



Employment & Recruitment Agencies

Renewal Proposal

1. NAME(S) OF FIRM

(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

Partner Contact:	<input type="text"/>
Telephone Number:	<input type="text"/>
E-Mail:	<input type="text"/>
Fax Number:	<input type="text"/>
Web-Site Address:	<input type="text"/>

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. a) RECENT CHANGES

During the last six years, has the name of the Firm(s) 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

b) NEW ACTIVITIES

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...

Yes No

If "Yes", please give details below:

6. 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	£	£	£
USA or Canada	£	£	£
Elsewhere excluding USA or Canada	£	£	£
Total	£	£	£
Please state the date of your financial year end:			

7. QUOTATIONS REQUIRED

(If unsure, please contact to discuss or request "Please obtain various")

Limit of Indemnity	£	£	£
Excess(es)	£	£	£

PLEASE NOTE, IT IS IMPERATIVE THAT SECTION (a), (b) AND (c) OF QUESTION 8 ARE ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

8. CLAIMS & OR CIRCUMSTANCES

Where necessary, please provide details on an appendix sheet.

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.

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 / Principles?

Yes No

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

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c) FIDELITY

(i) Has the firm sustained any loss through fraud or dishonesty of any person?

Yes No

(ii) Does the firm know of any fraud or dishonesty of any present or former Partner/Director or employee?

Yes No

If "Yes", please advise details and explain the precautions taken to prevent recurrence below:

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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:

For and on behalf of:

Date:

9. 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)			%

10. 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)			%