



PROFESSIONAL INDEMNITY
PROPOSAL FORM

recruitment consultants

PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**

- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**

- * PLEASE TICK THE YES OR NO BOXES.**

- * 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 THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**

- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

| b) Names of Consultants regularly used | Age and Qualifications | Date Qualified | Number of years Practical Experience |
|---|---------------------------|-------------------|---|
|---|---------------------------|-------------------|---|

PLEASE ATTACH DETAILED C.V.'S

| | |
|---|---------------|
| c) Do you require cover for past Partners, Principals or Directors? If yes, please provide details | YES/NO |
|---|---------------|

| | |
|--|---------------|
| 3a) Is any Individual or the Firm admitted to any Association or Trade Body? If yes, please give details. | YES/NO |
|--|---------------|

| | |
|--|---------------|
| b) Has any person been the subject of disciplinary proceedings by any professional body? If yes, please give details. | YES/NO |
|--|---------------|

| | |
|---|--|
| 4 Please state the total number of Partners, Principals or Directors: | |
|---|--|

Account Handlers:

Other Technical staff:

Administrative and all other staff:

5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation? YES/NO
If yes, please give brief details of your present full-time work.

6a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? YES/NO
If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form? YES/NO
If yes, please give details.

7a) Please state the gross fees/turnover received for each of the last three financial years billed to clients and an estimate for the next twelve months or an estimate, if you have never traded.

| Year | U.K. | Worldwide ex USA/Canada | USA/Canada |
|----------------------|----------|-------------------------|------------|
| 20 | Turnover | | |
| | Fees | | |
| 20 | Turnover | | |
| | Fees | | |
| 20 | Turnover | | |
| | Fees | | |
| Estimate | | | |
| 20 | Turnover | | |
| | Fees | | |
| Financial Year ends: | (Month) | | |

b) What percentage of fees is paid to sub-contractors or consultants? %

8a) Please list the three largest contracts undertaken in the last three years:
(where you have a Professionally-related legal responsibility)

i)

ii)

iii)

b) What is the largest annual income earned from a single client in the last twelve months?

In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

9a) Do your designated people assume specific contractual liabilities, which go beyond the provision of or use of reasonable skill and care? **YES/NO**

If yes, please:

i) state the proportion of income applicable %

ii) provide a copy of the contract or other agreement

iii) give details of any other circumstances by which such liability may be assumed:

PLEASE PROVIDE A COPY OF YOUR STANDARD TERMS AND CONDITIONS

(this will enable underwriters to better understand your risk)

10 Please specify the activities, trades or professions in which you place clients, by approximate percentage of gross income:

%
%
%
%
%
%
%
%

100%

11 Do you specialize in any particular employment field?

YES/NO

If yes, please specify

14 Please specify

a) by percentage of placements:

| | |
|-----------------|---|
| Temporary Staff | % |
| Permanent Staff | % |

b) the number of temporary staff placed at any one time:

| |
|---------|
| Average |
| Maximum |

15 If temporary staff are not clerical, please specify each category, by approximate percentage of placements:

| |
|---|
| % |
| % |
| % |
| % |
| % |

16 Do any of your placements involve:

a) Work offshore (e.g. rig, platform or similar)?

YES/NO

b) Manual workers in the aerospace/aviation, nuclear power or petrochemical industries? **YES/NO**

c) Activities in the rail industry or other forms transport?

YES/NO

c) Medical/Nursing or Pharmaceutical Industry staff

YES/NO

If yes, to either of the above, please give full details

17a) Do you contract to place any employees of your own with third party clients but they remain your employees on site? **YES/NO**

b) Do you assume responsibility for their actions, under such contract? **YES/NO**

18 Please state the approximate percentage of contracts that give you legal responsibility for the work undertaken, by staff placed by you:

%

19a) Are all contracts into which you enter on REC (formally FRES/IEC) standard forms? **YES/NO**

If no, please give details and provide two non-standard contracts

b) Do you adhere to the Code of Practice of the Recruitment and Employment Confederation? **YES/NO**

Please explain, if you do not.

20 Do you wish to consider any of the following extensions?

| | |
|--|--------|
| Loss of Documents | YES/NO |
| Unintentional Breach of Confidentiality | YES/NO |
| Libel & Slander | YES/NO |
| Unintentional Breach of Copyright | YES/NO |
| Dishonesty of Employees | YES/NO |
| Claims arising from Associated Companies | YES/NO |

21 Do you currently have Professional Indemnity insurance?

YES/NO

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

22 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?

YES/NO

If yes, please give details.

23 Please state: limit of indemnity required

: self insured excess

24a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature? **YES/NO**

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

25 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force? **YES/NO**
If yes, please give full details.

