

Burns & Wilcox

Employment & Recruitment Agencies

Proposal Form

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PROPOSAL FORM

IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method of Completion

This proposal form may be completed in ink or electronically and signed and dated version sent to us prior to binding cover;

All questions must be answered (if necessary, comment as “not applicable” or “none”).

Presentation

If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;

CV's of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;

Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

Disclosure

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance make a fair representation of the risk they are seeking to insure. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may have serious adverse consequences for coverage under the contract of insurance. If you have any doubt as to what constitutes a fair presentation please do not hesitate to ask for advice from your insurance advisor;

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate.

1. NAME(S) OF INSURED/PROPOSER (including all trading names of entities to be insured) (Please include any predecessors for whom cover is required):

2. ADDRESS OF THE PRINCIPAL OFFICE

(Please list all other locations by Town, or Country if overseas, and identify the supervising Partner/Director at each location. Please provide an appendix sheet if required):

ALL OTHER ADDRESSES BY TOWN/COUNTRY

PRINCIPLE CONTACT:	
TELEPHONE NUMBER:	
FAX NUMBER:	
E-MAIL:	
WEB-SITE ADDRESS:	

3. DATE OF COMMENCEMENT OF CURRENT BUSINESS

DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS (if applicable)

REASON FOR CESSATION OF FORMER BUSINESS

4. FULL DESCRIPTION OF BUSINESS ACTIVITIES

(Please attach brochure(s) if available):

5. DETAILS OF THE DESIGN AND CONSULTING DEPARTMENT STAFF

NAMES OF:	AGE	QUALIFICATIONS & PROFESSIONAL ASSOCIATES	DATE QUALIFIED	NUMBER OF YEARS AS
a. Partners/Directors/ Sole Practitioners b. Consultants				Partner/Director/ Sole Practitioner
a.)				
b.)				

6. NUMBER OF STAFF

(Not including the above):

QUALIFIED STAFF		OTHER	
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7. RECENT CHANGES

During the last six years, has the name(s) of the Insured/Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners (i.e. departed, retired or deceased etc...)

Yes No

If "Yes", please give details below:

8. NEW ACTIVITIES

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories, etc...

9. OTHER FINANCIAL INTERESTS

Does the Insured/Proposer or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation? (Apart from shares held in Public Companies)

Yes No

If "Yes", please state the name and nature of such Organisation and outline the work undertaken:

10. JOINT VENTURE/CONSORTIUM

a. Is the Insured/Proposer or any other Partner/Director/Proprietor currently a member of a Consortium or has the Firm or any Partner/Director/Proprietor worked in the past in association with any other Firm or Organisation?

Yes No

If "Yes", please supply full details including names of all members and details of PII cover carried by each party:

b. Is cover required for such work?

Yes No

IF "YES", INSURERS WILL REQUIRE A COPY OF ANY NEW AGREEMENT NOT PREVIOUSLY DECLARED TO UNDERWRITERS.

11. INDEPENDENT CONSULTANTS

When independent or specialist consultants are required, has the Insured/Proposer in the past endured, and will in the future endeavor to ensure, that such consultants are appointed directly by and paid by your client?

- a) In the past? Yes No
- b) In the future? Yes No

PLEASE NOTE: WHENEVER YOU ENGAGE OR EMPLOY CONSULTANTS, YOU SHOULD ASK EACH YEAR FOR EVIDENCE OF THEIR PROFESSIONAL INDEMNITY INSURANCE.

12. CONTRACT CONDITIONS

Does or Has the Insured/Proposer ever accept Vicarious Liability for the actions of the personnel they supply?

- Yes No

If “Yes”, please provide full details, including copies of relevant contract conditions and the percentage of annual income derived thereunder (please attach appendix sheet if required):

13. GROSS FEE INCOME (OR TURNOVER IF APPLICABLE)

Please advise (for new Firms/start up’s, please estimate the expected fee income):

	Actual for <u>Last</u> Financial Year	Estimate for <u>Current</u> Financial Year	Estimate for <u>Next</u> Financial Year
UK in £	£	£	£
USA or Canada in £	£	£	£
Elsewhere excluding USA or Canada in £	£	£	£
Total	£	£	£
Largest total fees from any one client in £	£	£	£

PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:

14. TEMPORARY PLACEMENTS

Please state the percentage gross income (wages plus placement fee) derived from temporary placements in each of the following categories:

Drivers	%	Clerical	%
Persons who are responsible for handling monies or goods	%	Scientific personnel (including environmental specialists)	%
Executives, Technical, Specialist or Professional Staff	%	Social Services personnel (including home helps)	%
Medical/Healthcare	%	Construction workers	%
IT Consultants/Computer Personnel	%	Other personnel	%
Other (please provide details)			%

15. PERMANENT PLACEMENTS

Please state the percentage gross income (wages plus placement fee) derived from permanent placements in each of the following categories:

Drivers	%	Clerical	%
Persons who are responsible for handling monies or goods	%	Scientific personnel (including environmental specialists)	%
Executives, Technical, Specialist or Professional Staff	%	Social Services personnel (including home helps)	%
Medical/Healthcare	%	Construction workers	%
IT Consultants/Computer Personnel	%	Other personnel	%
Other (please provide details)			%

16. CLAIMS AND CIRCUMSTANCES

N.B. Details can be advised on p. 10

PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM IN THE FUTURE.

a. Claims

During the last 10 years, have any claims, or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?

Yes No

If "Yes", please advise full details including amounts involved and settlement dates, where appropriate, below:

Claims Paid

Claims Outstanding

b. Circumstances

Are any of the Partners/Directors/Principles AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) or its predecessors in business or its/their present or former Partners/Directors?

Yes No

If "Yes", please provide full details including amounts involved:

17. a. CURRENT INSURANCE AGREEMENTS

Please advise:

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date
£	£	£		

b. PREVIOUS INSURANCE

Has similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or had renewal refused?

Yes No

If "Yes", please advise details below:

18. QUOTATIONS REQUIRED

Limit of Indemnity					
£100,000	<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"/>	Other	£ <input type="text"/>
Excess					
£500	<input type="checkbox"/>	£1,000	<input type="checkbox"/>	£2,500	<input type="checkbox"/>
£5,000	<input type="checkbox"/>				
£10,000	<input type="checkbox"/>	£25,000	<input type="checkbox"/>	Other	£ <input type="text"/>

Important

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and form more information about your data protection rights, please visit our website at: <https://www.burnsandwilcox.co.uk/privacy-policy-cookies/>

Declaration

We hereby declare that to the best of our knowledge and belief the foregoing particulars and statements represent a fair presentation of the risk we are seeking to insure.

We hereby undertake to declare any material alterations or amendments to the foregoing particulars and statements which occur prior to the commencement of the contract of insurance.

Signed:

Date:

For and on behalf of:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

Date Notified	Details of Claim or Circumstance	Reserve	Payments made (including defence costs)	Open/Closed
	Claimant: Cause/Alleged Cause: Current Status: 			
	Claimant: Cause/Alleged Cause: Current Status: 			
	Claimant: Cause/Alleged Cause: Current Status: 			