

## Recruitment Proposal Form

### Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

## General information

### 1. Please provide the following details (including all trading names and subsidiaries):

Name	Date of establishment

Website address:

### 2. Address/es, including postcode/s for all subsidiaries:


### 3. Please supply details of all principals, directors, partners:

Name	Qualifications	How long with the company

### 4. Please state total numbers of:

Principals, directors, partners	Qualified staff	Administration	Others

### 5. Please state the name of any professional body or trade association of which the company are members:

Professional body

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Trade association

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**6. Is cover required for the previous business activities of any principals, directors, partners?**  Yes  No

If **YES**, please provide:

Name	
Name of previous firm	
Last year's fees	
Reason for leaving	
Position in firm	

Is there separate insurance covering the activities of this firm for the period stated above?  Yes  No

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**7. Do you currently have a professional indemnity policy in place?**  Yes  No

If **YES**, please provide:

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	
Retroactive date	

**8. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation?**  Yes  No

If **YES**, please provide details of the nature of the association, together with the name of the business and activities undertaken:

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**9. Do you use sub-contractors?**  Yes  No

If **YES**:

a. What percentage of your turnover was paid to sub-contractors in the last financial year? \_\_\_\_\_ %

b. What is the nature of work undertaken by sub-contractors?

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c. Do you require cover for them under this policy?  Yes  No

d. Are sub-contractors required to carry professional indemnity insurance to a similar limit?  Yes  No

If **NO** to 9d, please provide details as to why not:

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**10. Please complete the following:**

a. Financial year end date: / / 20

b. Total turnover including fee income:

	Previous	Last complete	Current	Estimate
	£	£	£	£

c. Estimated percentage split of your turnover including fee income for:

Work carried out for UK clients	%	%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law	%	%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law	%	%	%	%
Work carried out for clients anywhere else in the world – please give details of where	%	%	%	%
Operating profit	£	£	£	£

d. Do you enter into contracts that are not subject to UK / EU law?  Yes  No

If **YES**, please provide details of which countries and jurisdiction:

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# Business activities

**11. Please provide:**

a. The approximate percentage of the gross income/fees each of the following represents:

	Temporary staff %	Permanent staff %
Clerical / IT		
Other professional		
Medical / nursing / community care		
Manual (drivers / warehousemen)		
Construction / heavy industry		
Railway / aviation		
Nuclear / petrochemical / offshore		
Other		
<b>TOTAL 100%</b>		

b. Please provide details of any activities other than as a recruitment consultant:

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**12. Please provide details of your three largest placement / teams supplied by you in the past three financial years:**

Largest placement / teams:	
Name of client and nature of their business	
Description of contract	
Total contract value	
Income to you from contract	
Your standard contract terms	
Second largest placement / teams:	
Name of client and nature of their business	
Description of contract	
Total contract value	
Income to you from contract	

Your standard contract terms	
<b>Third placement / teams:</b>	
Name of client and nature of their business	
Description of contract	
Total contract value	
Income to you from contract	
Your standard contract terms	

**13. When placing staff / workers:**

a. Are written references and qualifications always obtained?  Yes  No

If **YES**, are you responsible for checking these references and qualifications?  Yes  No

If **NO**,

b. Do you refer all staff / workers to the client before placement?  Yes  No

c. Do you have formal procedures in place to ensure worker and client confidentiality?  Yes  No

d. Do you accept contractual liability for the acts of workers you have placed?  Yes  No

If **NO** to any of the above, please explain why not:

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**14. If there are activities in question 11a where you have declared no income for the last financial year:**

a. Have you undertaken any of these activities in the past?  Yes  No

b. Do you intend to undertake any of these activities in the future?  Yes  No

If **YES** to any of the above please provide full detail including nature of activities and income:

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# Risk management

**15. When entering into contracts, please confirm**

- a. You carry out work only under your standard contract, signed by every client?  Yes  No
- b. All contracts are vetted by a legally qualified person before being agreed?  Yes  No

If **NO** to any of the above, please explain why not:

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**16. When entering into contracts do you accept liability for the acts or omissions for the staff / workers**  Yes  No

If **YES**, to please explain why:

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**17. Do you commit clients to contracts with third parties?**  Yes  No

If **YES**, do you always obtain clients written acceptance of the terms of contracts before committing them?  Yes  No

If **NO**, please explain why not:

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**18. Has any person for whom insurance is now sought ever been subject of disciplinary proceeding taken by any regulatory body, professional organisation or trade association?**  Yes  No

If **YES**, please provide details:

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**19. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?**  Yes  No

If **YES**, please provide details:

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**20. Is there any other information that you consider material to the insurance required?**  Yes  No

If **YES**, please provide details:

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**21. For what limits of indemnity are quotations required?**

- |                                       |                                     |                                      |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> £250,000     | <input type="checkbox"/> £500,000   | <input type="checkbox"/> £1,000,000  |
| <input type="checkbox"/> £2,000,000   | <input type="checkbox"/> £5,000,000 | <input type="checkbox"/> £10,000,000 |
| <input type="checkbox"/> Other £_____ |                                     |                                      |

# Claims

**22. In respect of any of the risks to which this proposal relates:**

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?  Yes  No
- b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?  Yes  No

If **YES** to any of the above, please provide details:

Date of claim / loss	Brief details of each claim / loss	Cost of claim / loss	Estimated cost of claim / loss outstanding

c. What steps have been taken to prevent a recurrence?

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**23. Are you, after full enquiry:**

- a. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?  Yes  No
- b. Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes:  Yes  No
  - i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
  - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
  - iii. An escalating level of complaint from your client on a particular project?
  - iv. A client withholding payment due to you after any complaint?

If **YES** to any of the above, please provide details:

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**24. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?**

Yes

No

If **YES**, please provide details:

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# Please read this paragraph carefully before signing the declaration

It is essential that every Proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

## Declaration

On behalf of the Proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of principal / director / partner:

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Date:

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Please use this page for additional information