



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR RECRUITMENT CONSULTANTS

INSTRUCTIONS

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 YOUR BUSINESS

Practice name (please include all names under which you practice)

Main office address

Postcode

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

Date established

List number of branch offices

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.

Is cover required for anything other than work undertaken by the above firm(s)? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere. Yes No

If 'Yes', please provide details:

2 PARTNER(S) / DIRECTOR(S)

Please list below details of the partner(s) / director(s) of the company:

Name	Date of birth	Qualifications	How long as Partner/Director of the Firm(s)

PLEASE PROVIDE A C.V. OUTLINING ALL RELEVANT EXPERIENCE WHERE THE ABOVE HAVE BEEN WORKING IN THE INDUSTRY FOR LESS THAN 5 YEARS

Please advise total number of staff excluding Partners / Directors:

Professionally qualified Unqualified Assistants All Others

Is the Company/Firm or any Partner/Director/Principal a member of any Professional association?
 If 'Yes' please provide details

Yes No

3 ASSOCIATES COMPANIES

- (i) Does the Company/Firm or any Partner/Director act on behalf of or undertake work for any other firm, company or organisation in which the Company / Firm or any Partner / Director has a financial interest? Yes No
- (ii) Does any other firm, company or organisation have a financial interest in the Company / Firm? Yes No
- (iii) Is cover required under this insurance for this work? Yes No

If 'Yes' to (i), (ii) or (iii) give details of work carried out for and fees earned from the company/firm or organisation.

- (iv) Do you operate under any formal terms of engagement with the company/firm/organisation in (i) or (ii) above? Yes No
 If "Yes" please attach a copy of any formal terms of engagement to this Proposal. If you do not use any formal terms of engagement, please provide details of the arrangements you operate under.

4 YOUR BUSINESS ACTIVITY

Does the Company / Firm

- (i) Issue brochures or other promotional literature? If "Yes" please attach copy Yes No
- (ii) Use standard conditions of engagement / contract? Yes No
 If "Yes" please attach copy. If "No", provide details of the arrangements you operate under

Please provide FULL details of all business activities undertaken

State the gross fees received for the following years

Year Ending	Last Year	Current Year	Estimate Next Year
UK	£	£	£
EU	£	£	£
USA or Canada	£	£	£
Elsewhere (please specify)	£	£	£
Total	£	£	£

Largest Fee from any one client of group	£	£	£
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Financial Year End Date

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Give details of the three largest contracts commenced during the past three years.
 If you are a new company, provide details of the largest contract(s) expected to start in the next 12 months.

Start Date	Client Name	Description of Contract and Services Provided	Contract Value	Fees

Please give details of what you regard as your speciality within your area of work.

Do you supply temporary / contract workers?

Yes No

If 'Yes', please complete table below.

	Standard terms of business	Non-standard terms of business
Drivers &/or persons whose duties include responsibility for money or goods		
Executive, technical, specialist and professional staff		
Clerical, non-professional staff		
Medical staff		
IT staff		
Other (please give details) _____		

Please provide total turnover for permanent placements:

£

Please provide average and largest package of personnel placed:

Average

£

Largest

£

Do any of your contracts involve:

- i) Work offshore? Yes No
- ii) Aviation? Yes No
- iii) Nuclear Power? Yes No
- iv) General / Petrochemical industries? Yes No

5 INTERVIEWING / VETTING PROCEDURE – PERMANENT STAFF

- Are you responsible for interviewing proposed staff? Yes No
- Do you select, choose or place staff for clients without referral? Yes No
- Are you responsible for checking references and qualifications? Yes No
- If 'Yes', are gaps in references always checked? Yes No

6 CLAIMS EXPERIENCE

It is very important that you provide the fullest details possible of any claims or circumstances which may give rise to a claim

- Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company/Firm or its present and/or past Partners/Directors? Yes No

If 'Yes', give full details including amounts involved.

- Have all claims been notified to Insurers? Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

- Are any of the Partners, Directors or employees **AFTER ENQUIRY**, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm(s) or its predecessors in business or any of its present or former Partners / Directors? Yes No

If 'Yes', give full details of circumstances and amounts involved.

7 INSURANCE COVER

Has any proposal for similar insurance made on behalf of the Firm(s) or their predecessors in business or any of the present or former Partners/Directors ever been declined or has any such insurance cover been cancelled or renewal refused?

Yes No

If 'Yes', please provide details

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Please advise details of your present insurance

Renewal Date	
Insurer	
Broker	
Limit of Indemnity	£ any one claim / aggregate (please advise)
Excess	£
Premium	£

Please advise your requirements	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

CONFIRMATION

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

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

THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: _____ Date: _____

Print name: _____ Position: _____

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

SBJ Professional | Castlemead | Lower Castle Street | Bristol | BS1 3AG
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