



Caunce O'Hara & Co Ltd  
11<sup>th</sup> Floor  
King Street  
Manchester  
M2 4WQ

## UMBRELLA COMPANIES

### PROFESSIONAL INDEMNITY/EMPLOYERS AND PUBLIC LIABILITY INSURANCE

### PROPOSAL FORM

#### 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 \_\_\_\_\_



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 services provided to contractors:  YES  NO
- ii) Cover the activities of the contractors working under the Umbrella  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: \_\_\_\_\_

	2010	2011	2012
United Kingdom	_____	_____	_____
Overseas (Non USA/Canada)	_____	_____	_____
USA/Canada	_____	_____	_____

7. **Information regarding Contractors.**

i) Please state below the average number of contractors working under the Umbrella/Composite(s) at any one time for each of the last two Financial Years and the anticipated average number of contractors for the forthcoming year:

	2010	2011	2012
United Kingdom	_____	_____	_____
Overseas (Non USA/Canada)	_____	_____	_____
USA/Canada	_____	_____	_____

ii) What type of activities are conducted by your contractors?

\_\_\_\_\_

\_\_\_\_\_

iii) Do you monitor the type of activities that will be conducted by contractors? 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 of your contractors. 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.

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

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8. **Offshore Work**

Have you any contractors who work offshore?  YES  NO

If yes, do you require cover for these contractors?  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. \_\_\_\_\_

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9b. Do you have any contractors who are foreign nationals working through any of your overseas offices?

YES  NO

10. **Professional Service(s) Provided to Contractors by Umbrella's**

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 IR35 status  YES  NO

ii) Advice regarding company formation  YES  NO



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

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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 Contractor and the Employing Company and/or Agency?  YES  NO

If "YES", please enclose copies.



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## Employers & Public Liability Insurance

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

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 Payroll distributed to contractors for the previous 12 months: £

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

The Umbrella/Composite(s):  YES  NO

The Contractor(s)  YES  NO

The Employing Company  YES  NO



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16) 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.

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:

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



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18. 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 or Actuaries
- The fire security industry

YES  NO

If yes please provide full details

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	_____	_____





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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

In addition to the above 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

We can also provide competitive Office Package policies for Office contents at your premises and portable equipment away from your premises such as lap tops. Please advise if you would like a quotation.

YES  NO

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)