



BLOCK POLICY PERSONAL SERVICE COMPANIES

PROPOSAL FORM

Caunce O'Hara & Co Ltd
City Wharf
New Bailey Street
Manchester
M3 5ER

PROFESSIONAL INDEMNITY/EMPLOYERS AND PUBLIC LIABILITY INSURANCE

IMPORTANT NOTICE

This proposal form must be completed in ink by the Individual or a Partner, Principal or Director of the Firm or Company. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal does not bind the Proposer or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form.

Please provide a Brochure, if possible, and any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

Please type or clearly print your answers to assist the Underwriters consideration of the Proposal.

1. **Title(s) of Firm(s)** (including any associated/subsidiary companies for which cover is required)

Date(s) Established

2. **Principal Address** _____

Telephone No _____

Facsimile No _____

Web-site Address _____



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3. Partners or Directors and Staff

Full Names of all Partners or Directors	Qualification(s)	Year Qualified
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please state the number of permanent staff:

Qualified _____

Unqualified _____

4. Cover Required.

Please indicate the classes of insurance for which you require quotations:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| i) Professional Indemnity Insurance: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ii) Public Liability Insurance: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iii) Employers' Liability Insurance: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

5. Basis of Cover.

Please indicate the basis of cover for which you require quotations:

- | | | |
|---|------------------------------|-----------------------------|
| i) The liability of the Firm(s) in respect of the services provided to Personal Services Companies: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ii) Cover the activities of the contractors working under the Personal Services Company | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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6. Gross Income

Please state the total Gross Income of the Firm(s) for each of the last two Financial Years and the anticipated income for the forthcoming year. This amount should be inclusive of contractors' salaries and dividends

Financial Year End Date: _____

	2009	2010	2011
United Kingdom	_____	_____	_____
Overseas (Non USA/Canada)	_____	_____	_____
USA/Canada	_____	_____	_____

7. Information regarding Contractors.

- i) Please state below the average number of contractors working under the Personal Service Company provider at any one time for each of the last two Financial Years and the anticipated average number of contractors for the forthcoming year:

	2009	2010	2011
United Kingdom	_____	_____	_____
Overseas (Non USA/Canada)	_____	_____	_____
USA/Canada	_____	_____	_____

- ii) What type of activities are conducted by the Personal Services Companies?

- iii) Do you monitor the type of activities that will be conducted by the Personal Services Companies ?
If so we will provide cover on a wider acceptance of occupations basis. Please advise your system of checks to comply



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- iv) If monitored (as above) please provide list of activities carried out.. Please also see appendix 1 to this form, the referred activity form, which will list the occupations where we require more information on the activities undertaken.

- v) If you do not generally monitor the type of activities carried out by the Personal Services Companies your cover will be on a named occupational basis. Please advise what occupations you require cover for.

8. Offshore Work

Have you any Personal Services Companies who work offshore? ☐ YES ☐ NO

If yes, do you require cover for these Personal Services Companies? ☐ YES ☐ NO

If yes, approximately how many are there and what are their activities?

9a. Overseas Offices

In which country (ies) does the Firm(s) have offices and how is the work controlled. _____

9b. Are any Personal Services Companies registered abroad? ☐ YES ☐ NO



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10. Professional Service(s) Provided to Contractors by Personal Services Companies Provider.

Please indicate below the services provided by the Firm(s) and provide a full description of any other activities for which cover is required:

- i) Advice regarding company formation ☐ YES ☐ NO
- ii) Collection and payment of income ☐ YES ☐ NO
- iii) Contract drafting ☐ YES ☐ NO
- iv) Accountancy activities (e.g. book-keeping, PAYE calculation, VAT Returns, processing expenses etc.) ☐ YES ☐ NO
- v) If there are any other services that you provide for which cover is required then please provide full details below:

- vi) Will you act as Corporate Company Secretary Nominee or Company Secretary to the Personal Service Company? ☐ YES ☐ NO

If no, explain your legal relationship to the Personal Service Company?

11. Will you keep detailed register of those Personal Service Companies you have formed, including dormant ones?

☐ YES ☐ NO



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12. Jurisdiction.

Does the Firm(s), or any of the Contractors for whom you act, accept liability other than under the jurisdiction of European Union courts?

☐ YES ☐ NO

If "YES" please provide full details

12. Contractual Issues.

i) Does the Firm(s) use a standard form of contract, agreement or letter of appointment when agreeing to provide services to a contractor?

☐ YES ☐ NO

If "YES", please enclose copies.

ii) Does the Firm(s) use a standard form of contract to define the contractual relationship between The Firm, The Personal Service Company and the Employing Company and/or Agency?

☐ YES ☐ NO

If "YES", please enclose copies.

Employers & Public Liability Insurance

13 (i)a Will there be any manual occupations conducted by contractors under the Personal Service Company?

☐ YES ☐ NO

(i)b If yes please advise the percentage split between manual and professional occupations.

14. Public Liability Insurance.

i) Are all contractors office-based?

☐ YES ☐ NO

(If not then please provide additional information)

ii)a Will any contractors work Offshore?

☐ YES ☐ NO

ii)b Will any of this work involve manual work?

☐ YES ☐ NO



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- iii) Do you have any drivers operating vehicles licensed for road use? ☐ YES ☐ NO

If yes, it is imperative that cover in respect of damage caused to third party property or bodily injury is provided by the end client. You should check their fleet/motor insurance policy to ensure it covers Any Authorised Licensed driver. We can provide cover in respect of own damage to the vehicle operated at the limits below subject to a policy excess of £500.00 in respect of each and every claim, if this is needed please confirm.

Limits of Indemnity

£10,000 each and every claim

£50,000 in the aggregate in any one period of insurance

☐ YES ☐ NO

15. Employers' Liability Insurance.

- i) Total turnover of the Personal Service Company 's combined for the next 12 months: £

- ii) In your opinion who is responsible for ensuring compliance with Health and Safety Regulations?

Personal Service Company Professional Service Provider ☐ YES ☐ NO

The Personal Service Company ☐ YES ☐ NO

The Employing Company ☐ YES ☐ NO

- 16) Do you have any contractors working in the industries stated below:-

Asbestos removal/disposal

Ships crew

Air crew

Tree Surgeons

Pipe jacking/tunnelling

Underground/Mining

Pilots

Steeplejacks

Scaffolders

Bodyguards/ security consultants

Rail Track & Rail Infrastructure maintenance/renewal

Social work where work involves residential care homes.

Oil & gas (offshore work) specifically:-

Diving / underwater work

Aerial rigging/rope access

Structural Work on Oil rigs

Work affecting the flow of oil

☐ YES ☐ NO

If yes please provide full details.



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17. **Professional Indemnity, Public Liability and/or Employers Liability Claims and/or Circumstances**

- (a) During the past 6 years have any claims been made against the Firm(s), any Partner or Director or their predecessors in business in respect of any liability of the type to be indemnified by the proposed Professional Indemnity Insurance?

☐ YES ☐ NO

If "YES" please advise details of the Year(s) in which the claim(s) was/were made the amount paid and/or outstanding and brief circumstances surrounding the claim(s) and/or circumstances(s). (Please use a separate sheet if necessary):

- (b) Are any of the Partners or Directors AFTER ENQUIRY, within the Firm(s) aware of any circumstance(s) which may give rise to a claim(s) against the Firm(s), any predecessors in business or any former Partner(s) or Director(s)?

☐ YES ☐ NO

If "YES" please provide full details:

18. Do you have any contractors working in the industries stated below:-

The rail industry	Independent Financial Advisors
The aviation industry	The fire security industry
The car production industry (including motor racing)	
Solicitors, Lawyers or Barristers	

☐ YES ☐ NO

If yes please provide full details

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19. Current Insurance.

Policy	Indemnity Limit	Insurer(s)	Renewal Date
PI			
PL			
EL			

20. Quotation Request(s)

Policy	Indemnity Limit	Alternative Indemnity Limits
PI		
PL		
EL		

In addition to the above we can now provide Personal Accident Insurance for contractors which will pay lump sums and weekly benefits if they are off work as a result of an accident. Would you be interested in receiving a quotation?

☐ YES ☐ NO

We can now provide Tax Investigation cover for the company **AND** the individual contractors. Would you be interested in receiving a quotation?

☐ YES ☐ NO

We recommend you carry Directors & Officers Liability Insurance because under The Companies Act certain situations could arise where a Director can be made personally liable. The premium is usually 2.5% of the Professional Indemnity premium. Please advise if you would like a quotation.

☐ YES ☐ NO



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21. Declaration

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

Failure to disclose could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature _____
(Partner, Principal or Director)

Dated _____

APPENDIX 1 (Add referred Activity Form)

