



# MANCHESTER UNDERWRITING MANAGEMENT

## Recruitment Consultants Proposal Form

### IMPORTANT:

#### In this application:

“**You / Your**” refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

“**Firm**” means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

“**Principal**” means any Director, Partner, Member or Sole Trader.

Answers should relate to all work for which cover is required - past, present and future.

**You MUST** complete all sections of this Application Form. The Application Form must be signed and dated once completed.

This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.

All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

**1) Please provide full trading names of all **Firms** to be insured under this arrangement (**You/Your**):**

Name(s)	Date Established

**2) Please provide **Your** website address:**

**3) Please provide all addresses:**


**4) If cover is required for **Your** previous business (predecessor practices), please provide full details below:**

Name(s)	Start Date	End Date	Reason for winding up/leaving

**5) If any of the **Principals** require cover for any previous professional business activity not covered elsewhere, please provide details below:**

Name of <b>Principal</b> to be covered						
Name of previous <b>Firm</b>						
Period at previous <b>Firm</b>	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous <b>Firm</b>						
Reason for leaving						

**6) Do **You** have any association with or financial interest in any other **Firm**?  Yes  No**

If YES, please provide full details below of the nature of the association and the name and business of the third party:

7) Please supply details of all **Principals**:

Name	Age	Qualifications	Date Qualified	Date of Engagement

8) Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others


9) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body?

Yes  No

If YES, please provide full details below:

10) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of **Your** current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If <b>You</b> currently have Professional Indemnity coverage in force, please advise the retroactive date, if any: 	
Date	

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

Year End						N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

**13) Please provide a breakdown of **You** activities and percentage of income generated for each discipline:**

Clerical/IT	%
Other Professional	%
Medical/Nursing/Other Care	%
Manual (Drivers/Warehousemen)	%
Construction	%
Railway/Aviation/Nuclear/Petrochemical/Offshore	%
Other work - please provide full details below:	%
<b>Total:</b>	<b>%</b>

**14) Have **You** at any time placed staff outside of the United Kingdom?**  Yes  No  
**If YES, please provide details below:**

Country	Client	Date	Description of Work	Total Commission	Temporary/Permanent	Job Description
				£		
				£		
				£		

**15) Do **You** provide advice on the employment of citizens of countries other than the United Kingdom?**  Yes  No

**Do **You** take responsibility for checking references and qualifications?**  Yes  No

**Do **You** accept liability for the actions of persons placed?**  Yes  No

**Do **You** provide any advice relating to Employment Law?**  Yes  No

**16) Have **You** at any time entered into a contract that is subject to the laws of countries outside the United Kingdom? If **YES**, please provide details of 3 largest contracts below:**  Yes  No

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est. Completion Date

17) Have **You** at all times used written agreements for each contract undertaken, which clearly outline the services to be provided and have all changes always been confirmed in writing?  Yes  No  
 If NO, please give full details below:

18) Have **You** ever entered into contracts on behalf of clients?  Yes  No  
 If YES is written sign off for the contract terms always obtained from **Your** client prior to doing so?  Yes  No

19) Please select the Limit of Liability **You** require quotations for:

	<input type="checkbox"/>		<input type="checkbox"/>
£500,000	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Other Limit of Liability			

21) What Level of Excess do **You** require?

22) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?  Yes  No  
 If YES, please provide details below:

Date of Claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

23) Are **You** aware of any of the following?

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?  Yes  No

Any matter which might otherwise affect the consideration of this proposal?  Yes  No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms?  Yes  No

If YES to any of the above, please provide full details here:

**DECLARATION**

I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

Name of Principal Signing this form:

Signature of Principal:

Date: