**Recruitment Combined Proposal Form**

**Section 1: General Information**

This section must be completed.

* **Your Principal Company**

|  |  |
| --- | --- |
| **Name** |  |
| **Main Office Address** |  |
| **Postcode** |  |
| **Date of Establishment** |  |
| **Website** |  |
| **Contact Name** |  |
| **Email** |  |
| **Phone** |  |

1. **Employer Reference Number (ERN)**

Following the new regulatory requirements introduced in 2012, we need information from you for the Employer’s Liability (EL) database to ensure claimants can trace insurers in event of an Employers’ Liability claim.

**Please provide us with your ERN below**

|  |  |
| --- | --- |
| **Employer Reference Number** |  |

1. **UK Subsidiary Companies**

Please state all subsidiary companies which are registered within the UK that will require to be covered under this policy:

|  |  |
| --- | --- |
| **Company Name** | **Employer Reference Number (ERN)** |
|  |  |
|  |  |
|  |  |

1. **Associate Membership(s)**

|  |  |
| --- | --- |
| Please confirm any of the organisations that your company is a corporate member of: |  |
| **If “Other” please specify** |  |

1. **Business Activities**

|  |  |
| --- | --- |
| 1. Are you involved in the supply of: | |
| Temporary Workers (PAYE) |  |
| Self-Employed or Limited Company Contractors |  |
| Candidates (for Permanent Recruitment) |  |
| 1. Are you involved in any activities which fall outside of the following | |
| 1. Employment Agency or Employment Business (as defined by the Employment Agencies Act 1973) | |
| 1. Human Resource Outsourcing | |
| 1. Career-related Training and Consulting | |
| If the answer to 5(B) is yes, can you confirm the additional activities that you are involved in; | |
|  | |

1. **Estimated Annual Wages**

Wages means salaries and other earnings paid, National Insurance, Pensions contributions and Tax to your own employees, engaged for the running of your company, including payments to directors.

|  |  |
| --- | --- |
| Please state the wages or payments made to your own staff employees; | **£** |

1. **Overseas Work**

|  |  |
| --- | --- |
| 1. Is all business conducted from within the UK? |  |
| 1. Are you involved in any activities for the supply of temporary workers or contractors, for a role which will be based overseas? |  |
| 1. If the answer to 7(B) is yes, can you confirm whether all temporary workers supplied will be UK Nationals, and that they are engaged by you as a self-employed contractor? |  |

1. **Your Current Policy**

|  |  |
| --- | --- |
| Current Insurer |  |
| Renewal Date |  |
| Premium Paid | £ |

|  |  |
| --- | --- |
| **Combined Liabilities – Required?** |  |

1. **Limits of Liability**

|  |  |
| --- | --- |
| Employers Liability |  |
| Public and Products Liability |  |

Please state the annual wages or payments made to your Temporary Workers, Self-employed or Limited Company Contractors (“Workers”) supplied to your clients, split between each trade and between your standard Terms of Business and your clients’ contracts (“Non-Standard Contracts”).

|  |  |  |
| --- | --- | --- |
| **Trade of Worker** | **Standard Terms** | **Non-Standard Contract Terms** |
| Clerical | £ | £ |
| Professional | £ | £ |
| IT | £ | £ |
| Medical & Nursing (exc. Domiciliary Care) | £ | £ |
| Drivers, Light Industrial, Blue Collar & Hospitality | £ | £ |
| Security | £ | £ |
| Manual, Heavy Construction & Civil Engineering | £ | £ |
| Safety-critical Railway Workers | £ | £ |
| Other Hazardous Professions | £ | £ |
| Domiciliary Care | £ | £ |
| Nannies | £ | £ |

1. **Hazardous Work**

Do you supply any temporary workers which involved work on or in any of the following areas?

|  |  |  |
| --- | --- | --- |
| Power stations or nuclear installations or establishments | |  |
| Oil, gas or chemical which are used for refining, bulk storage or production | |
| Aircraft, aerospace systems or hovercraft | |
| Ports or docks | |
| Watercraft or ships | |
| Railways or airports | |
| Underground work, including mining, quarrying or tunnelling | |
| Mainframe computers or rooms containing mainframe computers | |
| Underwater | |
| Offshore | |
| If yes, please provide details in the “Additional Information” section at the end of this form. | | |
| **Drivers Negligence Cover – Required?** |  | |

1. **Limits of Liability**

|  |  |
| --- | --- |
| Please select your preferred limit in respect of any one claim |  |
| Please select your preferred limit for any one period of insurance |  |

1. **Driver Estimates**

|  |  |
| --- | --- |
| Please estimate the maximum number of drivers supplied at an one time |  |

1. **Wrong Fuel Type Extension**

|  |  |  |
| --- | --- | --- |
| Do you require cover in the event that a temporary driver mis fuels a vehicle? | |  |
| **Fidelity Bonding Cover – Required?** |  | |

1. **Contract Details**

Please state the contracts that you have which requires Fidelity Bonding;

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract Name** | **Types of Goods Handled** | **Indemnity Required** | **Contract Turnover** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Professional Indemnity – Required?** |  |

1. **Limits of Liability**

|  |  |
| --- | --- |
| Please select the limit of indemnity you require |  |

1. **Gross Turnover**

Please confirm your gross turnover for both your last financial year and your forthcoming year.

|  |  |  |
| --- | --- | --- |
|  | **Last Financial Year** | **Forthcoming Financial Year** |
| Total Turnover | £ | £ |

1. **Turnover Breakdown**

Please provide a breakdown of Total Turnover by Standard and Non Standard Terms of Business.

|  |  |  |
| --- | --- | --- |
|  | **Last Financial Year** | **Forthcoming Financial Year** |
| Standard Terms of Business (Temporary and Permanent Recruitment) | £ | £ |
| Non Standard Contracts | £ | £ |

Please provide a breakdown of Total Turnover generated in the following territories.

|  |  |  |
| --- | --- | --- |
| UK & EU | % | % |
| Worldwide exc. USA / Canada | % | % |
| USA / Canada | % | % |

1. **Responsibility for the acts of your Worker(s) supplied**

|  |  |
| --- | --- |
| 1. Are you made responsible under any contracts for the acts or omission of the workers that you supply? **If yes,** please answer (B) and (C) below. |  |
| 1. Please state the percentage of your turnover which relates to these contracts | % |
| 1. Will any of these contracts be for the supply of workers in the following professions? |  |
| Banking |  |
| Medical Professionals |
| Actuaries |
| Financial Advisors |
| Qualified Solicitors |
| Anyone working in the Oil and Gas industry |

1. **Retroactive Date**

Please note that your retroactive date can be found under the professional indemnity section on your current policy schedule.

|  |  |
| --- | --- |
| Please state your current retroactive date |  |

|  |  |
| --- | --- |
| **Material Damages & Business Interruption – Required?** |  |

### **Your Additional Office Premise(s)**

If you have additional office locations that need to be included, please list them below

|  |  |
| --- | --- |
| 1 | Main office address (already specified at the beginning of this form) |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

1. **Property Sums Insured Required**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Premises** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Computers | £ | £ | £ | £ | £ |
| All other contents | £ | £ | £ | £ | £ |
| Tenants Improvements | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |

### **Fire and Security**

|  |  |
| --- | --- |
| Please advise if you have a security alarm |  |
| Do you have a Fire Alarm? |  |
| If yes, is this alarm subject to a maintenance contract with a Loss Prevention Council, NSI or SSAIB approved company? |  |

### **Specified Business Equipment**

Please state any property to be insured whilst away from the premises (such as laptops or mobile phones), the sum insured for the total of the items, and the region.

|  |  |  |
| --- | --- | --- |
| **Description of Item(s)** | **Sums Insured** | **UK, Europe or Worldwide** |
| Laptops | £ |  |
| Mobile Phones | £ |  |
| Other – Description: | £ |  |

1. **Business Interruption**

Please specify your preferred your required sums insured.

|  |  |  |
| --- | --- | --- |
| **Insured Items** | | **Sums Insured** |
| Option A | Loss of Revenue including Additional Expenditure | £ |
| Option B | Loss of Revenue including Additional Expenditure (but excluding payments made to temporary workers supplied) | £ |
| What period do you require Loss of Revenue to be insured over? | |  |

**Or**

|  |  |  |
| --- | --- | --- |
| Option C | Additional Office Expenditure Only | £ |
| What period do you require Additional Expenditure to be insured over? | |  |

### **Outstanding Debit Balances**

Please estimate the maximum amount of debit balances that could be outstanding at any one time.

|  |  |
| --- | --- |
| Sum Insured | £ |

1. **Buildings**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Premises** | | | | | |
|  | **1** | **2** | **3** | **4** | | **5** |
| **Buildings Sum Insured** | £ | £ | £ | £ | | £ |
| Rent Receivable | £ | £ | £ | £ | | £ |
| 1. Are all buildings | | | | | | |
| 1. Built to standard construction? | | | | |  | |
| 1. Are there any signs of damage that could be due to subsidence, landslip or heave? | | | | |  | |

|  |  |
| --- | --- |
| **Legal Expenses – Required?** |  |

1. **Legal Expenses**

|  |  |
| --- | --- |
| Please select the limit of indemnity you require |  |

1. **Gross Turnover**

Please confirm your gross turnover for both your last financial year and your forthcoming year.

|  |  |  |
| --- | --- | --- |
|  | **Last Financial Year** | **Forthcoming Financial Year** |
| Total Turnover | £ | £ |

|  |  |
| --- | --- |
| **Group Personal Accident – Required?** |  |

1. **Personal Accident**

The standard policy will provide a fixed benefit of up to £10,000 for death, loss of limb(s) and loss of sight.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you require cover for your own permanent employees? | | |  |
| 1. Do you require cover for temporary workers? | | |  |
| Please confirm the average number of temporary workers at any one time, split between manual and non-manual | | | |
|  | **Manual** | **Non-Manual** | |
| Number of Temporary Workers |  |  | |

|  |  |
| --- | --- |
| **Directors and Officers Insurance – Required?** |  |

1. **Limits of Liability**

|  |  |
| --- | --- |
|  | **Limit Required** |
| Directors and Officers Liability |  |

1. **Extensions**

|  |  |  |
| --- | --- | --- |
|  | **Required?** | **Limit Required?** |
| 1. Employment Practice Liability |  |  |
| If required, please provide the number of own employees | |  |
| 1. Entity Cover |  |  |

**Cyber Liability – Required?**

|  |  |
| --- | --- |
| Do you have one or more firewalls installed on your organisations network boundary to restrict inbound and outbound network traffic to authorised connections? |  |
| Do you have antivirus software installed on all computers that are connected to or capable of connecting to the internet and configured to update automatically or through the use of centrally managed deployment? |  |
| Are updates and security patches applied to software running on all computers and network devices that are connected to or capable of connecting to the internet in a timely manner (no later than 30 days after release)? |  |
| Is all business-critical data is backed up at least once a week? |  |
| Is all sensitive data stored on backup media and portable devices encrypted? |  |
| With regards to cyber security, have there been any claims or incidents in the last five years? |  |
| Are there no more than 500,000 personal records stored? |  |

|  |  |  |
| --- | --- | --- |
| Please select the limit of indemnity required | **Limit Required** |  |
| If “Other” please specify the limit you require | | £ |

**Claims Declaration**

|  |  |
| --- | --- |
| After full enquiry, is any director, partner, principal, or employee aware of any claim over the last 3 years under any insurance policies identical or similar to those insurances for which you are now requesting quotations (whether or not such insurances are currently in force)? |  |
| After full enquiry, is any director, partner, principal, or employee aware of any potential claim, incident or circumstance that would or may have given rise to a claim under any of the proposed insurances for which you are now requesting quotations? |  |
| After full enquiry, is any director, partner, principal, or employee aware of further facts that may affect the proposed insurances for which you are now requesting quotations? |  |

If yes, please give full details, including any actual or estimated settlement cost:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Loss** | **Section of cover claimed under** | **Amount paid** | **Or Outstanding Estimate** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional Information**

Please provide any additional information which you believe is material to the insurances that you have requested cover for.

|  |
| --- |
|  |

**General Declaration**

**Declaration**

|  |
| --- |
| In proceeding with this proposal, and with any subsequent insurance contract, I/we declare that any statements made by me/us whether on my/our own or on others’ behalf are accurate and complete to the best of my/our knowledge and belief, and I/we acknowledge and agree that they will form part of the contract with insurers. I/We agree to accept a policy in the insurer’s normal form for this class of business.  Before proceeding to the next stage in the Proposal, please check your answers carefully. Proceeding with this proposal does not bind either you or the insurers to complete the insurance until such time as you specifically agree to purchase the insurance quoted and the insurers specifically agree to provide the insurance.  The proposal and any supporting information supplied will be the basis of any resulting contract or insurance and will be incorporated into the contract. All questions must be answered fully and truthfully to the best of your knowledge and belief. If you consider that any questions require knowledge which you do not have or are not sure of, you should contact us to outline your concerns. All material facts must be disclosed, including any which might arise or change between the date of this Proposal and the start date of any contract of insurance based upon this Proposal. Failure to do so may render any such contract null and void. A material fact is one likely to influence acceptance or assessment of this Proposal. If you are in any doubt as to what constitutes a material fact you should disclose it. If you are in any way unsure, you should contact us to outline your concerns.  We recommend that you keep a record, including copies, of this Proposal for and all information supplied to us for the purpose of entering into this contract. Copies of your responses will in any event be attached to your quotation for convenience. |

**Acceptance of Declaration**

I confirm that I have read and understood the above declaration.

**Name:**

**Position:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: 25 January 2022**