



## Recruitment Insurance Proposal Form

### General Questions

Contact name:

Telephone number:

Business name:

Email address:

Business address:

Postcode:

Business establishment date:

Current renewal date:

Where did you hear about PIB?

Current Insurer:

### Please answer the following questions;

Has any Insurer declined to insure you, cancelled or refused to renew your insurance or imposed special terms?

Have you been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner or proprietor with any company which went into receivership, administration or liquidation?

Have you been the subject of any County Court Judgements or Sheriff Court Decrees, investigated, reprimanded or disqualified by a professional body?

Have you been convicted or charged (but not yet tried) with any criminal offence, or aware of any pending prosecutions against the Company?

Have you committed any offence to which you or they have admitted and for which you or they have received an Official Police Caution?

Have you suffered any losses or claims on your commercial insurance during the past 5 years? If yes, please provide us with details below.

Please provide the following financial information; (if you are a new venture, please provide your first year projected figures only)

Please provide your businesses annual turnover for the following periods	Your last complete Financial Year	Estimated for your next full Financial Year
Turnover in respect of the placement of permanent staff:		
Turnover in respect of the placement of temporary staff:		

In respect of any temporary staff you place;

The percentage of business carried out under your own Standard Terms of Business;	These amounts should total 100%
The percentage of business carried out under the hirers Contract Terms;	

Please provide a percentage split in respect of the regions your turnover is generated;

Regions:	UK Only	Europe (excl UK)	Elsewhere in the World (excl USA/ Canada)	USA / Canada
Turnover:				

Please provide us with your Employers Reference Number (ERN):

If you need to supply additional information, please use the space below:

## Office Covers

Please complete this section if you require cover under the office section of cover;

Office Contents Cover (please fill in the sums insured you require)	Business Interruption Cover (please fill in the sums insured you require)
Computer equipment	Your Gross Income (over 12 months)
All other contents	Increased cost of working (over 12 months)
Do you require cover for computer breakdown?	Book debts extension (over 12 months)
Do you require cover for terrorism?	

### Specified All Risks Cover

If you require cover for Specified Equipment that will be taken out of the office premises (laptops, mobile phone, etc), please fill in the details below;

Item description (laptop, mobile phone etc.)	Item Value	Cover for the UK, Europe or Worldwide?
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### Professional Indemnity Cover

Please complete this section if you require cover under the Professional Indemnity section of cover;

If you have a current Professional Indemnity policy, please confirm the retroactive date shown on your existing policy:

Please select the limit of indemnity you require:

Are you required to cover the negligent acts, errors and omissions of the temporary workers you provide? (Vicarious Liability)

### Employers & Public Liability Covers

Please complete this section if you require cover under the Employers and/or Public Liability sections of cover;

If you require Employers Liability cover, please select the limit of indemnity you require:

If you require Public Liability cover, please select the limit of indemnity you require:

Please confirm the total annual payroll paid to your own employees (including Directors and Partners)

Please provide us with the total estimated annual wage rolls paid to temporary placement in your next financial year;

Description of work undertaken	Placed under your own Standard Contract Terms	Placed under hires Contract Terms (Non-Standard Contracts)
Clerical temporary staff (white collar)		
Medical / Nursing temporary staff		
Manual - Construction and Engineering staff		
Manual - Staff using heat equipment (e.g. welding equipment)		
<b>Manual</b> - Driving staff		

Manual - All other manual workers (e.g. industrial and warehousing)

Temporary staff working in the rail sector (Green Zone)

Temporary staff working in the rail sector (Red Zone)

Any other sectors (please also provide a description of the work undertaken below)

Do you use Standard Terms of Business as recommended by the REC? (If 'No' we will need to see a copy of your Standard Terms of Business)

Do you place temporary workers that are not UK residents? (If 'Yes' please provide us with additional details below)

Do you place temporary workers offshore?

### Drivers Negligence Cover

Please complete this section if you require cover under the Drivers Negligence section of cover;

Select the minimum age of the drivers you will be placing:

The maximum number of drivers placed out at any one time:

Select your required limit for any one event:

Select your required limit during any one period of insurance:

Select your preferred excess:

### Legal Expenses Cover

Please answer the following questions if you require cover under the Legal Expenses section of cover; in the last three years have you;

Merged with or been taken over by another company?

Taken over any other company?

Been involved in any legal disputes or actions, prosecutions or HM Revenue & Customs investigations?

To the best of your knowledge are you aware of;

Your business planning the takeover of another firm within the next 12 months?

Of any redundancies envisaged in Your business within the next 12 months?

Any disputes currently on-going in your business involving Employees or any other business with whom You have entered into a contract?

Do you have a written Contract of Employment for your own Employees with reference to and dismissal procedures?

## Important - Data Protection

All personal data collected by PIB Ltd will be held in accordance with the Data Protection Act 1998. PIB Ltd will disclose this information to our service providers and agents for administration purposes and for underwriting and claims handling purposes. In addition, PIB Ltd may exchange information with other organisations such as the police, regulatory authorities and professional bodies by whose rules we are bound, through various databases to help us check information provided and to prevent fraud. By returning this form, you consent to the processing of personal data, including sensitive personal data, for these purposes and to PIB Ltd transferring such information outside the European Economic Area where necessary.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for the data collection and processing set out above and have consented to such processing. You will receive on their behalf any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

PIB Ltd may share personal data with other companies with which we establish commercial links so we and they may contact you (by mail, email, telephone or other appropriate means) in order to keep you informed about carefully selected products, services or offers that we believe will be of interest to you.

If you are happy for us to do this then leave the box as 'YES'. If you **do not** wish us to do this please amend the box to state '**NO**'.

## Important - Declaration

I/We warrant and declare that I/We have made full enquiry of all staff and that the particulars and statements in this proposal are true and complete and any other documentation and information provided in connection with this proposal are true and complete. I/We agree and accept that this proposal and declaration and the documentation and information which are provided (or should be provided) will be the basis of contract with Insurers. I/We also warrant and declare that I/We have informed the Insurer of all facts which are likely to influence the Insurer in the assessment or acceptance of this proposal.

I/We understand that failure to inform Insurers of all material facts, including but not limited to any circumstance which might give rise to a claim, could invalidate this insurance. I/We accept that if I/We am/are in doubt whether any fact may influence the Insurer I/We should disclose it. I/We also understand that I/We have a continuing obligation to disclose all material facts up to commencement of and throughout the period of the policy.

**I/We accept that all data collected by PIB Risk Services Limited will be held in accordance with the Data Protection Act 1998 and that PIB Risk Services Limited may disclose this information only in order to obtain quotations for my/our business insurance.**

**Signing this form does not bind you to accept any quotation provided by PIB Risk Limited  
THIS PROPOSAL FORM MUST BE SIGNED BY A PRINCIPAL/MEMBER/DIRECTOR OF THE FIRM**

Print your name:

Your company title:

Date signed:

Signature: