



Recruitment employment & staffing

Policy document
United Kingdom

INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

- 1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:		_____
Contact name:		_____
Address:		_____ _____
Postcode:		_____
Telephone:	Email address:	_____
Fax:	Website:	_____

- 1.2 Please state when your company was established:

DD / MM / YY

Please answer question 1.3 only if you require Employers' Liability cover.

- 1.3 a) Please state your Employer Reference No. (ERN):

- b) Do you have any subsidiaries in the UK?

Yes No

If 'yes', please complete the Supplementary Information section at the back of this Proposal Form.

- 1.4 Please provide details of your business activities in the following categories:

Temporary staffing:	_____ %
Permanent placements:	_____ %
Consultancy services (please provide details):	_____ %
Other (please provide details):	_____ %

If any of your turnover is derived from overseas activity, please state the amount below:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
USA turnover:	_____	_____	_____
Other territory turnover:	_____	_____	_____

1.7 If temporary personnel are placed by you, are terms of business used?

Yes No

If 'yes':

a) do they contain a 'hold harmless' agreement in your favour?

Yes No

b) is the supervision, direction and control of placed personnel always the responsibility of your client?

Yes No

If 'no', please provide details below:

Name of client	Category of workers supplied (see category list in question 1.7)	Contract value for this client
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.8 Please provide a breakdown of placed personnel in the following categories:

Clerical (white collar activities):	_____	%
IT: consultancy/data entry:	_____	%
IT: hardware installation/maintenance:	_____	%
Medical or nursing:	_____	%
Light manual (warehouse or light industrial):	_____	%
Heavy manual (construction or heavy industrial) 1:	_____	%
Drivers:	_____	%
Domicillary care:	_____	%
Safety critical rail:	_____	%
Offshore (oil rigs and platforms):	_____	%
Care plan or independent living support:	_____	%
Other:	_____	%

If 'other', please provide details:

"Heavy manual" occupations include, but are not limited to, height work in excess of 5 metres, groundworks in excess of 2 metres depth, use of heat, lifting weights in excess of 25 kilograms, use of tools, machinery and vehicles designed for use principally off public roadways (i.e. pneumatic drills, diggers, bulldozers, cement mixers, agricultural equipment etc.), a requirement for the use of protective clothing and trackside railwork (safety and non-safety critical).

1.9 Do you belong to any association related to these activities?

Yes No

If 'yes', please list these associations below:

1.10 What procedures do you have in place to comply with the requirements of the Agency Workers Regulations 2010?

SECTION 2: DRIVERS' NEGLIGENCE
Only complete this section if you require this cover.

2.1 Limit of indemnity required per claim: £ 5,000 £ 10,000

2.2 What is the estimated maximum number of drivers to be supplied in any one day?

2.3 Please provide details below of clients where cover is required:

Client name	Indemnity required	Estimated number of drivers
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

2.4 If you currently purchase this cover, please advise the maximum number of drivers supplied on any one day during the past 12 months:

IMPORTANT NOTES:

- 1) Drivers' negligence agreement forms must be in place between you and your client before cover is effective. A specimen wording is available upon request.
- 2) Cover will not be granted in respect of a driver who:
 - (i) is under the age of 23 years;
 - (ii) does not hold a full driving licence clear of endorsements, other than endorsements for the following motor offence conviction codes: AC10, AC20, CU10, CU40, CU80, MS10, MS20, MS30, MW10, PC10, PC20, PC30, SP10, SP20, SP30, SP40, SP50, SP60, TS10, TS20, TS30, TS40, TS50, TS60, TS70, up to a maximum of nine penalty points;
 - (iii) has not held a valid licence to drive such a vehicle for more than two years;
 - (iv) has not worked as a driver of such a vehicle for at least 180 days during the 24 months immediately preceding the accident; or
 - (v) does not hold a Large Goods Vehicle (LGV) licence of Category C1, C1+E, C or C+E; or
 - (vi) has the following motoring offence conviction codes: AC10, BA10, BA20, BA30, CD10, CD20, CD30, CD40, CD50, CD60, CD70, CU20, CU30, CU50, CU60, DD10, DD20, DD30, DD40, DD50, DD60, DD70, DD80, DR10, DR20, DR30, DR40, DR50, DR60, DR70, DR80, DR90, IN10, LC10, LC20, LC30, LC40, LC50, MS40, MS50, MS60, MS70, MS80, MS90, PL10, PL20, PL30, PL40, PL50, UT10, UT20, UT30, UT40, UT50, XX99, TT99 & NE99.

SECTION 3: PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

3.1 Please state the address of the premises to be insured (if different from the address given earlier):

<p>PREMISES 1</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p> <p>PREMISES 2</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p>
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Please continue on a separate sheet if more than 2 premises are to be insured.

3.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

<p>Name of party: _____</p> <p>Interest of party: _____</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p>

3.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d) In a good state of repair? Yes No
- e) Self contained with a lockable entrance door? Yes No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j) Fitted with sprinklers, either fully or partially? Yes No

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions, then please give further details:

3.4 Please detail the amounts to be insured below for each premises (complete only if you require property cover):

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:	<hr/>	<hr/>
Landlord's fixtures & fittings and tenant improvements:	<hr/>	<hr/>
All contents wherever located:	<hr/>	<hr/>

Please list any alternative locations in question 3.1

3.5 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items:

Please also state the approximate percentage of the time that these items are away from your premises:

3.6 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents:

Please also state the approximate percentage of the time that these contents are away from your premises:

3.7 Please detail the amounts to be insured below for Business Interruption cover (complete only if you require this cover).

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (Flexible First Loss):	_____	_____

SECTION 4: CLAIMS EXPERIENCE & INSURANCE REQUIREMENTS

4.1 a) Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/ expiry date	Limit of liability	Excess	Premium	Insurer	Retroactive date (if known)
Employers' Liability:	_____	_____	_____	_____	_____	N/A
Public Liability:	_____	_____	_____	_____	_____	N/A
Professional Indemnity: *Placed Personnel Dishonesty (fidelity bonding):	_____	_____	_____	_____	_____	_____
Drivers' Negligence:	_____	_____	_____	_____	_____	_____
Cyber & Privacy Liability:	_____	_____	_____	_____	_____	_____

*Placed Personnel Dishonesty (fidelity bonding) only available when Professional Indemnity is being purchased.

b) If you have requested Placed Personnel (fidelity bonding) and are supplying drivers or warehousemen, please provide the following details:

Client name	Type of goods handled	Indemnity required	Contract value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.2 Regarding all of the types of insurance to which this proposal form relates, AFTER FULL ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above:

Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers and, the dates of all developments and payments.

SECTION 5: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: _____	Full name: _____
Position held: _____	Date: <u>DD / MM /YY</u>

SUBSIDIARY 1

Company name:

ERN:

Address:

Postcode:

SUBSIDIARY 2

Company name:

ERN:

Address:

Postcode:

SUBSIDIARY 3

Company name:

ERN:

Address:

Postcode:

SUBSIDIARY 4

Company name:

ERN:

Address:

Postcode:

If you have more than 4 subsidiaries please continue your response in the Additional Information section.

ADDITIONAL INFORMATION: