

Exclusively Recruitment Proposal

The following notes are provided to assist in completion of this proposal form.

The policy is only available to Recruitment and Employment Agencies. The policy gives full details of the cover provided and a specimen of the policy wording is available on request.

Please provide all the required information in each sub-section for which cover is required.

Cover Options

Employers' Liability and Public & Products Liability cover is provided as standard under this policy.

All other (Professional Indemnity and Drivers Negligence) is optional.

If there is insufficient space for answers anywhere in this document, please use the Additional Information page at the end for further information. The Additional Information page is deemed to be a part of this proposal form.

No cover is in force until confirmed by Ageas Insurance Limited.

If you are a sole trader you have the right to choose the law applicable to this contract.

From the answers given we will usually be able to give your proposal adequate assessment however there may be other material information or facts known to you which could influence our assessment and acceptance of the risk and which has not been catered for either fully or in part by

the questions. It is extremely important that you disclose all material information and facts as failure to do so could invalidate the insurance. If you are in doubt as to whether or not any information or fact is material then it should be disclosed. You should keep your own record (including copies of letters) of all information and facts supplied to us for the purpose of entering into this contract. Please check the accuracy of all your answers particularly if the proposal has not been completed in your own hand and satisfy yourself that all questions have been truthfully and fully answered. Ageas Insurance Limited operates procedures to reduce fraudulent claims. In dealing with your application for insurance we may make enquiries of credit reference agencies and other insurers who may note that an enquiry has been made about you.

TELEPHONE CALLS MAY BE RECORDED.

For details of how we collect, use and store your personal data - please refer to the Privacy Notice in your policy wording. For our full Privacy Policy please visit our website www.ageas.co.uk or contact our Data Protection Office at Ageas House, Hampshire Corporate Park, Templars Way,

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Agent
Agent code
Policy No

Insurance to commence on	for 12 months
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Proposer's name
 Show the full name, including any subsidiary companies to be insured. If not a limited company show the full names of all principals and partners and any trading name.

Company Registration Number	Date business established	/	/
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Tel No	Website address
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Email address	Number of branches
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Postal address

Postcode

Business description
 Please provide a full description of your business activities including those of any subsidiary companies to be insured.

Are you a fully paid member of the Recruitment & Employment Confederation (REC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is all your business conducted under Terms of Business similar to the Model Terms of Business recommended by the REC ("Standard Terms of Business")?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If No, please provide the following details for all current "Non-Standard" contracts:

Name of contract	Type of work undertaken	Wageroll applicable to the contract	Turnover applicable to the contract

Please attach copies of your current: Standard Terms of Business	<input type="checkbox"/>
Contract terms with Temporary Workers	<input type="checkbox"/>
Non-Standard Contracts (if applicable)	<input type="checkbox"/>

Please provide the following details of your current insurance:

	Insurer	Expiry date	Premium
Employers' & Public/Products Liability			
Professional Indemnity			
Drivers Negligence			

Please provide the following information:

Number of Temporary Workers (which includes contractors) supplied at any one time:	Average:	Maximum:
Estimated Turnover and Wageroll information for the next 12 months:		

Category of work	Turnover			Wageroll	
	Permanent placements	Temporary workers		Temporary workers	
		Standard Terms of Business	Non-Standard Contracts	Standard Terms of Business	Non-Standard Contracts
Clerical & administrative					
IT and telecommunications					
Drivers/Warehousemen					
Nursing/Care workers					
Industrial/Manufacturing					
Construction					
Other (please provide details)					
TOTAL					

Do you have any offices or parent or subsidiary companies outside the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details (including countries) below:		

Do you place any non-UK Nationals to clients for work outside the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details (including countries) below:		

Are these placements under your Standard Terms of Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you involved or likely to become involved in the supply of Temporary Workers to the following industries?		
Offshore installations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aviation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power generation: nuclear or otherwise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Petrochemical plants, refineries or storage depots?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Railways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ports or docks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mining?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes to any of the above, are these desk based or non-desk based positions?	Desk <input type="checkbox"/>	Non-desk <input type="checkbox"/>
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Will any Temporary Workers be involved in the following?		
Handling or removal of asbestos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The use of electric or oxy-acetylene welding or flame cutting equipment, blow lamps or torches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Domiciliary care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered Yes to any questions above, please provide full details below:

Name of contract	Type of work undertaken	Wageroll applicable to the contract	Number of Temporary Workers

Employers' Liability

Employers' Liability cover is limited to £10,000,000 in respect of any one occurrence

Public and Products Liability

Please indicate the limit of indemnity required:	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
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Professional Indemnity

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please indicate the limit of indemnity required in respect of any one claim:			
£500,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	Other - please specify £ _____ <input type="checkbox"/>
Have you previously held Professional Indemnity insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please provide the Retroactive Date: / /			
If you supply Drivers and/or Warehousemen, is cover for Fidelity Bonding required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If Yes, please provide full details below:

Name of contract	Types of goods handled	Amount of indemnity required	Annual contract turnover

Drivers Negligence (only available with Public and Products Liability cover)

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state the maximum number of drivers placed under temporary contracts at any one time during the past 12 months:		
Please indicate the limit of indemnity required in respect of each claim:	£5,000 <input type="checkbox"/>	£10,000 <input type="checkbox"/>
Estimated maximum number of drivers to be supplied at any one time over the next 12 months:		

Please provide the names of clients to whom you will be offering Drivers Negligence indemnity under contract:

Name of contract	Amount of indemnity required	Estimated number of drivers

General Questions

1 Have you ever been insured in respect of any class of insurance now proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Has any insurer ever:		
a Declined your proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b Cancelled or declined to renew your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c Required increased or special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Have you or any director or partner ever been, either personally or in any business capacity:		
a declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and or individual voluntary arrangement with creditors, a winding up order or an administrative order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c the subject of a County Court Judgement (or Scottish equivalent)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d disqualified from being a company director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Have you or any director or partner ever been convicted of or charged (but not yet tried) with any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any answer given is in a shaded box, full details must be shown below.		

Loss History

Have any incidents or circumstances occurred during the last five years, whether insured or not, that resulted or could have resulted, in a claim under the type of insurance now proposed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details below:					
Date	Nature of incident	Amount paid	Amount outstanding		

Declaration

- 1 I/We declare that to the best of my/our knowledge and belief all statements and particulars given by me/us are true and complete and that no material information or fact has been withheld or suppressed.
- 2 I am/We are authorised to sign on behalf of all proposers.
- 3 I/We agree
 - that this proposal will be the basis of the contract between me/us and Ageas Insurance Limited
 - that if any answers have been written by another person then for that purpose such person will be regarded as my/our agent and not the agent of Ageas Insurance Limited
 - to be bound by the terms and conditions of the policy.
- 4 I/We understand that
 - the liability of Ageas Insurance Limited does not commence until this proposal has been accepted by them
 - Ageas Insurance Limited reserve the right to decline any proposal.
- 5 I/We agree to the seeking of information from credit and other agencies in connection with this proposal.

Proposer's signature

Date

Status of signatory

Please return your completed proposal form with copies of the additional documents required, to your agent.

Ageas Insurance Limited

Registered address

Ageas House, Hampshire Corporate Park,
Templars Way, Eastleigh, Hampshire SO53 3YA

www.ageas.co.uk

Registered in England and Wales No. 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register Number 202039.

The logo for Ageas, featuring the word "ageas" in a lowercase, sans-serif font. The letter "a" is stylized with a horizontal bar that extends to the right, ending in a registered trademark symbol (®).