



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

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 _____



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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 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: _____

| | 2008 | 2009 | 2010 |
|---------------------------|-------|-------|-------|
| 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:

| | 2008 | 2009 | 2010 |
|---------------------------|-------|-------|-------|
| 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.

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.

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?

9a. Overseas Offices

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

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:

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

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

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

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

- | | |
|---|--|
| Aerial rigging/rope access | Asbestos removal/disposal |
| Ships crew | Pilots |
| Air crew | Steeplejacks |
| Diving / underwater work | Tree Surgeons |
| Scaffolders | Oil and gas (offshore work) |
| Pipe jacking/tunnelling | Bodyguards/private security consultants |
| Underground/Mining | Rail Track & Rail Infrastructure maintenance/renewal |
| Social work where work involves residential care homes. | |

YES NO



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| 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

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



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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)