

**RECRUITMENT AND
EMPLOYMENT AGENCIES INSURANCE**

PROPOSAL FORM



Camberford Law plc

Innovative Insurance solutions – Since 1958

Insurance Brokers
Underwriting Agents
Authorised and Regulated by
the Financial Services Authority

Lygon House, 50 London Road
Bromley, Kent, BR1 3RA
Telephone: 020 8315 5000
Facsimile: 020 8460 2118
Email: recruitment@camberford-law.com
Website: www.camberford-law.com

RECRUITMENT AND EMPLOYMENT AGENCIES LIABILITY PROPOSAL FORM

Please complete all details in BLOCK LETTERS. Where applicable indicate **YES** or **NO**.

BUSINESS DETAILS	
Proposer's Full Name:	
Postal Address: (including post code)	
Risk Address: (if different from above)	
Contact Name:	
Telephone Number:	
Fax Number:	
E-Mail Address:	
Website Address: (if applicable)	
Full Business Description (including details of activities away from the Premises):	
How long have you been in business at these Premises?	
How long have you been in business elsewhere?	
Are the Buildings occupied solely by you?	YES/NO
If not, please give details of other occupant's trades and the proportion of the building they occupy:	
Please list any Trade Association you belong to:	

Please provide details of type of work undertaken by labour/workers supplied:	Estimated Payroll in next 12 months	Estimated Turnover in next 12 months	
<ul style="list-style-type: none"> • Clerical • Nursing/Care/Social Workers/White Collar Engineers/Computer or IT Engineers • Warehouse Workers/Drivers • Manual/Construction/Agricultural Workers • Others (please specify) 			
Number of Workers Currently Supplied:			
Average Number of Workers likely to supply in next 12 months:			
Maximum Number of Workers likely to supply in next 12 months:			
Current Turnover:			
Estimated Turnover for next 12 months:			
Do you have any offices outside the UK?	YES/NO		
If yes, please supply details and activities of workers along with estimated turnover			
Please confirm all placements are on the Standard Terms of Business STANDARD CONTRACT shall mean contracts between the INSURED and their client which contain an agreement that any CONTRACTOR shall be deemed to be an employee of the INSURED'S client so far as concerns responsibility for legal liability incurred to such CONTRACTOR or to any other party as a result of the acts or omissions of such CONTRACTOR			YES/NO
If no, please provide details of:	Contract Name	Type of Placement	Payroll
Please forward any Non Standard Terms of Business			

INSURANCE DETAILS

Office / Property

Please details the construction of the building

Walls

Roof

Floors

Are the buildings occupied solely by you? If No, please provide details of other usage of the building

YES/NO

Details

Please provide details of the Security / Protections to the Premises

Intruder Alarm

Nacoss/SSAIB
Installer

YES/NO

Bells Only

YES/NO

Redcare

YES/NO

Central Station

YES/NO

Digicom

YES/NO

Other (describe)

CCTV

YES/NO

5 Lever Mortice Deadlocks
on all final exit doors

YES/NO

Key Operated Window
Locks on all accessible
windows

YES/NO

Other Security features
(please describe)

Liability				
Do you provide workers:	At Nuclear Power Stations or where Nuclear materials are being handled?			YES/NO
	For aviation, power, railways, ports/docks, mining or in connection with asbestos removal?			YES/NO
If YES, please provide details:				
If Fidelity Bonding required for drivers/warehousemen then please advise the following:	Name of Contract	Goods Handled	Indemnity Limit Required	Estimated Contract Wages
Is Drivers Negligence required?	YES/NO			
If YES, please provide Estimated Maximum number of Drivers to be supplied at any one time:				
Please also provide:	Name of Contract	Estimated Annual Number of Drivers	Estimated Wages	
Please provide details of driver negligence claims in last 5 years?				

INSURANCE REQUIREMENTS

Office / Property Cover Required	YES/NO		
Property Sums Insured	Section		Sum Insured
	Buildings		£
	Contents (including Fixtures and Fittings and Tenants Improvements)		£
	Computers (Premises Cover Only)		£
	All Risks (Cover Included away from the Premises)		£
	Stock		£
	Frozen Food		£
	Money In Safe		£
	Money in Transit		£
	Goods In Transit		£
Business Interruption	Gross Profit	£	Indemnity Period ___ months
	Increased Cost Of Working	£	Indemnity Period ___ months
	Loss Of Rent	£	Indemnity Period ___ months
	Book Debts	£	Indemnity Period ___ months
Other Property / Office Covers Required	Description		Sum Insured
			£
			£
			£
			£

Employer's Liability (Limited to £10,000,000 any occurrence)	YES/NO		
Public / Products Liability	YES/NO		
Limit of Indemnity Required (delete as applicable)	a) £2,000,000 b) £5,000,000		
Professional Indemnity	YES/NO		
Limit of Indemnity Required (delete as applicable)	a) £250,000 b) £500,000		
Drivers Negligence (£25,000 Limit any one claim)	YES/NO		
Medical Malpractice (£500,000 Limit any one claim and in the aggregate)	YES/NO		
Fidelity Bonding - only available if Professional Indemnity Cover is operative (£50,000 Limit any one claim and in the aggregate)	YES/NO		
Estimated Number of Temporary Employees (next 12 months)			
CURRENT INSURANCE INFORMATION			
Name of Current Insurer:			
Renewal Date			
Current Premium			
Please provide details of losses or claims which would have been covered by this insurance in the last 5 years:	Type of Claim	Claimant	Amount Outstanding/Paid
Are you aware of any circumstances which might give rise to a claim in the next insurance period?	YES/NO		

If YES, please supply details:	
Has any Director, Partner, Proprietor ever been made bankrupt, insolvent, had bankruptcy/insolvency proceedings commenced, ever had a criminal conviction (other than speeding convictions)?	YES/NO
If YES, please provide details:	
IMPORTANT NOTICE	
<p>Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.</p>	
<p>I/We hereby declare that to the best of my/our knowledge all the statements and information provided in the Proposal Form are true and confirm that I/We are not aware of any other material facts (those which may influence the judgement of a prudent Underwriter).</p>	
<p>I/We understand that this Proposal Form is the basis of the contract with the Underwriters.</p>	
NAME	
SIGNATURE	
POSITION	
DATE	
Other Covers Available	Quote Required
Legal Expenses	YES/NO
Technology / Esurance	YES/NO
Directors and Officers	YES/NO
Personal Accident	YES/NO