be driven for at least two years;
- d) Have worked for more than 180 days in the last 24 months as a driver

1 Limit of indemnity required per claim

£5,000 £10,000 2 Names of clients to whom you will be offering this cover
(if insufficient space available, please supply details on separate sheet)

Contract Name	Limit of Indemnity Required	Estimated No of Drivers at any one time

(Cover will only be restricted to £50,000 in the aggregate, unless an increase limit is requested)**Section C - Fidelity Bonding****Cover Required?**Yes No **(only available with Employers' and Public Liability)**

If this insurance is required please complete the following table:

Contract Name	Type of Goods Handled	Indemnity Required	Contract Wage roll

Total aggregate limit required for any one year:

£

Please detail the systems of check for temporary workers to be covered under this insurance:

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Section D - Professional Indemnity

Cover Required?

Yes

No

1. Limit of indemnity required any one claim:

£100,000 £250,000 £500,000 £1,000,000 £2,000,000 £5,000,000 Other £

2. Please provide Turnover in respect of:

Actual for last financial year

Estimated for next financial year

a) Permanent placements supplied under standard terms of business

£ £

b) Temporary assignments supplied under standard terms of business

£ £

c) Temporary assignments supplied under non-standard terms of business

£ £

3. Please supply details of inception and expiry dates of previous Professional Insurances held. If none, please state 'None':

Insurer	Inception date	Expiry date	Retroactive Date

4. Please detail below each question, the types of check made, to verify personnel placed:

Request and Check Qualifications
Perform Criminal Records Bureau Checks
Request and Checks Work Permits/Visa Checks for Non-UK Nationals (including holding a valid passport)
Check Membership of relevant professional bodies
Check Registrations if appropriate (i.e. Council Registration for childcare)
Appropriate Driving Licences
If you wish to provide any further information as to the types of checks provided (not mentioned above), please detail them in the box below

1. Address of business premises to be insured. If more than one please attach a separate list with addresses and sums insured.

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2. Are your premises:

- a) In a good state of repair? Yes No
- b) Built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos? Yes No
- c) Occupied solely by you for business purposes? Yes No

If you have answered no to any part of question 2, please give full details below:

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3. What is the approximate age of the buildings?

Years

4. How many storeys?

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5. a) Are the business premises fully protected by an intruder alarm?
If you have answered yes, please attach a copy of the specification

Yes No

b) Is the Intruder Alarm under your sole control for setting whenever the premises are unoccupied or unattended?

Yes No

If you have answered no to question 5b), please give details below:

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c) Is your alarm NACOSS approved? Yes No

6. Are all the doors which give access to your premises:

- a) Fitted with five lever mortice deadlocks complying with or exceeding BS3621?
(a locksmith or quality hardware shop will advise) Yes No
- b) Of solid construction? Yes No
- c) At least 1.75" (4.5cm) thick, if constructed of timber? Yes No
- d) Fitted with laminated security glass if aluminium or other metal framed? Yes No

7 Are all opening windows to your premises fitted with key opening locks or protected by bars or grills (in addition to the normal fastenings) if the window opens and is accessible from outside the premises. (This may include where access can be gained from adjoining buildings, lean-to or flat roofed extension etc?)

Yes No

If you have answered no to any part of question 6 or 7, please give details below:

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The Office Insurance cover will be based on the standard sums insured shown below.

If these are insufficient please show the increased sums to be insured. It is vital your sums are adequate as in the event of under insurance your claim will be proportionately reduced.

Sub Section	Description	Standard	Alternate sums insured required
Property Damage	General Contents	£10,000	£
	Landlords fixtures & fittings	£2,500	£
	Loss of rent payable over 12 months	£2,000	£
Glass		£1,000	£
Money (including Personal Accident Assault)	In transit or on the premises within business hours	£2,000	£
	On the premises out of hours in a safe	£1,000	£
	At the home of an authorised employee	£500	£
Business Interruption	Increased cost of working	£50,000	£
	Indemnity Period (3, 6 or 12 months available)	12 months
	Loss of Revenue	£0	£
	Indemnity Period (3, 6 or 12 months available)	12 months

Trade All Risks Cover for "All risks" or loss of or damage to portable property **Cover Required?** Yes No

1. Please specify the property to be insured and the situation being:
 a) anywhere in the United Kingdom, b) anywhere in Europe or c) anywhere in the World

Item	Description	Situation a), b) or c)	Limit any one claim	Total sum Insured

Buildings (including boundary walls, gates and fences) **Cover Required?** Yes No

- 1 The building, including outbuildings and landlord's fixtures and fitting, boundary walls, gates and fences. Sum insured £

NB Include an amount for architects' and other fees incurred in the reinstatement of the buildings (a typical allowance would be 12.5% of the full value of the buildings) and an amount for the removal of debris

- 2 Do you require subsidence cover? Yes No

If 'Yes' have the premises, or the properties on either side, suffered from or are they showing any signs of damage by subsidence, ground heave, landslip, or visible signs of cracking or to the best of your knowledge in a area susceptible to this type of damage? Yes No

Section F - Legal Expenses Insurance	Cover Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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1 Estimated wage roll for Own Permanent Staff? £

2 Has there been any legal dispute, action, prosecution, customs and excise or Inland Revenue investigations during the last five years?
If Yes, please give details

Yes No

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3 Are any redundancies envisaged in your business in the next 12 months?
If Yes, please give details

Yes No

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4 Have you been taken over, merged with or taken over any other company, or plan to do so with another company in the next 12 months?
If Yes, please give details

Yes No

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Additional Information

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Section G - Personal Accident - for Temporary Workers	Cover Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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1 Estimated number of temporary workers or contractors at any one time

2 Please indicate type and percentages of temporary workers or contractors supplied if not at least 90% clerical

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General Questions

1. Have you or any of your Partners, Principals or Directors been insured in connection with this or any previous business (in this or any other name) against any of the risks proposed? Yes No
2. Are you or any of your Partners, Principals or Directors currently insured in connection with any other business (in this or any other name) against any of the risks proposed? Yes No

If you have answered YES to either or both of questions 1 & 2, please give details of the Insurer(s) and Policy Number(s) and Name(s) of the Business(es) in Additional Information.

3. Please answer the following questions in relation to this business or any previous business in which you or your Partners or directors have traded, in this or any other name
- a) has any Insurer declined to insure you or them, cancelled or refused to renew your or their insurance or imposed special terms? Yes No
- b) have there been any incidents in the last five years which have or could have given rise to any claim? Yes No
4. Have you or any Partner, Principal or Director ever:
- a) been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a Company Director or been involved as Owner or Proprietor with any Company which went into receivership, administration or liquidation? Yes No
- b) been the subject of any County Court Judgements or Sheriff Court Decrees? Yes No
- c) been convicted or charged (but not yet tried) with any criminal offence? Yes No
- d) committed any offence to which you or they have admitted and for which you or they have received an Official Police Caution? Yes No
5. Are there any additional interests such as Bank, Mortgage, Freeholder or Lessor to be noted on the policy? Yes No

ADDITIONAL INFORMATION This space is for any additional information regarding the questions above	Reference to Question

Material Facts

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an Insurer in the acceptance and assessment of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer. If any changes in circumstances arise during the period of insurance cover please provide your Insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the Insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

DECLARATION - Very Important

This proposal shall be deemed to have been completed by all Proposers and is signed by me/us for and on behalf of all Proposers.

I/We understand the content of this completed application and I/We declare that the information given is, to the best of My/Our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the Insurer and Myself/Ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so.

I/We understand that My/Our information may also be disclosed to the regulatory bodies for the purposes of monitoring and/or enforcing the Insurer's compliance with any regulatory rules/codes.

Please Print Name (in BLOCK CAPITALS)

Signature: Date:

Authority to sign, e.g. Director, Partner, Owner, etc:

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS

Completed Proposal Forms should be returned to:
JLT PROFESSIONAL RISKS.
Threefield House, 7 Threefield Lane, Southampton SO14 3QH
TELEPHONE: 0800 454 632 FAX: 023 8023 6638

Data Protection Act 1998

The information provided on this form along with any other related data will be held by JLT Professional Risks and/or its agents and used to administer your enquiry. The details which you provide may also be used to update our records and those of companies associated to Jardine Lloyd Thompson Group plc, or carefully selected third parties so that we may provide you from time to time with information or details of events, services or products which we think may be of interest to you. Please tick the relevant box(es) if you would prefer not to be kept informed of such information relating to

By Mail By Telephone By Email

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