



Recruitment Professional Indemnity Insurance

Proposal Form

IMPORTANT NOTICES

CLAIMS MADE POLICY

This Proposal is for a policy issued by ProRisk, which includes coverage on a claims made and notified basis. This means that the policy provides cover for claims first made against you during the insurance period. The policy does not provide cover for any claims made against you during the insurance period if at any time prior to the commencement of the insurance period you were aware of facts which might give rise to those claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where the insured gives notice in writing to the insurer during the insurance period of facts that might give rise to a claim against the insured, the insurer cannot refuse to pay a claim which arises out of those facts, by reason only that the claim is made after the insurance period has expired.

YOUR DUTY OF DISCLOSURE:

Section 21 of the Insurance Contracts Act 1984 provides that before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty of disclosure is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from inception.

ALTERATION TO RISK AND DEREGISTRATION

The policy requires you to notify the insurer within thirty days of any material change in the nature of your organisation, or any act of insolvency or bankruptcy. The policy requires you to give immediate notice of the cancellation, suspension, termination or imposition of conditions in respect of your statutory registration. Claims arising following the cancellation, suspension or termination of your statutory registration are excluded from indemnity under the policy.

LIMITED LIABILITY

The policy provides that if a payment greater than the limit of indemnity is required to dispose of a claim, the insurer's liability for costs and expenses will be limited to the proportion that the limit of indemnity bears to the payment required to dispose of the claim.

POLICY CANCELLATION

In the event of policy cancellation by the insured, ProRisk's cancellation rates will apply.

WAIVER OF RIGHTS OF SUBROGATION

The policy provides that you must not, without our prior written consent, enter into any contract or agreement which excludes, limits or prejudices a right of recovery in respect of any claim covered under the policy. Further, you must not do anything or fail to do anything which excludes, limits or prejudices our rights of subrogation.

PRIVACY STATEMENT

ProRisk is bound by the obligations of the Privacy Act 1988 (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy. We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty of Disclosure.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

A copy of our Privacy Statement is available from our website www.prorisk.com.au. To request access to or update your personal information, contact the Privacy Officer at ProRisk by email: enquiries@prorisk.com.au or by mail at the address shown on this Proposal.

IMPORTANT NOTICE:

- Please answer all questions in full. Where appropriate, please tick the **Yes** or **No** box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- All attached documents form part of this Proposal.

Applicant's Details

1. Name(s) of the Proposed Policyholder:
Please include the name of all entities (Pty Ltd, Inc, Ltd, and natural persons), businesses and trading names. References to the Applicant are references to the Proposed Policyholder throughout.

2. ABN
3. Website address(s) .
4. Principal business address
5. Other business locations
6. Date of commencement of business

7. Names and qualifications of principals / directors:

NAME	AGE	QUALIFICATIONS AND DATE QUALIFIED; OR DETAIL EXPERIENCE	PERIOD AS PRINCIPAL	
			THIS PRACTICE	PREVIOUS PRACTICE

Please attach CV where the Applicant has been established less than 3 years and/or where any individual has no relevant qualifications.

8. Staff numbers:

INTERNAL STAFF		NUMBERS	EXTERNAL PLACED STAFF		NUMBERS
Recruitment Executives			On-hired Employees		
Other technical			On-hired Contractors		
Non-technical & administrative					
Total			Total		

9. Please list your professional associations:

10. Is the Applicant, including any Directors, connected or associated (financially or otherwise) with any other entity or business? No Yes

If **Yes**, please provide details:

11. a) Has the name of your business ever changed? No Yes
 b) Have you ever carried on your business under a different corporate entity? No Yes
 c) Has any other business or practice amalgamated or merged with your business? No Yes
 d) Have you purchased any other business or practice? No Yes

If **Yes** to any of questions **11 (a) to (d)**, please provide details in an attachment.

Your Business

12. Please provide a detailed description of the Applicant's business below.

Attach any relevant brochures, capability statements, or other documentation to describe your activities.

13. Is the Applicant licensed or accredited in order to carry out the business? No Yes
 14. Has the Applicant's license been in force at all times? No Yes

If **No** to question **13** or **14**, please explain why below.

15. Please provide the Applicant's total **Revenue** from all activities for each financial year from client's based in:

	LAST FINANCIAL YEAR	CURRENT FINANCIAL YEAR (PLAN)	NEXT FINANCIAL YEAR (PROJECTION)
Financial year ended	□ /20 □	□ /20 □	□ /20 □
Australia			
USA or Canada			
Elsewhere			
Total fee income			

If fee income declared from **Elsewhere**, please provide a list of the countries / locations.

16. For the last financial year, please provide a breakdown of the Applicant's gross fee income by state:

VIC	<input type="text"/> %	NT	<input type="text"/> %	QLD	<input type="text"/> %	Overseas	<input type="text"/> %
SA	<input type="text"/> %	ACT	<input type="text"/> %	TAS	<input type="text"/> %	Total	<input type="text"/> %
NSW	<input type="text"/> %	WA	<input type="text"/> %				

17. Please provide a full split of the work performed into the following categories:

	FEES FOR THE LAST 12 MONTHS	FEES FOR THE NEXT 12 MONTHS
Permanent Placements incl. pre-employment screening and probability checks	\$	\$
Consulting on HR, OHS, WHS, Change Management, Outplacement, Psychological testing and other similar topics	\$	\$
Payroll Management	\$	\$
Training & Induction	\$	\$
Group Training being the provision of training courses and practical experience to apprentices and trainees	\$	\$
Other (please specify below)		
<input type="text"/>	\$	\$
Total		

ON HIRED EMPLOYEES	WAGES FOR THE LAST 12 MONTHS	WAGES FOR THE NEXT 12 MONTHS
White collar		
Means employees that have professional qualifications, performs office based work or light manual work. Please use the following categories.		
Accountants/bookkeepers	\$	\$
Architects/Engineers	\$	\$
IT Consultants	\$	\$
Hospitality	\$	\$
Retail	\$	\$
Clerical/Secretarial	\$	\$
Nursing	\$	\$
Midwifery	\$	\$
Medical Practitioners	\$	\$
Healthcare workers or Attendant Carers	\$	\$
Childcare workers	\$	\$
Other (please specify below)		
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
Blue collar		
Means employees performing manual labour and trades. Please use the following categories.		
Manufacture/industrial	\$	\$
Mining Aboveground	\$	\$
Mining Belowground	\$	\$
Construction	\$	\$
Scaffold/rigging	\$	\$
Earthmoving/Demolition	\$	\$
Transport/Storage	\$	\$

Agriculture	\$	\$
Food processing	\$	\$
Security - Crowd Control	\$	\$
Security - Static Guarding	\$	\$
Other (please specify below)		
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
Total		

SUPPLY OF CONTRACTORS	WAGES FOR THE LAST 12 MONTHS	WAGES FOR THE NEXT 12 MONTHS
White collar		
Means contractors that have professional qualifications, performs office based work or light manual work. Please use the following categories.		
Accountants/bookkeepers	\$	\$
Architects/Engineers	\$	\$
IT Consultants	\$	\$
Hospitality	\$	\$
Retail	\$	\$
Clerical/Secretarial	\$	\$
Nursing	\$	\$
Midwifery	\$	\$
Medical Practitioners	\$	\$
Healthcare workers or Attendant Carers	\$	\$
Childcare workers	\$	\$
Other (please specify below)		
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
Blue collar		
Means contractors performing manual labour and trades. Please use the following categories.		
Manufacture/industrial	\$	\$
Mining Aboveground	\$	\$
Mining Belowground	\$	\$
Construction	\$	\$
Scaffold/rigging	\$	\$
Earthmoving/Demolition	\$	\$
Transport/Storage	\$	\$
Agriculture	\$	\$
Food processing	\$	\$
Security - Crowd Control	\$	\$
Security - Static Guarding	\$	\$
Other (please specify below)		
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
Total		

18. Is the Applicant aware of any change in activity/structure that will occur in the coming financial year? ... No Yes

If **Yes**, please advise below:

19. Is the Applicant providing any activities other than Recruitment services?..... No Yes

If **Yes**, please advise below:

20. Does the Applicant require cover for **ALL** On-Hired Contractors? No Yes

21. Does the Applicant require cover for just **NOMINATED** On-Hired Contractors?..... No Yes

If **Yes** to question 21, please provide the following details below:

ON-HIRED CONTRACTOR NAME	OCCUPATION	WAGES
		\$
		\$
		\$
		\$

22. If income is generated in NSW, please answer the following additional questions.

a) Is the proposer a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 (Cth))?..... No Yes

b) Is the proposer a small business individual, partnership, company and/or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2,000,000?..... No Yes

(Aggregated turnover is your Australia wide annual turnover plus the annual turnover of any business entities that are your affiliates or are connected with you).

If you are also seeking ML terms, please complete the following questions.

23. Please provide details of the Applicant’s financials, below.

	LAST FINANCIAL YEAR	THIS FINANCIAL YEAR
Total Revenue	\$	\$
Total Assets	\$	\$
Total Liabilities	\$	\$
Net Profit	\$	\$

24. Are there any facts or circumstances that might affect the ability of the Applicant to meet their debts as and when they fall due?..... No Yes

If **Yes**, please provide details in an attachment. Details provided

25. Have any employees of the Applicant resigned or had their employment terminated or been made redundant within the last 24 months? No Yes

26. During the next 12 months, is the Applicant undergoing or planning on undergoing any employee redundancies, terminations, early retirements or restructures? No Yes

27. If **Yes** to any of 24, 25 or 26 above, please provide details below:

28. Does the Applicant outsource its bookkeeping or accounting function? No Yes
29. Does the Applicant use account keeping software? No Yes
 If **Yes** please advise the software used (eg; MYOB, Xero):
30. Does the Applicant have a Workplace or Occupational Health & Safety Manager, Department or Co-ordinator? No Yes
31. Does the Applicant have a current manual of Workplace Health and Safety and an Environmental Procedures? No Yes
32. Are these manuals distributed to all employees and is training provided? No Yes
33. Does the Applicant have workers engaged in any hazardous manual activities? No Yes
Including work in confined spaces, abrasive blasting, electrical work, diving and other high risk activities
34. Does the Applicant manufacture or use any toxic chemicals or hazardous substances? No Yes
35. Does the Applicant have any involvement in asbestos, fungus, mildew, mould, silica dust or pigeon droppings? No Yes
36. Do external auditors audit all operations at least annually? No Yes
37. Have all recommendations by external auditors regarding internal controls been complied with following your last audit? No Yes
38. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others:
- a) signing cheques or authorising payments (including capital expenditure) above \$1,000? No Yes
 - b) issuing or amending funds transfer instructions? No Yes
 - c) opening or closing bank accounts? No Yes
 - d) payment of wages and superannuation? No Yes
 - e) entering into contracts with third parties? No Yes
39. Are all premises secured with locks and intruder alarms? No Yes
40. Does the Applicant maintain an approved suppliers list? No Yes
41. Is the Applicant's computer system protected with a firewall and anti-virus software? No Yes
42. Does the Applicant back up data daily? No Yes
43. Does the Applicant have a Business Continuity Plan in place? No Yes

Claim History

44. After making appropriate enquires, are there any facts or circumstances of which the Applicant, or any principal, employee or consultant are aware that may give risk to a claim against the Applicant, or any principal, employee or consultant, including the Applicant's predecessors in business? No Yes
45. After making appropriate enquiries, has the Applicant, or any principal, employee or consultant ever been subject to external disciplinary proceedings, including the Applicant's predecessors in business? No Yes
46. After making enquiries, has the Applicant discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery or other criminal or dishonest act in the last five years? No Yes
 If **Yes**, please provide details in an attachment. Details provided

47. After making enquiry, has the Applicant been audited or been the subject of a Risk Review by the Australian Taxation Office, any State or Territory Revenue Office, or any other official body authorised to investigate the taxation paid or payable by the Applicant within the last five years?..... No Yes
 If **Yes**, please provide details in an attachment..... Details provided

48. After enquiry, is the Applicant aware of any facts or circumstances, which might afford valid grounds for any future investigations, inquiries, regulatory proceedings, or other claims, which may be covered by us, under any coverage for which it has applied?..... No Yes
 If **Yes**, please provide details in an attachment..... Details provided

49. After making appropriate enquiries, are there any claims of which the Applicant, or any principal, employee or consultant are aware that may give risk to a claim against the Applicant, or any principal, employee or consultant, including the Applicant’s predecessors in business?..... No Yes
 If **Yes to 49**, please provide details of all professional indemnity claims against you, your principals, employees, or consultants in the last 5 years.

YEAR	INSURER	AMOUNT PAID	AMOUNT OUTSTANDING	TOTAL INCURRED	DESCRIPTION

If matters are listed, a claims report on Insurer letterhead must be provided with the submission.

50. Please state what steps or actions have been taken to prevent a recurrence of the situation which gave rise to each claim listed in 49.

Risk Management

51. Does the Applicant have an accredited risk management / quality control system?..... No Yes

52. If the Applicant places on-hired employees and contractors, do you undertake regular site visits to the host employer’s workplace to ensure relevant Work Health & Safety duties and responsibilities are satisfied? No Yes

53. What steps does the Applicant take to ensure OH&S / WHS obligations are met by the host employers workplace?

54. Does the Applicant ensure all host employers conduct Inductions with your on-hired Employees and contractors? No Yes

55. Does the Applicant make regular contact with their on-hired employees and contractors to check on their progress and conditions in host employer’s workplace and placed role? No Yes

56. Is all verbal advice confirmed in writing?..... No Yes

57. Does the applicant use standardised engagement contracts with all clients, with clear disclaimers and scope of services?..... No Yes
58. Is the supervision, direction and control of on-hired employees and contractors always the responsibility of the host employer?..... No Yes

Insurance History

59. Are you currently insured?..... No Yes

If **Yes**, please provide details.

	EXPIRY DATE	INSURER	LIMIT	EXCESS	PREMIUM
Professional Indemnity			\$	\$	\$
Public & Products Liability / General Liability			\$	\$	\$
Management Liability			\$	\$	\$
Cyber			\$	\$	\$

60. For what period have you been continuously insured in respect to Professional Indemnity?..... Years
61. Have you ever had a professional indemnity insurer:
- a) Impose special terms?..... No Yes
- b) Decline to renew your insurance?..... No Yes
- c) Cancel your insurance?..... No Yes

If **Yes** to any of **60 a), b) or c)**, please provide details.

Prior Business

62. Are you applying for cover for a prior corporate entity through which you previously carried on your business?..... Yes No

If **Yes**, please state:

- Full name of the entity
- ABN of the entity

If not seeking prior business cover, please skip to question 64.

63. Are you applying for cover for a principal's prior business?..... Yes No
- a) If **Yes**, please state the:
- i Name of the principal seeking cover
 - ii Full name of the principal's prior business
 - iii ABN of the principal's prior business
- b) Is the Principal's prior business in the same professional discipline as the business?..... Yes No

c) Please state the activities of the Principal's prior business, below.

d) Please state the estimate gross fee income for the two financial years ended immediately prior to the principal leaving the prior business:

YEAR		GROSS FEE INCOME	\$
YEAR		GROSS FEE INCOME	\$

e) To the best of your knowledge, does the principal's prior business have its own professional indemnity cover in place? Yes No

f) After making appropriate enquiries, are there any facts or circumstances for which the Applicant, or any principal, employee or consultant of the principal's prior business are aware that may give risk to a claim against the Applicant, or any principal, employee or consultant in respect to the principal's prior business? Yes No

If **Yes**, please provide details below.

Coverage Required

If not seeking fidelity cover, please skip to question 66.

64. Do you wish to apply for fidelity cover? Yes No

If **Yes**, please complete the following questions.

If **No**, please skip to question 66.

a) Has your business ever sustained loss through fraud or dishonesty of any employee?

If **Yes**, please provide details below.

b) When engaging employees, are satisfactory reference required and obtained directly from their former employer? Yes No

c) Are employees who are responsible for financial and accounting functions and computer programming operations required to take two weeks uninterrupted leave each year? Yes No

d) Are duties segregated so that one employee can open a bank account, handle cash or transferable documents or sign cheques without referral to others? Yes No

e) Are bank accounts independently reconciled on a monthly basis by persons not authorised to deposit or withdraw funds from accounts? Yes No

If **No** to any of questions 64 b) to e), please provide details below.

65. What limit of fidelity cover are you applying for?

66. Are you applying for cover for your liability in a joint venture? Yes No

If **Yes**, please provide details (a separate attachment can be included if you run out of space).

67. Please advise limit(s) required for Professional Indemnity.

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$10,000,000 |
| <input type="checkbox"/> \$1,500,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> Other - Please specify \$ <input type="text"/> |
| <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$7,500,000 | |

68. Please advise excess(es) preferred.

- | | | |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> Other - Please specify \$ <input type="text"/> |

Declaration

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Applicant(s) to complete this Proposal.
- I have read and understood the Important Notices accompanying this Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

Name:

Position:

Signature:

Date: