



Camberford
Underwriting

**RECRUITMENT
AGENCIES &
EMPLOYMENT
BUSINESSES**

Proposal Form

Version 3.4 October 2018

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1. IMPORTANT INFORMATION

1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

1.2 Data Protection – How we will use your Data

The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

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 and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberford.com/privacy

Contact Details

Camberford Underwriting
Data Protection Officer
50 Fenchurch Street
London
EC3M 3JY

2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

3. PROPOSER DETAILS

3.1 **Proposer(s):**
Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

3.2 **Individual Name(s):**
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 **Correspondence Address:**
Full postal (correspondence) address:

Post Code:

3.4 **Years Established:**
Number of years the proposer has been established:

3.5 **Years Experience:**
Number of years experience of the proposer within your business activities:

3.6 **FCA Classification:**
Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

4. POLICY INFORMATION

POLICY DEFINITIONS

We use the defined terms “Standard Contracts” and “Non Standard Contracts” and “Other Accepted Contracts” to differentiate between the various contract terms upon which you supply individuals. We also refer to another defined term: “Supplied Persons”. Please read these definitions below as they are used within this form to ensure that we capture correct information regarding your business.

Supplied Person

Any individual worker placed under a temporary contract or assignment by you.

Standard Contracts

Contracts between you and your client which contain an agreement that any supplied person shall be deemed to be an employee of your client so far as concerns responsibility for legal liability incurred to such supplied person or to any other party as a result of the acts or omissions of such supplied person.

Non Standard Contracts

Contracts between you and your client under which you assume liability for the direction, supervision or control of any supplied person.

Other Accepted Contracts

Contracts between you and your client which may not contain express agreement that any supplied person shall be deemed your client’s employee so far as concerns responsibility for legal liability incurred to such supplied person or to any other party as a result of the acts or omissions of such supplied person, provided that you do not assume liability for, nor conduct the direction, supervision or control of any such supplied person.

STANDARD POLICY EXCLUSIONS

The following Exclusions apply as standard. It is vital that you advise us immediately if any of these exclusions conflict with activities for which you require cover. We cannot make any guarantee that we will be able to amend the policy scope but will try to do so where possible and, in any case, your broker will be able to advise you of areas of your business that are not insured.

Liability and Professional Indemnity

- Asbestos
- Contractual Liability (**all sections**) (*liability which is assumed by you by agreement and which wouldn't have applied in the absence of such agreement*)
- Work outside of the United Kingdom, Northern Ireland, Channel Islands and Isle of Man
- Offshore
- Specific Trades Work: (*Employers, Public and Products Liability*)
 - Within the nuclear industry
 - Within the aviation industry
 - Within the oil, gas or petrochemical industry
 - Within the pharmaceutical industry
 - Within the vehicle production industry

Public Liability/Products Liability

- Medical or surgical treatment (*Public Liability*)
- The liability of doctors, surgeons and anaesthetists (*Malpractice and Domiciliary Care extensions – NOTE these extensions are only included if requested by you and agreed by us*)
- Liability arising from any drug or medicine or surgical or medical practice or procedure (*Products Liability*)

Professional Indemnity

- Insurance sales or advice (*Professional Indemnity*)
- Medical Malpractice
- Specific Trade Works:
 - Within the nuclear industry
 - Within the aviation industry
 - In or on railways and/or rail work
 - Within the petrochemical industry
 - Within the pharmaceutical industry
 - Providing independent financial advice
 - Regarding investments and/or pensions
 - Within the vehicle production industry
 - Of a surveying or valuation nature
 - Relating to chartered accountancy
 - Of an architectural nature
 - Within the legal profession
 - Relating to computer programming or design

5. BUSINESS ACTIVITIES

5.1 Business Description

Please answer appropriately to describe your business:

Recruitment Agency

YES/NO

Employment Business

YES/NO

Recruitment Consultancy

YES/NO

5.2 Additional Activities

Any other activities that you undertake that are not listed above must be disclosed in the box below. You will not be covered for activities that are not disclosed.

5.3 Domicile of Proposer

Are you registered in and domiciled in the United Kingdom?

YES/NO

5.4 Territories of Work

Is any work in connection with your business:

YES/NO

- a) Undertaken outside of the European Union, OR
- b) Involving the placement of non UK nationals into work outside of the United Kingdom, Northern Ireland, the Channel Islands and the Isle of Man?

5.5 If you have answered YES to question 5.4 above, please provide full details:

5.6 Do you provide training?

YES/NO

5.7 If you have answered YES to question 5.6 above, please provide full details:

5.8 **Direction and Control of Temporary Workers**

Do you have any direction, supervision or control over “supplied persons” (temporary workers) activities? For example, site safety, provision of personal protective equipment, work specification or acting as a main contractor?

YES/NO

5.9 If you have answered YES to question 5.8 above, please provide full details:

5.10 **Jurisdiction within Contracts**

Do any of your contract terms agree Jurisdiction outside of the United Kingdom, the Channel Islands and the Isle of Man?

YES/NO

6. GENERAL QUESTIONS

6.1 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any director of your company, ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

Had any formal objection or refusal of any registration or are there any circumstances known which may prejudice the continued holding of registration?

YES/NO

6.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

6.3 Is the proposer domiciled and registered in and does the proposer only undertake work within the United Kingdom, the Isle of Man and the Channel Islands?

YES/NO

6.4 Does the proposer undertake any work in Northern Ireland?

YES/NO

6.5 Please use the box below to detail any further information

7. PREMISES

7.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

8. INSURANCE PRODUCTS

8.1.1 PROPERTY AND BUSINESS INTERRUPTION

Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
Is the building constructed of non combustible floors, walls and roof space throughout?	YES/NO	YES/NO	YES/NO	YES/NO
Stock and Materials in Trade	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	YES/NO	YES/NO	YES/NO	YES/NO
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months

8.1.2 **General Property Sections** (not premises specific)

Goods in Transit

(Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.)

Computer Equipment Breakdown at the Premises. **Maximum £50,000**

Computer Equipment Breakdown Increased Cost of Working. **Maximum £25,000**

All Risks to General Business Equipment

All Risks to Laptops & Mobile Phones

Fidelity Guarantee (Theft by Employees). **Maximum £100,000**

Money in Safe or Strongroom in the Premises

State the highest amount required at any one premises.

Money in Transit or Bank Night Safe

Book Debts

Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.

Stock Deterioration following Refrigeration Breakdown

Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.

8.1.3 **Buildings/Construction** (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?

Do any premises have a flat roofed area exceeding 25% of its total?

Are any premises an individual flat or tenement building?

Do the premises contain any composite panels?

Are any premises Listed?

8.1.4 Subsidence

Please answer the following questions in respect of this proposal

Are all premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?

Are any Premises being monitored or previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

8.1.5 Flood

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

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

8.1.6 Storage of Products

Are all goods, products and equipment stored in accordance with manufacturer’s guidance?

8.1.7 Security

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

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm	YES/NO	YES/NO	YES/NO	YES/NO
CCTV	YES/NO	YES/NO	YES/NO	YES/NO
Gated Unit	YES/NO	YES/NO	YES/NO	YES/NO
24 Hour/Overnight Manned Security	YES/NO	YES/NO	YES/NO	YES/NO
Roller Shutters to all external leading doors, shop front and other large glass external facing areas.	YES/NO	YES/NO	YES/NO	YES/NO

8.1.8 Age of Buildings and Number of Storeys (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

8.1.9 Terrorism. Do you require Terrorism Cover?



8.2 LEGAL LIABILITY

8.2.1 Limit of Indemnity

Please state the Limit of Indemnity required for Employers Liability and/or Public/Products Liability

Employers' Liability (minimum £10m)

£

Public/Products Liability

£

8.2.2 Estimated Annual Payroll/Wageroll

Please complete the table to provide full details of your estimated payroll to "Supplied Persons" (temporary workers) over the next 12 months.

Please note the definitions of different contract types within the "Policy Information" Section of this form.

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	£	£
Security Workers: Other Security Work	£	£
Welders/Heat Work	£	£
Railway/Safety Critical Work (as defined by The Railways (Safety Critical Work) Regulation 1994)	£	£
Offshore	£	£
Domiciliary Care	£	£
Other	£	£

8.2.3 Own Staff Wageroll

Please state the estimated annual Wageroll to be paid to your own Employees

£

8.2.4 Contractual Liability

Please complete the table to provide details of any contracts that you enter into under which you accept liability that would not apply in the absence of such agreement. *(please use separate sheet for further Contracts)*

	Contract Name (end user client)	Category of Worker (type of work undertaken)	Estimated Payroll/Wageroll (next 12 months)
Contract 1			£
Contract 2			£
Contract 3			£

8.2.5 Hazardous Locations and Work

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

Work with hazardous, chemical or pollutant waste or with explosives of any kind?

YES/NO

Work in tunnels, mines or quarries?

YES/NO

Work in or near nuclear power stations of where nuclear materials are handled?

YES/NO

Placement of sevedors or crew for vessels or aircraft?

YES/NO

Work of any nature with or involving asbestos?

YES/NO

8.2.6 HMRC Employers Reference Number

Company	ERN Status	ERN Number

If exempt, please explain below:

8.2.7 Indemnity Limits

Please state the Limits of Indemnity required for Drivers Negligence

8.2.8 Contracts and Estimated Maximum Number of Drivers

Please complete the table 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:

	Geographical Location	Estimated Maximum Number of Drivers provided any one time	Number Driving Vehicles under 3.5 Tonnes	Number Driving Forked Lift Trucks
Contract 1				
Contract 2				
Contract 3				

8.2.9 Indemnity Limits

Please state the Limits of Indemnity required for Fidelity Bonding

8.2.10 Contracts, Type of Goods and Wages/Payroll

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

	Geographical Location	Type of Goods	Wages/Payroll
Contract 1			
Contract 2			
Contract 3			

8.2.11 Indemnity Limits

Please state the Limits of Indemnity required for Malpractice (Treatment)

8.2.12 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

8.2.13 Indemnity Limits

Please state the Limits of Indemnity required for Computer System, Internet and Email Liability

8.3 PROFESSIONAL INDEMNITY

8.3.1 Do you require Professional Indemnity Insurance?

YES/NO

8.3.2 Indemnity Limits

Please state the Limits of Indemnity required for Professional Indemnity

£

8.3.3 Turnover

Please complete the table to reflect the estimate for your turnover during the next 12 months in relation to placements made under Standard Contracts and Other Accepted Contracts (as defined).

Please note the definitions of different contract types within the "Policy Information" Section of this form.

	Turnover Standard Contracts	Turnover Other Accepted Contracts
Clerical (General non-manual workers)	£	£
Professional (Nursing, Care and Social Workers)	£	£
Construction (Construction and other manual work contractors)	£	£
Leisure (Retail and Leisure Industry Workers)	£	£
Manual (Drivers, Factory, Warehouse, Agricultural and Manufacturing workers)	£	£
Other	£	£

8.3.4 Non-Standard Contracts

Please complete the table to provide details of any "Non-Standard Contracts" that you enter into.

Please note the definitions of different contract types within the "Policy Information" Section of this form.

	Contract Name (End User Client)	Category of Worker (Type of Work Undertaken)	Estimated Turnover (Next 12 Months)
Contract 1			£
Contract 2			£
Contract 3			£
Contract 4			£
Contract 5			

8.3.5 Errors and Omissions of Supplied Persons (Temporary Workers)

Do you require cover for your legal liability arising from the errors or omissions of “supplied persons” (temporary workers):

Please note that only where we have agreed a “non standard contract” will cover be provided for liability accepted by you under that contract which would not otherwise have attached to you.

Placed under “Standard” or “Other Accepted Contracts”

Placed under “Non-Standard Contracts”

8.3.6 Other Professional Services Provided by you

Do you provide any services other than recruitment, supply of workers and administration of payroll?

8.4 DIRECTORS & OFFICERS LIABILITY**Do you require Directors & Officers Liability Insurance?**

YES/NO

If YES, please complete questions 8.4.1 to 8.4.6. If NO, please continue to question 8.5

8.4.1 Limit

Please state the Limit of Indemnity required for Directors & Officers insurance:

8.4.2 D&O General Questions - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

8.4.3 Turnover

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

8.4.4 Company Registration Number

Please state your Company Registration Number:

8.4.5 Entity and Employment Practices Liability Limit

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 8.5:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

8.4.6 Entity and Employment Practices Liability General Questions - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

8.5 LEGAL EXPENSES**Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 8.5.1 to 8.5.5. If NO, please continue to question 9.

8.5.1 Wageroll

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

8.5.2 Contract Disputes

Do you require cover for contractual disputes?

YES/NO

8.5.3 Disputes, Prosecution, Activities

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

8.5.4 Redundancies

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

8.5.5 Mergers/Takeover

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

9. CLAIMS HISTORY

9.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have 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 complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED

10. DECLARATION

10.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

10.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: