



Employment Agents Professional Liability Proposal Form

Proposer Details

Name of Firm(s)	<input type="text"/>
Principal Address line one	<input type="text"/>
Principal Address line two	<input type="text"/>
City and postcode	<input type="text"/>
Telephone number	<input type="text"/>
Website	<input type="text"/>
Date Firm Established	<input type="text"/>

Please provide a clear description of the activities of the Firm(s)

Please provide details of any subsidiary companies which are to be included under this insurance:

Subsidiary/Trading Name	Country
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is cover required for any Partner, Director or Principal for any former firm for which they were a Partner? Yes No

If 'Yes', please provide details on a separate sheet.

Please give details of all Principals, Partners or Directors of the Firm(s):

Name	Relevant Qualifications	Date Qualified	How long a Principal / Director / Partner?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Firm(s) have any branch offices? Yes No

If 'Yes' please provide details requested below

Location	Partner Responsible
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is the Partner responsible based in the branch office? Yes No

If 'No', please provide details in respect of the supervision of the office

Please categorise staff other than Partners, Directors or Principals and provide brief details in respect of the nature of their work:

Categories of Staff	Number	Nature of Work

Claims

Is any partner, director or principal, after inquiry, aware of any claims ever having been made against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

Is any partner, director or principal, after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

If you have answered YES to either of the above questions, full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

Fraud and Dishonesty

Has the Firm(s) sustained any loss through the fraud or dishonesty of any person? Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partners, Director or employee?

Yes No

Is any employee allowed to sign cheques on his/her signature alone for values exceeding £25,000?

Yes No

If 'Yes' to either, please provide details on a separate sheet.

Professional Services

Please state your Gross fees for the last five complete financial years and estimate for the next financial year:

Year Ending	UK	USA/Canada	Elsewhere	Total
___/___/20__				
___/___/20__				
___/___/20__				
___/___/20__				
Last completed year				
Estimate next year				

Please split the fee income declared above between

The supply of Permanent Staff	GBP
The supply of Temporary Staff (<i>including Vicarious placements</i>)	GBP
The supply of Temporary Staff (<i>excluding Vicarious placements</i>)	GBP

Please split the Firm(s) business between the following market sectors:

	Permanent Staff	Temporary Staff	
		Inc. Vicarious Liability	Exc. Vicarious Liability
Drivers and/or persons whose duties include responsibility for money or goods	%	%	%
Executive or Professional staff	%	%	%
Medical Staff	%	%	%
IT / Computer Consultants	%	%	%
Architects / Surveyors / Engineers	%	%	%
Manual (not responsible for money)	%	%	%
Clerical (not responsible for money)	%	%	%
Other – please specify	%	%	%
	100 %	100 %	100 %

Is this business split representative of the Firm(s) business over the previous three years?

Yes No

If 'No', please provide details

Are any substantial changes in the % amounts shown above likely during the next 12 months?

Yes No

If 'Yes', please provide details

Does the Firm(s) have any contracts which emanate from the USA or Canada?

Yes No

If 'Yes', please provide details on ATTACHED PAPER.

If there were a failure of any of the Firm(s) products or services could this failure result in any of the following outcomes:

- Loss of Life or Injury to Others Yes No
- Destruction or Damage to Physical Property Yes No
- Immediate and Large Financial Loss Yes No
- Significant Cumulative Financial Loss Yes No
- Insignificant Financial Loss Yes No

If the Firm(s) have answered 'Yes' to any of the above, please provide on ATTACHED SHEET.

Please provide details of the five largest contracts undertaken in the past three years or for a new business in the forthcoming year.

Name of Client	Business of Client	Nature of Contract	Total Value	Income to Firm

Risk Management

Does the Firm(s) always use standard written contract conditions? Yes No

If 'No'

(i) What percentage of contracts are in the non-standard form? %

(ii) What is the procedure for the sign-off of non-standard contracts?

Please provide details on ATTACHED PAPER

In respect of all contracts the Firm(s) enters into, do they always include:

- (i) An outline of the scope of services to be provided? Yes No
- (ii) Limitation of Liabilities? Yes No
- (iii) Direct, Consequential and Economic Loss Exclusion Yes No
- (iv) Indirect, Consequential and Economic Loss Exclusion Yes No
- (v) Force Majeure Yes No

- (vi) Guarantees Yes No
- (vii) Warranty Disclaimers Yes No
- (viii) Hold Harmless Agreements Yes No
- (ix) Arbitration Agreement Yes No
- Does the customer always sign the contract? Yes No
- Does the Firm(s) have standard procedures for regular review of ongoing contracts internally and with clients? Yes No
- Does the Firm(s) provide advice or services which fall outside the scope of the contract? Yes No
- Does the Firm(s) operate any Quality Assurance Systems Yes No

If 'Yes', please specify:

- Does the firm offer and promote continuing training? Yes No

If 'Yes', please advise nature of the training

- Does the Firm(s) check the qualifications of staff placed? Yes No
- Does the Firm(s) carry out criminal checks for those staff handling client moneys? Yes No
- Does the Firm(s) interview all candidates prior to placement? Yes No
- Does the Firm(s) agree in writing each client's request? Yes No

Previous coverage

Please give details of previous Professional Indemnity Insurance carried for past two years

Policy Period	Insurer	Limit of Indemnity	Excess	Premium

- Has any proposal for Professional Indemnity Insurance made on behalf of the Firm(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled, renewal refused or special terms imposed? Yes No

If 'Yes', please advise reasons

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Please specify the limit (s) of indemnity for which quotations are required

GBP	GBP	GBP
GBP	GBP	

Please specify the excess you would be prepared to carry

GBP	GBP	GBP
GBP	GBP	

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance

Signed

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Title

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Firm(s)

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Date

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Please use this space to disclose any further relevant information of if there is insufficient available to answer any of the questions fully, clearly identifying the question number in each case



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