



RECRUITMENT CONSULTANTS COMBINED PROFESSIONAL INDEMNITY & LIABILITY PROPOSAL FORM

This is a fillable PDF form. Please download or open the file directly in [Adobe Reader](#) to complete it electronically. Please type in your answers in the fields you wish to complete and save a copy for your records

If you choose to submit the form with an Electronic Signature, this locks all fields which means that neither you or any other person opening the form can alter your answers. Alternatively, print the form, "wet" sign and date it and scan/fax/post return.

We can provide quotations without the form being signed.

**NOTE: MICROSOFT'S PDF READER PACKAGED WITH
WINDOWS 10 WILL NOT WORK CORRECTLY**

Names/s (including trading names) of the Proposer/s and Head Office Address:

Date Commenced:

Website Address:

www.

Email Address:

Please provide a full description of activities undertaken and amend below if different or N/A

Temporary Staff

Permanent Placements

Consultancy Services

Please State Turnover details for the business activities in the following areas **(if a new business please provide estimates here and throughout this form)**

Do you require cover for **your legal liability** arising from errors or omissions of Temporary workers?

Yes

No

Number of own staff (employed by your business on PAYE) operating as Recruitment Advisors

Number of own staff (employed by your business on PAYE) operating at clients premises?

What is the total waggeroll of the companies (own employed staff paid on PAYE basis*)

If temporary personnel are placed by the company, are your own terms of business used?

Yes

No

Is the supervision, direction and control of placed personnel always the responsibility of your client?

Yes

No

Please confirm your ERN (PAYE reference) Number **

* total waggeroll includes own staff e.g office based advising/placing/managing staff **AND** those employed by you under PAYE if placed into positions away from your office with clients

** You'll find it this number in the welcome pack you received when you first registered as an employer with HMRC. Plus, you'll find it on some of your correspondence from them and you should also find it on payslips, P45s, P60s, or P11Ds issued to past or present employees

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors? Yes No

Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY, aware of any circumstance which might give rise to any such claim? Yes No

Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused? Yes No

If you have answered "YES" to one or more of the above, please give full details:

Do you currently purchase Recruitment Consultants Package Insurance? Yes No

Name of Current Insurer	Renewal date

Insurance Cover Required:

Employers Liability	
Public Liability	
Professional Indemnity	
Property Cover	
Legal Expenses Insurance	
Personal Accident Insurance	
Drivers Negligence	

Please confirm Turnover* where you act as an agency and **ARE NOT ACCEPTING** supervision, direction & control of labour supplied:

**(staff wages plus your retention)*

Please confirm Turnover* where you act as an agency and ARE NOT ACCEPTING supervision, direction & control of labour supplied:	
Clerical (white collar activities)	
IT: consultancy/data entry	
IT: Hardware installation/maintenance	
Medical or Nursing	
Light manual (warehouse or light industrial)	
Heavy manual (construction or heavy industrial)	
Drivers	
Domiciliary care	
Safety critical rail	
Offshore (oil rigs & platforms)	
Other	
TOTAL:	

Please confirm Turnover* where you as an agency **ARE ACCEPTING** supervision, direction & control of labour supplied:

**(staff wages plus your retention)*

Please confirm Turnover* where you as an agency ARE ACCEPTING supervision, direction & control of labour supplied:	
Clerical (white collar activities)	
IT: consultancy/data entry	
IT: Hardware installation/maintenance	
Medical or Nursing	
Light manual (warehouse or light industrial)	
Heavy manual (construction or heavy industrial)	
Drivers	
Domiciliary care	
Safety critical rail	
Offshore (oil rigs & platforms)	
Other	
TOTAL:	

Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/ Company noted below.

A copy of this proposal should be retained by you for your own records

Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, www.privacy-notice.co.uk We recommend that you review this notice

Name of Principal Signing this form:

Signature of Principal:

Date*:

** If electronically signing this form a date need not be entered - this is only if the form is being completed by hand - (a digital signature automatically includes a time and date stamp and secures the application)*