



**Please read the following information carefully before completing this proposal form. This should help present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:**

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form.
- Where a question is not applicable to your particular circumstances, please write N/A
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance,
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities

**1** Name and address of Insured Firm(s) including any predecessors in business:

Postcode

Date firm established:

**2** Please provide a full description of the business carried out by the Insured Firm(s)

**3** Is the Firm Associated with any other Firm(s)?  Yes  No

If "Yes" please give full details

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## Section 1 - Employers' and Public Liability

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

**1** Please state your Employer Reference Number (ERN)

**2** Do you have any subsidiaries in the UK?  Yes  No

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

3 Please provide turnover details of your business activities in the following categories:

|                       |   |
|-----------------------|---|
| Temporary staffing:   | £ |
| Permanent placements: | £ |
| Consultancy services: | £ |

4 Please state the wage roll (own staff):

5 If temporary personnel are placed by you, are terms of business used?  Yes  No

6 Is the supervision, direction and control of placed personnel always the responsibility of your client?  
 Yes  No

7 Do you require an indemnity to principals extension  Yes  No

8 Do you require a waiver of subrogation extension  Yes  No

9 Please provide a wage roll of placed personnel in the following categories:

| Category   | Agency <b>NOT</b> accepting supervision direction & control of labour supplied | Agency <b>ACCEPTING</b> supervision direction & control of labour supplied |
|--|--|--|
| 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): |  |  |
| Drivers:   |  |  |
| Domiciliary care:                                |  |  |
| Safety critical rail:                            |  |  |
| Offshore (oil rigs and platforms):               |  |  |
| Other (please provide details):                  |  |  |

10 Limit of Indemnity required under this section of insurance PL (EL £10,000,000)

- £1,000,000     £2,000,000     £5,000,000     £10,000,000

## Section 2 – Professional Indemnity

1 Limit of Indemnity required under this section of insurance;

- £1,000,000     £2,000,000     £5,000,000     £10,000,000     Other

2 Please confirm Your current Retroactive Date (please refer to your policy schedule):

3 Do you require cover for Your legal liability arising from the errors or omissions of temporary workers:  Yes  No

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## Section 3 – Drivers Negligence

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1 Limit of Indemnity required under this section of insurance;

£5,000       £10,000       £25,000

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2 Please provide the average numbers of drivers supplied at any one time? \_\_\_\_\_

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## Section 4 - Property & Business Interruption Insurance

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

|                  |                  |
|------------------|------------------|
|                  |                  |
| Post Code: _____ | Post Code: _____ |

*Please continue on a separate sheet if more than 2 premises are to be insured.*

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:

|                      |                          |
|----------------------|--------------------------|
| Name of Party: _____ | Interest of Party: _____ |
| Address: _____       |                          |
| _____                | Post Code: _____         |

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
- 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

If you have answered 'no' to any of question 3 a) to j), then please give further details:

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

**IMPORTANT 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:  | £                         | £                         |
| Landlord's fixtures & fittings and tenant improvements: | £                         | £                         |
| General contents wherever located:                      | £                         | £                         |
| Computers and ancillary equipment:                      | £                         | £                         |

**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:

%

**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:

%

**7** Please detail the amounts to be insured below for Business Interruption and Loss of Rent cover (only complete this question if you require this cover).

a) Loss of rent (12 month indemnity period)

£

**Important Note:** The maximum indemnity period available is 12 months. Please bear in mind how long it will take to re-commence trading at another premises when stating the amount insured and indemnity period.

The Business Interruption cover provided is on a 'Flexible First Loss' basis – please specify a total amount to be insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is through loss of income, costs and expenses or outstanding debts. This often enables a smaller total amount to be specified under this section of cover and can sometimes result in a lower premium.

| ITEM   | AMOUNT INSURED | INDEMNITY PERIOD |
|--|----------------|------------------|
| Business Interruption cover (Flexible First Loss): | £              | _____ months     |

**8** Is Terrorism cover required?

Yes  No

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## Section 5 – Legal Expenses Insurance

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1 Limit of Indemnity required under this section of insurance;

£50,000       £100,000

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2 Have you had to initiate or defend any legal expenses insurance claim or legal proceedings (including hearings before an Employment Tribunal) in the past three years?  Yes  No

3 Has there been any in depth investigations by the Inland Revenue into the company and/or any director, VAT dispute, PAYE and/or P11D compliance dispute within the last three years?  Yes  No

If you have answered 'Yes' to either and/or both of the above please provide details on a separate sheet.

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## Section 6 – Management Liability Insurance

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1 Limit of Indemnity required under this section of insurance;

£100,000     £250,000     £500,000     £1,000,000     £5,000,000

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**Important Note:** This section of coverage is provided through a Statement of Fact set of questions.

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## Section 7 – Personal Accident Insurance

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1 This section provides compensation for Own Staff and/or Temporary Workers on assignment or travelling to and/or from normal residence should an accident occur causing Death, Loss of Sight and/or Limbs and/or Permanent Total Disablement from any occupation

**Level of Benefit £25,000**  Please tick box if quote is required

**Level of Benefit £50,000**  Please tick box if quote is required

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Own Staff Number

Temporary Staff Number

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## Section 8 – Claims Experience

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1 Have any claims been made against and/or by the proposer in the last 5 years in respect of the Insurances that have been requested within this proposal form?  Yes  No

2 After enquiry, are any of the Directors and/or Partners aware of any circumstances which may give rise to claim against the proposer's firm or any of their predecessors in business that are seeking coverage under this proposal form?  Yes  No

- 3 Have any directors and/or partners of the proposer's firm been found guilty of any criminal, dishonest and/or fraudulent activity and/or been investigated by any regulatory body?  Yes  No

If any of the above questions have been answered 'Yes' please provide full details on a separate sheet.

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## Section 9 – Important Notices

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## Section 10 – Declaration

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### Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us – in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein. For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

Signature:

Position:

Date:

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This insurance will not commence until Euna Underwriting has indicated acceptance of the Proposal. Euna Underwriting reserves the right to decline any Proposal.

## Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim.

The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors.

More information about our use of personal data is set out in our Privacy Notice on our website, [www.euna.com](http://www.euna.com). We recommend that you review this notice.



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Euna Underwriting Limited are an  
Appointed Representative of  
ES Risks Limited  
FRN 565023

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