



Employment &
Recruitment Agencies
Proposal Form

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IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method of Completion

This proposal form may be completed in ink or electronically and signed and dated version sent to us prior to binding cover;

All questions must be answered (if necessary comment as “not applicable” or “none”).

Presentation

If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;

CV's of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;

Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

Disclosure

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance make a fair representation of the risk they are seeking to insure. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may have serious adverse consequences for coverage under the contract of insurance. If you have any doubt as to what constitutes a fair presentation please do not hesitate to ask for advice from your insurance advisor;

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate.

1. NAME(S) OF THE INSURED/PROPOSER (including all trading names of entities to be Insured)

Please include any predecessors for whom cover is required:

2. ADDRESS OF THE PRINCIPAL OFFICE

Please list all other locations by Town or Country if overseas and identify the supervising Partner/Director at each location. Please provide an appendix sheet if required:

ALL OTHER ADDRESSES BY TOWN ONLY:

Principle Contact:	
Telephone Number:	
E-Mail:	
Fax Number:	
Web-Site Address:	

3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:

DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:

(If Applicable)

REASON FOR CESSATION OF FORMER BUSINESS:

4. FULL DESCRIPTION OF BUSINESS ACTIVITIES

(Please attach brochure(s) if available):

5. PARTNERS/DIRECTORS/SOLE PRACTITIONERS AND CONSULTANTS

Names of:	AGE	Qualifications & Professional Associations	Date Qualified	Number of Years as Partner / Director / Sole Practitioner
a) Partners / Directors / Sole Practitioners				
b) Consultants				
a)				
b)				

6. NUMBER OF STAFF

Not including the above:

Qualified:

Other:

7. RECENT CHANGES

During the last six years, has the name(s) of the Insured/Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners? (i.e. departed, retired or deceased etc...):

Yes No

If "Yes", please give details below:

12. CONTRACT CONDITIONS

Does or Has the Insured / Proposer ever accept Vicarious Liability for the actions of the personnel they supply?

Yes No

If “Yes”, please provide full details, including copies of relevant contract conditions and the percentage of annual income derived thereunder (Please attach appendix sheet if required):

13. GROSS FEE INCOME (or Turnover if applicable)

Please Advise (for new firms/start up’s, please estimate the expected fee income):

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK in £	£	£	£
USA or Canada in £	£	£	£
Elsewhere excluding USA or Canada in £	£	£	£
Total in £	£	£	£
Largest total fees from any one client in £	£	£	£
Please state the date of your financial year end:			

14. TEMPORARY PLACEMENTS

Please state the percentage gross income (wages plus placement fee) derived from temporary placements in each of the following categories:

Drivers	%	Scientific personnel (including environmental specialists)	%
Persons who are responsible for handling monies or goods	%	Clerical	%
Executives, Technical, Specialist or Professional staff	%	Medical/Healthcare	%
Social services personnel (including home helps)	%	Construction workers	%
IT Consultants/Computer Personnel	%	Other personnel	%

Others (please provide details)	%

15. PERMANENT PLACEMENTS

Please state the percentage gross income (placement fee) derived from permanent placements in each of the following categories:

Drivers	%	Scientific personnel (including environmental specialists)	%
Persons who are responsible for handling monies or goods	%	Clerical	%
Executives, Technical, Specialist or Professional staff	%	Medical/Healthcare	%
Social services personnel (including home helps)	%	Construction workers	%
IT Consultants/Computer Personnel	%	Other personnel	%
Others (please provide details)		%	

16. CLAIMS AND/OR CIRCUMSTANCES

NB. Details can be advised on page 10

PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

a) CLAIMS

During the last ten years, have any claims or circumstances which may have given rise to a claim been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?

Yes No

If "Yes", please advise full details including amounts involved and settlement dates where appropriate, below:

Claims Paid
Claims Outstanding

b) CIRCUMSTANCES

Are any of the Partners/Directors/Principals AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) or its Predecessors in business or its/their present or former Partners /Directors?

Yes No

If "Yes", please provide full details including amounts involved:

17. a. CURRENT INSURANCE ARRANGEMENTS

Please advise:

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date

b. PREVIOUS INSURANCE

Has similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or had renewal refused?

Yes No

If "Yes", please advise details below:

18. QUOTATIONS REQUIRED

Limit of Indemnity

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

Excess

	£500	£1,000	£2,500
£5,000	£10,000	£25,000	Other:.....

Important

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and for more information about your data protection rights, please visit our website at: <https://www.barbicanprotect.com/cookies-privacy-policy/>.

DECLARATION

We hereby declare that to the best of our knowledge and belief the foregoing particulars and statements represent a fair presentation of the risk we are seeking to insure.

We hereby undertake to declare any material alterations or amendments to the foregoing particulars and statements which occur prior to the commencement of the contract of insurance.

Signed:

Date:

For and on behalf of:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

Date Notified	Details of Claim or Circumstance	Reserve	Payments made (including defence costs)	Open/ Closed
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			