



## RECRUITMENT / PLACEMENT 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)

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**Date(s) Established** \_\_\_\_\_

2. **Principal Address** \_\_\_\_\_

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Telephone No \_\_\_\_\_

Facsimile No \_\_\_\_\_

Web-site Address \_\_\_\_\_

All other addresses (by town or city only) \_\_\_\_\_



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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.

- i) Claims made against you arising out of professional business you have undertaken ☐ YES ☐ NO
- ii) Cover for the activities of your placements ☐ YES ☐ NO

#### 6. Gross Fee Income

Please state the total Gross Fee Income of the Firm(s) for each of the last two Financial Years and the anticipated income for the forthcoming year.

Financial Year End Date: \_\_\_\_\_

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



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#### 7. Information regarding Contractors

- i) Please state below the total number of contractors for whom the Firm has acted for each of the last two Financial Years and the anticipated number of contractors for the forthcoming year:

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

- ii) Does the firm keep a Schedule providing details of all contractors for whom you act?

☐ YES ☐ NO

If YES, please attach a copy.

- iii) Please provide brief details of the activities of the contractors for whom you act: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 8. Overseas Offices

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

\_\_\_\_\_  
\_\_\_\_\_

#### 9. 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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#### 10. 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 Contractor and the Employing Company ?

☐ YES ☐ NO

If "YES", please enclose copies.

#### 11. Employers and Public Liability

- a) Employers Liability Limit of Indemnity is limited to £10,000,000. Additional cover up to £25,000,000 may be available.

Public Liability Limit of Indemnity required any one claim £1,000,000 ☐ £2,000,000 ☐ £5,000,000 ☐

- b) Is all your business conducted under your normal standard business terms?

☐ YES ☐ NO

- c) 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

#### 12. Public Liability Insurance

If you have answered YES to question 4 (ii) then please provide the following additional information:

- i) Are all contractors office-based?

☐ YES ☐ NO

(If not then please provide additional information)

- ii) Is the Firm responsible for the actions of the contractors?

☐ YES ☐ NO

#### 13. Employers' Liability Insurance

If you have answered YES to question 4 (iii) then please provide the following additional information:

- i) Payroll for the Firm(s) named in Question (1) for the previous 12 months: £

- ii) Payroll for all contractors placed in the previous 12 months: £

- iii) Is the Firm acting as the Employer of the contractors?

☐ YES ☐ NO



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If NO, is Employers' Liability cover only required for claims made against Contractors by their own employees?

☐ YES ☐ NO

iv) Who is responsible for ensuring compliance with Health and Safety Regulations?

The Firm(s):

☐ YES ☐ NO

The Contractor(s)

☐ YES ☐ NO

The Employing Company

☐ YES ☐ NO

#### 14. 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):

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(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:

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(c) The Professional Liability Insurance policy requires that formal confirmation is obtained from each contractor, to be insured, that they are not aware of any claims and or circumstances, which could give rise to a claim under either the Professional Indemnity, Public Liability or Employers' Liability Insurance(s). Where prior claims have been declared then full information must be submitted to Insurers for consideration before cover can be bound.

Do you currently obtain such a declaration from each contractor?

☐ YES ☐ NO

Will you obtain such a declaration from each contractor in the future?

☐ YES ☐ NO

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**15. Professional Indemnity**

(a) Limit of Liability required any one claim.

£100,000 ☐    £150,000 ☐    £250,000 ☐    £500,000 ☐    £750,000 ☐    £1,000,000 ☐

(b) Is all your business conducted under your normal terms of business? ☐ YES ☐

NO

\* If "NO", please supply copies of contracts together with details of work involved and estimated annual payroll and turnover in respect of non standard contracts:

<i>Name</i>	<i>Type of Work</i>	<i>Payroll</i>	<i>Turnover</i>

**16. Current Insurance**

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

**17. Quotation Request(s)**

Policy	Indemnity Limit	Alternative Indemnity Limits
PI		
PL		
EL		

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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18. **Please attach copies of your:**

a) Current Standard Terms of Business    b) Current Contract with the Temp    Current Non Standard Contracts

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

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