



**CORPORATE SERVICE PROVIDER BLOCK POLICY
SCHEME FOR SELF-EMPLOYED CONTRACTORS
PROPOSAL FORM**

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

**PROFESSIONAL INDEMNITY, PUBLIC LIABILITY & CONTINGENT
EMPLOYER'S 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: ☐ YES ☐ NO
- ii) Public Liability Insurance: ☐ YES ☐ NO
- iii) Employers' Liability Insurance: ☐ YES ☐ 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 professional services provided to the self employed contractor: ☐ YES ☐ NO
- ii) To cover the activities of the self employed contractors working under your Contract for Services ☐ YES ☐ NO
- iii) Employers' Liability Insurance: ☐ YES ☐ 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 self employed contractors working under your Contract for Services at any one time for each of the last two Financial Years and the anticipated average number of self employed 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 self employed contractor through your Contract for Services?



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

- 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 self employed contractor under your Contract for Services, your cover will be on a named occupational basis. Please advise what occupations you require cover for.

- vi) Will the self employed contractors invoice through your company ☐ YES ☐ NO

- vii) Will you as the main contractor, have a contract in place with the end client/agency ☐ YES ☐ NO

8. Offshore Work

Have you any self employed contractors under your Contract of Service who work offshore?

☐ YES ☐ NO

If yes, do you require cover for these?

☐ YES ☐ NO

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



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9a. Overseas Offices

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

10. Professional Service(s) Provided to Contractors by Services 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) Collection and payment of income ☐ YES ☐ NO
- ii) Contract drafting ☐ YES ☐ NO
- iii) Accountancy activities (e.g. book-keeping, Tax returns, processing expenses etc.) ☐ YES ☐ NO
- iv) Are there any other services that you provide for which cover is required then please provide full details below:

11. 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



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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 self employed contractor and the end client? ☐ YES ☐ NO
If "YES", please enclose copies.
- iii) Is insurance provided as part of your overall service to the self employed contractor? ☐ YES ☐ NO
- iv) Is the provision of insurance separately charged for? ☐ YES ☐ NO
if yes, is the charge easily identifiable? ☐ YES ☐ NO

Public Liability Insurance

13. (i) a Will there be any manual occupations conducted by the self employed contractors under your Contract for Services arrangement? ☐ YES ☐ NO
- (i) b If yes please advise the percentage split between manual and professional occupations.
- ii) Are all self employed contractors office-based? ☐ YES ☐ NO
(If not then please provide additional information)
- iii) a Will any contractors work Offshore? ☐ YES ☐ NO
- iii) b Will any of this work involve manual work? ☐ YES ☐ NO
- iv) 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.



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Limits of Indemnity

£10,000 each and every claim

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

☐ YES ☐ NO

v) Total turnover of the Professional Service Provider for the next 12 months: £

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

Professional Service Provider ☐ YES ☐ NO

The self employed contractor ☐ YES ☐ NO

The End Client ☐ YES ☐ NO

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

Asbestos removal/disposal	Pilots
Ships crew	Steeplejacks
Air crew	Scaffolders
Tree Surgeons	Bodyguards/ security consultants
Pipe jacking/tunnelling	Rail Track & Rail Infrastructure maintenance/renewal
Underground/Mining	Social work where work involves residential care homes.

Oil & gas (offshore work) specifically:-

Diving / underwater work	Structural Work on Oil rigs
Aerial rigging/rope access	Work affecting the flow of oil

☐ YES ☐ NO

If yes please provide full details.

15. Professional Indemnity and/or Public 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



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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:

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

The rail industry
The aviation industry
The car production industry (including motor racing)
Solicitors, Lawyers or Barristers

Independent Financial Advisors
The fire security industry

☐ YES ☐ NO

If yes please provide full details

17. **Current Insurance.**

Policy	Indemnity Limit	Insurer(s)	Renewal Date
PI			
PL			



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18. **Quotation Request(s)**

Policy	Indemnity Limit	Alternative Indemnity Limits
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PI		
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PL		
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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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19. 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)

