



PROPOSAL FOR RECRUITMENT & EMPLOYMENT AGENCY INSURANCE – NOTES

The following notes are provided to assist in completion of this Proposal Form.

The Policy is only available to Recruitment and Employment Agencies.

The Policy gives full details of the cover provided and a specimen is available on request.

Please provide all the required information in each section for which cover is required.

Cover Options

Employers' Liability and Public & Products Liability are the only compulsory sections.

All other sections (Professional Indemnity, Drivers Negligence and Personal Accident) are optional.

If there is sufficient space for answers anywhere in this document, please use the Additional Information page at the end for further information. The Additional Information page is deemed to be a part of this Proposal Form.

For Data Protection Act purposes, we will hold and process your personal data for insurance administering. For this purpose, the information may also be passed to selected third parties and reinsurers. You consent to our processing sensitive data about you and other persons who may be insured under the contract. You understand that all personal data you supply must be accurate, and you have the specific consent of those other persons insured to disclose their personal data.

No cover is in force until confirmed by Ageas Insurance Limited.

If you are a Sole Trader you have the right to choose the law applicable to this contract.

From the answers given we will usually be able to give your proposal adequate assessment. However, there may be other material information or facts known to you which could influence our assessment and acceptance of the risk and which has not been catered for either fully or in part by the questions. It is extremely important that you disclose all material information and facts as failure to do so could invalidate the insurance. If you are in doubt as to whether or not any information or fact is material then it should be disclosed. You should keep your own record (including copies of letters) of all information and facts supplied to us for the purpose of entering into this contract. Please check the accuracy of all your answers particularly if the proposal has not been completed in your own hand and satisfy yourself that all questions have been truthfully and fully answered. Ageas Insurance Limited operates procedures to reduce fraudulent claims. In dealing with your application for insurance we may make enquiries of credit reference agencies and other insurers who may note that an enquiry has been made about you.

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PROPOSAL FOR RECRUITMENT & EMPLOYMENT AGENCY INSURANCE

This page is to be completed in all cases

Agent

Darwin Clayton (UK) Limited

Agent Code

CD00519

Policy No

Insurance to commence on

for 12 months

Proposer's Name

Show the full name, including any subsidiary companies to be insured. If not a limited company show the full names of all principals and partners and trading name.

Company Registration Number

Date business established

Tel No

Internet web-site Address

Email address

Number of branches

Postal address

Postcode

Business description

Please provide a full description of your business activities including those of any subsidiary companies to be insured

Are you a fully paid member of the Recruitment & Employment Confederation (REC)?

Yes

No

Is all your business conducted under Terms of Business similar to the Model Terms of Business recommended by the REC ("Standard Terms of Business")?

Yes

No

If No, please provide the following details for all current "Non-Standard" contracts:

Name of Contract	Type of work undertaken	Wageroll applicable to the contract	Turnover applicable to the contract

Please attach copies of your current:

Standard Terms of Business

Contract Terms with Temporary Works

Non-Standard Contracts (if applicable)

Please provide the following details of your current insurance:

	Insurer	Expiry Date	Premium
Employers/Public Liability			
Professional Indemnity			
Drivers Negligence			
Personal Accident			
Loss of Licence			



Please provide the following information:

Number of Temporary Workers/contractors supplied at any one time: Average Maximum

Estimated Turnover and Wageroll information for the next 12 months:

Category of Work	Turnover			Wageroll	
	Permanent placements	Temporary workers		Temporary workers	
		Standard Terms of Business	Non-Standard Contracts	Standard Terms of Business	Non-Standard Contracts
Clerical & Administrative	£ -	£ -	£ -	£ -	£ -
Supervisory Staff	£ -	£ -	£ -	£ -	£ -
I.T. & Telecommunications	£ -	£ -	£ -	£ -	£ -
Drivers/Warehousemen	£ -	£ -	£ -	£ -	£ -
Nursing / Care Workers	£ -	£ -	£ -	£ -	£ -
Industrial / Manufacturing	£ -	£ -	£ -	£ -	£ -
Construction/Heavy Industrial	£ -	£ -	£ -	£ -	£ -
Others (please provide details)					
	£ -	£ -	£ -	£ -	£ -
	£ -	£ -	£ -	£ -	£ -

Do you have any offices or parent or subsidiary companies outside the UK? Yes No

If Yes, please provide details (including countries) below:

Do you place any non-UK Nationals to clients for work outside the UK? Yes No

If Yes, please provide details (including countries) below:

Are these placements under your Standard Terms of Business? Yes No



Are you involved or likely to become involved in the supply of Temporary Workers to the following industries?

Offshore installations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Aviation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Power Generation: nuclear or otherwise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Petrochemical plants, refineries or storage depots?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Railways?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ports or Docks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mining?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes to any of the above, are these desk based or non-desked positions?	Non Desk	<input type="checkbox"/>	Desk	<input type="checkbox"/>

Will any temporary Workers be involved in the following?

Handling or removal of asbestos?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The use of electric or oxyacetylene welding or flame cutting equipment, blow lamps or torches?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Domiciliary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered Yes to any questions above, please provide full details below:

Name of Contract	Type of Work Undertaken	Wageroll applicable to the contract	Number of Temporary Workers



EMPLOYERS' LIABILITY

Employers' Liability cover is limited to £10,000,000 in respect of any one occurrence.

Please supply your Employer Reference Number (Unique ID/PAYE Code)

PUBLIC & PRODUCTS LIABILITY

Please indicate the Limit of Indemnity required

£1,000,000 £2,000,000 £5,000,000

PROFESSIONAL INDEMNITY

Is cover required? Yes No

Please indicate the Limit of Indemnity required in respect of any one claim:

£500,000 £1,000,000 £2,000,000 Other, please specify £ _____

Have you previously held Professional Indemnity Insurance? Yes No

Is cover for Fidelity Bonding required? Yes No

If Yes, please provide full details below:

Name of Contract	Type of Goods Handled	Amount of Indemnity required	Annual contract wageroll

LOSS OF LICENCE – LEGAL EXPENSES (only available with Professional Indemnity Cover)

Is cover required? Yes No

This cover applies to licences required in accordance with Gangmasters (Licensing) Act 2004 and Care Quality Commission

Please state estimated turnover relating to this activity £ _____

Limit of Indemnity: £ _____

DRIVERS NEGLIGENCE (only available with Public and Products Liability cover)

Is cover required? Yes No

Please state the maximum number of drivers placed under temporary contracts at any one time during the past 12 months:

Please indicate the limit of indemnity required in respect of each claim £5,000 £10,000

Estimated maximum number of drivers to be supplied any one time over the next 12 months:

Please provide the names of clients to whom you will be offering Drivers Negligence indemnity under contract:

Name of Contract	Amount of Indemnity required	Annual contract wageroll



PERSONAL ACCIDENT (only available with Public and Products Liability cover)

Is cover required? Yes No

The Benefit under this section is £25,000 in respect of any one Temporary Worker

Please state

The maximum number of Temporary Workers involved in clerical work at any one time:

The maximum number of Temporary Workers involved in non-clerical work at any one time:

	Yes	No
1. Have you ever been insured in respect of any class of insurance now proposed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any insurer ever:		
a) Declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
b) Cancelled or declined to renew your insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c) Required increased or special terms?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or any director or partner ever been, either personally or in any business capacity:		
a) declared bankrupt or insolvent or been the subject of bankruptcy proceedings: or insolvency proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
b) owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order or an administrative order	<input type="checkbox"/>	<input type="checkbox"/>
c) the subject of a County Court Judgment (or Scottish equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
d) Disqualified from being a company director	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or any director or partner ever been convicted of or charged (but not yet tried) with any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
5. If you are a Sole Trader do you wish the Law of England to apply to this contract?	<input type="checkbox"/>	<input type="checkbox"/>

If any answer given is in a shaded box, full details must be shown below:



LOSS HISTORY

Have any incidents or circumstances occurred during the last five years, whether insured or not, that resulted or could have resulted, in a claim under the type of insurance now proposed? **Yes** **No**

Date	Nature of incident	Amount Paid	Amount Outstanding
		£ -	£ -
		£ -	£ -
		£ -	£ -

DECLARATION

- 1 I/We declare that to the best of my/our knowledge and belief all statements and particulars given by me/us are true and complete and that no material information or fact has been withheld or suppressed.
- 2 I am/We are authorised to sign on behalf of all proposers.
- 3 I/We agree
 - that this proposal will be the basis of the contract between me/us and Ageas Insurance Limited
 - that if any answers have been written by another person then for that purpose such person will be regarded as my/our agent and not the agent of Ageas Insurance Limited.
 - to be bound by the terms and conditions of the policy.
- 4 I/We understand that
 - the liability of Ageas Insurance Limited does not commence until this proposal has been accepted by them.
 - Ageas Insurance Limited reserve the right to decline any proposal.
- 5 I/We agree to the seeking of information from credit and other agencies in connection with this proposal.

Proposer's Signature Status of signatory

Date