

CAMBERFORD LAW PLC
RECRUITMENT AGENCY and EMPLOYMENT BUSINESS INSURANCE
PROPOSAL FORM

- Please note that 'You' or 'Your' in the context of this Enquiry Form means the persons named as Proposer and/or any other director or partner of the named Proposer company.
- Please answer all of the questions below. The answers given and any other information provided to Camberford Law PLC form the basis of the contract(s) of insurance effected.
- If any material facts are not disclosed by virtue of the answers You have provided herein, You must disclose these separately to Camberford Law PLC.
- A Statement of Facts will be issued based on the details provided in this Enquiry Form. Unless You advise us otherwise Policy Documents will be issued by email.
- Please read the following descriptions of Standard, Other Accepted and Non-Standard Contracts and ensure that the questions that follow are answered correctly:

Standard Contracts are contracts between You and Your clients which contain an agreement that any temporary worker supplied (Supplied Person) is deemed to be an employee of the Your client so far as concerns responsibility for legal liability incurred to such temporary worker or to any other party as a result of their acts or omissions.

Other Accepted Contracts are contracts between You and Your clients which may not contain express agreement that temporary workers are deemed employees of Your client whilst under contract with them, provided that You do NOT assume liability for, nor conduct the direction, supervision or control of any such temporary worker.

Non Standard Contracts are contracts between You and Your clients under which You assume liability for the direction, supervision or control of any temporary worker.

CONTACT INFORMATION

1	Name of insurance broker (if any) making this declaration of facts	<input style="width: 95%; height: 25px;" type="text"/>
	Name of person completing this form	<input style="width: 95%; height: 25px;" type="text"/>
2	Post Code of Insurance Broker (if any)	<input style="width: 95%; height: 25px;" type="text"/>
3	Contact email address	<input style="width: 95%; height: 25px;" type="text"/>
	Contact telephone number	<input style="width: 95%; height: 25px;" type="text"/>

PROPOSER'S GENERAL DETAILS

- 4 **Full name of proposer(s)**
(including trading name and any and all subsidiary companies to be included)
Note: If you are not a Limited company, please ensure that all partners and/or principals names are detailed.

PAYE References

(please do not answer this question if the proposer is ERN exempt, has no employees or does not require Employers Liability Insurance)

Company/Subsidiary Name	PAYE Reference

- 5 **Full postal (correspondence) address**

- 6 **Full Business Description**

- 7 **Number of Years in Business**

- 8 **Do You have any offices or parent companies outside of the UK, Northern Ireland, the Channel Islands, and the Isle of Man?**

YES/NO

- 9 **Is any of your business conducted outside of the European Union?**

YES/NO

GENERAL QUESTIONS

- 10 **Please read the following statements and confirm that they are true in respect of this proposal:**

You have never had an insurance proposal declined, special conditions imposed, had a claim rejected nor had an Insurer refuse to renew a policy or cancel a policy.

You have not had any criminal convictions (other than minor motoring offences) nor do You have any prosecution pending.

You have not been the subject of a County Court Judgement (or Scottish equivalent) nor been declared bankrupt or insolvent nor placed under administration.

I confirm that all of the above statements are correct

YES/NO

INNOVATIVE INSURANCE

- 11 If any of the statements above are not true in relation to this proposal, or if there is any additional information that should be disclosed, please use the box below to provide full details.

CURRENT INSURANCE

- 12 Please provide details of Your current insurance cover

TYPE OF INSURANCE	CURRENT INSURER	CURRENT LIMIT OF INDEMNITY	CURRENT PREMIUM	RENEWAL DATE
Professional Indemnity				
Employers' and Public Liability				
Drivers Negligence				
Fidelity Bonding				

COMBINED LIABILITY

Complete this section only if You require Employers' Liability and/or Public/Products Liability cover

- 13 **LIMITS OF INDEMNITY**

Please state the Limit of Indemnity required for **Employers' Liability** (if required)

£

Please state the Limit of Indemnity required for **Public and Products Liability** (if required)

£

- 14 **ESTIMATED ANNUAL PAYROLL/WAGEROLL**

a) Please state Your estimated annual wageroll to be paid to Your own Employees

£

b) Please complete the table below to provide full details of Your estimated annual payroll to Temporary Workers for the next 12 months.

Category of Temporary Worker	Estimated Annual Payroll		
	Standard Contracts	Other Accepted Contracts	Non-Standard Contracts
Clerical (white collar activities)			
Nursing, Care, Social Workers, White Collar Engineers, IT Engineers			
Drivers, Warehouse Workers, Factory Workers			
Builders, Bricklayers, Carpenters, Electricians, Labourers, Plasterers, Plumbers, and similar Contractors			
Roofers, Scaffolders, Groundworkers, Demolition and similar Contractors			
Security Workers: Door Supervisors			
Other Security Work			
Welders/Heat Work			
Railway/Safety Critical (as defined by The Railways Safety Critical Work) Regulation 1994			
Offshore			
Domiciliary Care			
Other (please specify)			

15 **NON STANDARD CONTRACTS**

Please complete the table below to provide details of any **Non Standard Contracts** that You enter into: (Please leave the table blank if you do **NOT** enter into **Non Standard Contracts**)

Contract Name	Category of Workers (Type of Work Undertaken)	Estimated Payroll/Wageroll	Estimated Turnover

16 **HAZARDOUS LOCATIONS AND WORK**

Does any work undertaken in connection with Your Business involve any of the following?

a Work with hazardous, chemical or pollutant waste or with explosives of any kind?	YES/NO
b Work in tunnels, mines or quarries?	YES/NO
c Work in or near nuclear power stations or where nuclear materials are handled?	YES/NO
d Placement of stevedors or crew for vessels or aircraft?	YES/NO
e Work of any nature with or involving asbestos?	YES/NO

PROFESSIONAL INDEMNITY

Complete this section only if You require Professional Indemnity cover

17 INDEMNITY LIMITS

Please state the Limit of Indemnity required for **Professional Indemnity** (if required)

18 TURNOVER

Estimated Turnover	
Type of Placement	Turnover
Permanent Placements	
Temporary assignments under Standard Contracts	
Temporary assignments under Other Accepted Contracts	
Temporary assignments under Non Standard Contracts	

19 NON STANDARD CONTRACTS

Please complete the table below to provide details of any **Non Standard Contracts** that You enter into:
(Please leave the table blank if you do **NOT** enter into **Non Standard Contracts**)

Contract Name	Category of Workers (Type of Work Undertaken)	Estimated Turnover

20 ERRORS AND OMISSIONS OF SUPPLIED PERSONS (TEMPORARY WORKERS)

Do you require cover for Your legal liability arising from the errors or omissions of temporary workers:

- a) Placed under **Standard** or **Other Accepted Contracts**
- b) Placed under **Non Standard Contracts**

21 HIGH RISK PROFESSIONAL INDEMNITY ACTIVITIES

Does any work undertaken involve any of the following:

- a) Placement of dentists, doctors, surgeons, anaesthetists or other medical practitioners:
- b) Placement of any temporary worker (other than under **Standard Contracts**) into any of:
- The legal profession;
 - Safety critical work of any nature;
 - Work undertaken on computer servers, mainframes or the like;
 - The rail industry;
 - Offshore;
 - The petrochemical industry;
 - Independent financial advice;
 - Car production;
 - Survey or valuation work;
 - Architectural work;
 - Chartered accountancy or tax work.

DRIVERS NEGLIGENCE

Complete this section only if You require Drivers Negligence cover

22 INDEMNITY LIMITS

Please state the Limit of Indemnity required for **Drivers Negligence** (if required)

23 CONTRACTS AND ESTIMATED MAXIMUM NUMBER OF DRIVERS

Please complete the table below to detail the contracts for which Drivers Negligence cover is required and the estimated maximum number of drivers that will be placed by You at any one time:

Contract Name (Client)	Geographical Location	Estimated Maximum Number of Drivers provided at any one time

FIDELITY BONDING

Complete this section only if You require Fidelity Bonding cover

24 INDEMNITY LIMITS

Please state the Limit of Indemnity required for **Fidelity Bonding** (if required)

25 CONTRACTS, TYPE OF GOODS AND WAGE/PAYROLL

Please complete the table below to detail the contracts for which Fidelity Bonding cover is required, the wage/payroll paid to Your employees or temporary workers associated with such contracts and the type of goods they will be handling.

Contract Name (Client)	Geographical Location	Type of Goods	Wage/Payroll

MALPRACTICE

Complete this section only if You require Malpractice cover

26 INDEMNITY LIMITS

Please state the Limit of Indemnity required for **Malpractice** (if required)

27 PAYROLL

Please state the total payroll you estimate will be paid in the next 12 months to Temporary Workers for whom you require Malpractice cover

28 MEDICAL PRACTITIONERS

Do you require cover for any dentist, doctor, surgeon, anaesthetist or other medical practitioner?

COMPUTER SYSTEM, INTERNET, and EMAIL LIABILITY

Complete this section only if You require Computer System, Internet, and Email Liability cover

29 INDEMNITY LIMITS

Please state the Limit of Indemnity required for **Computer System, Internet, and Email Liability** (if required)

PROPERTY

Complete this section only if You require Property and/or Business Interruption cover

30 RISK ADDRESSES

Please list the full addresses of any Premises to be insured, including Post Code

Premises 1	Premises 2	Premises 3	Premises 4	Premises 5

31 CONSTRUCTION

Please read the following statements and state if they are true in respect of this proposal:

- a) All Premises are constructed of brick and/or stone walls with slate, tile, felt or concrete roof
- b) No Premises has a flat roofed area exceeding 25% of its total
- c) No Premises is an individual flat or tenement building

Can You confirm that all of the above statements are correct?

YES/NO

INNOVATIVE INSURANCE

32 SUBSIDENCE

Please read the following statements and state if they are true in respect of this proposal:

- a) All Premises are free from signs of damage which may be attributable to Subsidence, Landslip or Heave
- b) None of the Premises are monitored or have been monitored for Subsidence, Landslip or Heave or actually incurred damage from Subsidence Landslip or Heave
- c) None of the Premises are in areas that are prone to Subsidence

Can You confirm that all of the above statements are correct?

YES/NO

33 WET PERILS

Is any Premises in a flood plain or area that has previously flooded?

Premises 1		YES/NO
Premises 2		YES/NO
Premises 3		YES/NO
Premises 4		YES/NO
Premises 5		YES/NO

34 SECURITY

Please complete the table below to provide details of the security protections in effect at each Premises

Premises	Intruder Alarm	CCTV	Gated Unit	24 Hour or overnight manned security	Other (described)
Premises 1					
Premises 2					
Premises 3					
Premises 4					
Premises 5					

35 COVER REQUIRED (Your Sum Insured)

SECTION	Premises 1	Premises 2	Premises 3	Premises 4	Premises 5
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)					
Stock and Materials In Trade					
All Other Contents (including fixtures, fittings, machinery and plant)					
Rent Payable					
Indemnity Period (Rent Payable)					
Business Interruption (Gross Profit)					
Indemnity Period (Gross Profit)					
Additional Increase Cost Of Working					
Rent Receivable					
Indemnity Period (Rent Receivable)					
Money in Safe or Strongroom in the Premises					

INNOVATIVE INSURANCE

Can You confirm that all of the above statements are correct?

YES/NO

40 Limit Required

£

CLAIMS EXPERIENCE

41 Loss Experience

Have You, or any company of which any of You have been a director, or any partnership of which any of You been a partner sustained any loss or damage or had a claim made against You during the last 5 years?

YES/NO

If 'Yes', please provide details of all losses and/or claims in the table below

Date	Type of Loss	Detail	Amount Paid	Amount Outstanding

DECLARATION

Important Notes - Please Read Carefully

All material facts must be disclosed. If there are material facts not disclosed in making this declaration, You must disclose them in the box below or separately to Camberford Law Plc.

Failure to disclose material facts could result in the policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of the proposal.

Data Protection:

For Data Protection Act purposes the Proposer's personal data will be held and processed for insurance administration. For this purpose the information may also be passed to selected third parties including other insurers, credit reference agencies and reinsurers. By entering into this contract of insurance, the insurance advisor who arranged this contract of insurance on behalf of the Proposer has confirmed their authority to disclose the Proposer's personal data and to consent on the Proposer's behalf to the processing of that data by the Underwriters.

The Proposer has a right to access (subject to limited exceptions) and if necessary rectify the information that we hold.

Insurers pass information to the Claims and Underwriting Exchange register and the Motor Insurance Anti-

INNOVATIVE INSURANCE

Fraud and Theft Register. These registers have been established to help check the information provided and also to reduce fraudulent claims. These registers may be searched when dealing with any request for insurance. Under the conditions of the policy, all incidents must be declared whether or not they may result in a claim. The information may be passed to the registers.

Declaration:

I/We declare that the above statements are true and complete to the best of My/Our knowledge and belief and I/We have not mis-stated or suppressed any material fact. I/We undertake to exercise all reasonable precautions for the safety of the insured property. I/We agree that this proposal together with any other information supplied by Me/Us shall form the basis of the contract between the underwriters and Me/Us. I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Signed on behalf of Proposer

Printed Name of Individual Signing

Date