

selections proposal form

High quality insurance for
the recruitment industry.



dallas kirkland
recruitinsure

part of  insurance



All information is supplied in confidence

Important Note

Before completing the proposal form please refer to the summaries of cover. This will assist you to select the cover you require. Please answer the questions fully and do not withhold or misrepresent any facts which are likely to influence the insurers assessment and acceptance of this proposal. You have a duty to disclose all material facts and failure to do so will invalidate the insurance. Copies of all information including letters supplied to us for the purpose of effecting this insurance should be retained. A copy of the completed proposal form will be supplied on request within a period of 3 months after its completion. Specimen policy wordings are available on request or visit our website www.dallaskirklandrecruitinsure.co.uk

Please answer all general questions and then answer questions relevant to the sections you require insurance for. If there is insufficient space, please provide details on a separate sheet. In addition you are required to complete the declaration on the last page of the proposal form. Please attach a copy of your standard terms of business, contract with your temporary worker and non standard contracts (if applicable).

Please use block capitals or tick the boxes as appropriate and return this form fully completed as soon as possible.

Insurance cover to commence for 12 months (Note: insurance will not commence until this proposal has been accepted by the insurer)

1. a) Name of Company*

b) Trading title

c) Employers Reference/PAYE Number (ERN)
d) Companies House Reference Number (CHRN)
(these must be completed if applicable) **

* If you are not a Limited Company please ensure that all partners and/or principals names are detailed eg. John & Mary Smith trading as Super Recruitment
** Insurers who underwrite employers' liability insurance are legally required to supply data regarding Employers Reference/PAYE Numbers to a centralised database known as the Employers' Liability Database (ELD), so this information is required. **Only Limited companies have a Companies House Reference Number.**

Email address & Tel No/ Mobile

3. Are you a fully paid up member of REC? Yes No Membership Number: _____

4. Date the business was established:

5. Full Business Description
* Please advise us of any activities carried out OUTSIDE of Employment Agency and/or Business on a separate sheet if necessary.

6. Number of temporary workers (temps) at any one time: Average Maximum

7. Address of Head Office:

Postcode

8. Name and addresses of any subsidiary companies to be insured under the policy, **please use a separate sheet if necessary** :

ERN/PAYE Ref: ERN/PAYE Ref: ERN/PAYE Ref:
CHRN : CHRN: CHRN:

9. ALL employees for all companies (inc. trainees, apprentices etc) paid below PAYE threshold? **Yes** **No**

10. Previous History

	Name of previous Insurers and Policy numbers	Expiry Date of Policies
Liabilities		
Professional Indemnity		
Drivers Negligence		
Office		
Legal Expenses		
Directors & Officers		
Personal Accident		

***Standard Terms of Business shall mean terms of business which contain an agreement that any Contractor you supply shall be under the direction supervision and control of your end client so far as concerns responsibility for legal liability incurred**

a) to such Contractor and

b) to any other party as a result of the acts or omissions of such Contractor

Sections 1&2: Employers' and Public Liability

Quote Required Yes No

1. Employers' Liability limit of indemnity is £10,000,000

Public Liability Limit of Indemnity required £1,000,000 £2,000,000 £5,000,000 £10,000,000

2. Estimated payroll in respect of own staff

£

3. Estimated payroll in respect of temporaries supplied under your standard terms of business *

i) Clerical (white collar activities)

£

ii) Technical (white collar activities with occasional site visits)

£

iii) Technical / Medical including Nursing / Care

£

iv) Domiciliary Care (estimated number of carers engaged at any one time.....)

£

v) Manual (Drivers / Warehouse / Light Industrial)

£

vii) Construction / Heavy Industrial

£

vii) Railway / Safety Critical (as defined by The Railways (Safety Critical Work) Regulations 1994)

£

viii) Welders / Heat Work

£

viii) Offshore

£

4. Details of business accepted outside your standard terms, in addition to the above figures

Contract Name	Category of Workers (as above) please state	Estimated Wages	Estimated Turnover

5. Are you involved/likely to become involved in the supply of manual temps to with the aviation, nuclear, power generating or petro chemical industries when working under non standard contract terms and conditions?

Yes No

Section 5: Property Insurance

Quote Required Yes No

1. Address of premises to be insured:
(if different from Head Office)

Postcode

(if more than one location to be insured, please complete a photocopy of this section)

2. The standard cover provided by this Section is

Higher Sums Insured Required

General Contents excluding Computers	£ 3,000	£ <input style="width: 100px;" type="text"/>
Computers and Electronic Equipment	£ 7,000	£ <input style="width: 100px;" type="text"/>
Landlords' Fixtures & Fittings	£ 1,000	£ <input style="width: 100px;" type="text"/>
Loss of Rent	£ 1,000	£ <input style="width: 100px;" type="text"/>
Money on Premises and in Transit	£ 2,000	£ <input style="width: 100px;" type="text"/>
Money in Safe	£ 1,000	£ <input style="width: 100px;" type="text"/>
Personal Accident (following Assault)	£ 5,000	£ <input style="width: 100px;" type="text"/>
Reinstatement of Computer Records	£ 10,000	£ <input style="width: 100px;" type="text"/>
Additional Expenditure (indemnity period 12 months) (Additional costs incurred as a result of an insured peril causing a material damage loss which in turn increases your ongoing business costs)	£ 15,000	£ <input style="width: 100px;" type="text"/>

3. Optional Extensions

Cover Required

Sums Insured Required

a) Buildings (including outbuildings, boundary walls, gates & fences)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
Is Subsidence Cover required ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Equipment anywhere in the UK (laptops, projectors)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
c) Loss of Income (replaces total annual income of the business representing gross fees derived from temporary and permanent placements)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
d) Loss of Book Debts (replaces loss of outstanding debt balances other than bad debts if books/accounts are destroyed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
e) Computer Breakdown (calculated as the total value of computers) (Subject to maintenance agreement being in force)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
f) Terrorism cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Building Information

- a) What is the approximate age of the building ? On which storey are you located ?
- b) Are the buildings of brick, stone, concrete and roofed with slate, tile concrete, asphalt. Metal or sheet or slabs composed entirely of incombustible materials ? Yes No

5. Burglar Alarm System

- a) Is the premises protected by a burglar alarm system ? Yes No
- Is there a maintenance contract in force ? Yes No
- b) Name of the installing alarm company
- c) Is the alarm signalling ? Bells only Central Station link Dedicated Red Care

6. Minimum Security Standards

It is a condition of this policy that the protections at the premises will comply with the following minimum standards:-

- a) All external doors and internal doors leading to other premises must if made of timber have frames at least 44mm thick and be secured by mortice deadlocks which confirm to British Standards 3621, with the first closing leaf of double doors fitting with bolts top and bottom
- b) All aluminium framed doors must be fitted with a swing-bolt-type mortice lock
- c) All opening sections of external ground floor windows and all other windows which are accessible from decks, roofs, fire escapes or downpipes must be fitted and secured out of business hours with key-operated window locks

Section 6: Legal Expenses

Quote Required Yes No

1. Limit of Indemnity Required £50,000 £100,000
2. Have you had to initiate or defend any legal expenses insurance claim or legal proceedings (including hearings before Industrial Tribunals) in the past five years? Yes No
3. Has there been any Inland Revenue in-depth investigation into the company or any director, VAT dispute, PAYE or P11D compliance dispute within the last three years? Yes No

If yes to either of the above questions, please provide details on a separate sheet

Section 7: Directors & Officers

Quote Required Yes No

1. Limit of indemnity required (any one claim and in the aggregate) £100,000 £250,000 £500,000 £1,000,000

Section 8: Personal Accident

Quote Required Yes No

Provides for compensation to Temporary Workers on assignment or travelling to or from normal residence should an accident occur causing Death, Loss of Sight or Limbs or Permanent Total Disablement from any occupation

1. Level of Benefit available is £10,000

Declaration

1. Have any claims been made against you the proposer in the last 3 years in respect of the risks for which quotations have been requested in this proposal form ? Yes No
2. After enquiry, are any of the Partners/Directors aware of any circumstances which are likely to give rise to a claim against the firm or their predecessors in business or any of the present or former Partners/Directors ? Yes No
3. Have you, the proposer, or any principal, director or partner under a current or previous trading title:
- a) been declared bankrupt or insolvent ? Yes No
- b) been convicted or arson or any other criminal offence (other than motoring offences) or is any prosecution pending ? Yes No

In respect of any of the risks against which you now wish to insure:

- c) has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer ? Yes No

If yes to any of the above questions, please provide details on a separate sheet

4. I/We declare that the above statements and particulars are true to the best of my/our knowledge and I/we have not suppressed or misstated any material facts.
5. I/We agree that this declaration including any supporting information shall form part of the contract between me/us and the Insurers and if the risk is accepted agree to pay the premium when called upon to do so.
6. I/we understand that my/our information may also be disclosed to the Financial Services Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurers' compliance with any regulatory rules/codes.

Signed Dated

Print FULL Name

Position

(this declaration must only be signed by a Director/Officer or Proprietor of the above named company)

Please remember to attach copies of:

- a) Current standard terms of business b) Current contract with the temp**