

The Insurance
Supermarket



Personal Touch Financial Services Ltd

Trinity 3
Trinity Park
Birmingham
B37 7ES
Tel:0121 767 1070
Fax:0121 767 1015
Email:pi@personaltouchfs.com

Professional Indemnity Proposal Form – Recruitment

**Personal Touch Financial Services Ltd is authorised
and regulated by the Financial Services Authority**

Sections 1&2: Employers' and Public Liability

Quote Required Yes No

1. Employers' Liability Limit of Liability is £10,000,000
 Public Liability Limit of Liability required any one claim £1,000,000 £2,000,000 £5,000,000
2. Estimated payroll in respect of own staff £
3. Estimated payroll in respect of temporaries supplied under your standard terms of business
- i) Clerical (white collar activities) £
 - ii) Technical (white collar activities with occasional site visits) £
 - iii) Technical / Medical including Nursing / Care £
 - iv) Domiciliary Care (estimated number of carers engaged at any one time during past twelve months)
 - v) Manual (Drivers / Warehouse / Light Industrial) £
 - vi) Construction / Heavy Industrial £
 - vii) Railway / Safety Critical (as defined by The Railways (Safety Critical Work) Regulations 1994) £
 - viii) Welders / Heat Work £
 - ix) Offshore £
4. Details of business accepted outside your standard terms, in addition to the above figures

Contract Name	Category of Workers (as above) please state	Estimated Wages	Estimated Turnover

5. Are you involved/likely to become involved in the supply of manual temps to the aviation, nuclear, power generating or petro chemical industries when working under non standard contract terms and conditions? Yes No

Section 3: Professional Indemnity

Quote Required Yes No

1. Limit of Liability required any one claim
 £100,000 £250,000 £500,000 £1,000,000 £2,000,000 £5,000,000
2. Estimated total turnover:
- Permanent Placements £
- Temporary assignments £
3. **Fidelity Bonding** (only available when Professional Indemnity cover effected) Quote Required Yes No
- If you supply drivers or warehousemen, is Fidelity Bonding required? Yes No
- If yes, please provide following details (if insufficient space available, please supply details on separate sheet)

Contract Name	Type of Goods Handled	Contract Indemnity Required	Contract Turnover

Total aggregate limit any one year required £

- Important Notes:**
- 1) Fidelity Bonding agreement forms will be required between you and your client (specimen wording available on request).
 - 2) The Indemnity Limit for the Fidelity Bonding Extension will be limited to £1,000,000 or the Professional Indemnity limit for any one claim and in the annual aggregate, whichever is the lesser.

Section 4: Drivers Negligence (only available with Sections 1&2)

Quote Required Yes No

1. Limit of Indemnity required per claim £5,000 £10,000

2. Names of clients to whom you will be offering this cover
(if insufficient space available, please supply details on separate sheet)

Contract Name	Indemnity Required	Estimated No of Drivers

3. Are you aware of any incidents over the last 3 years that have given rise to a claim or may give rise to a claim which would have been covered by the proposed insurance had such a policy been in force
If yes, please supply full details Yes No

4. If cover is currently provided under this section please advise the maximum number of drivers engaged at any one time during the past twelve months

Important Note: Drivers Negligence agreement forms will be required between you and your client
Specimen wording is available on request

Section 5: Property Insurance

Quote Required Yes No

1. Address of premises to be insured:
(if different from Head Office)

Postcode

(if more than one location to be insured, please complete a photocopy of this section)

The standard cover provided by this Section is	Standard Limits	Alternative Sums Insured Required
General Contents excluding Computers	£ 3,000	£ <input type="text"/>
Computers and Electronic Equipment	£ 7,000	£ <input type="text"/>
Landlords' Fixtures & Fittings	£ 1,000	£ <input type="text"/>
Loss of Rent	£ 1,000	£ <input type="text"/>
Money on Premises and in Transit	£ 2,000	£ <input type="text"/>
Money in Safe	£ 1,000	£ <input type="text"/>
Personal Accident (following Assault)	£ 10,000	£ <input type="text"/>
Reinstatement of Computer Records	£ 10,000	£ <input type="text"/>
Increased Cost of Working (indemnity period 12 months) (Additional costs incurred as a result of an insured peril causing a material damage loss which in turn increases your ongoing business costs)	£ 15,000	£ <input type="text"/>

3. Optional Extensions

	Cover Required		Sums Insured Required
a) Buildings (including outbuildings, boundary walls, gates & fences)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Is Subsidence Cover required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) Equipment anywhere in the UK (laptops, projectors)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
c) Loss of Income (indemnity period 12 months) (replaces total annual income of the business representing gross fees derived from temporary and permanent placements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
d) Loss of Book Debts (replaces loss of outstanding debt balances other than bad debts if books/accounts are destroyed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
e) Computer Breakdown (calculated as the total value of computers) (Subject to maintenance agreement being in force)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
f) Terrorism cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4. Building Information

- a) What is the approximate age of the building ? On which storey are you located ?
- b) Are the buildings of brick, stone, concrete and roofed with slate, tile concrete, asphalt. Metal or sheet or slabs composed entirely of incombustible materials ? Yes No

5. Burglar Alarm System

- a) Is the premises protected by a burglar alarm system ? Yes No
Is there a maintenance contract in force ? Yes No
- b) Name of the installing alarm company
- c) Is the alarm signalling Bells only Perimeter Protection Dedicated Red Care GSM

6. Minimum Security Standards

It is a condition of this policy that the protections at the premises will comply with the following minimum standards:-

- a) All external doors and internal doors leading to other premises must if made of timber have frames at least 44mm thick and be secured by mortice deadlocks which conform to British Standards 3621, with the first closing leaf of double doors fitting with bolts top and bottom
- b) All aluminium framed doors must be fitted with a swing-bolt-type mortice lock
- c) All opening sections of external ground floor windows and all other windows which are accessible from decks, roofs, fire escapes or downpipes must be fitted and secured out of business hours with key-operated window locks

Section 6: Legal Expenses

1. Limit of indemnity required £50,000 £100,000 Quote Required Yes No
2. Have you had to initiate or defend any legal expenses insurance claim or legal proceedings (including hearings before Industrial Tribunals) in the past five years? Yes No
3. Has there been any Inland Revenue in-depth investigation into the company or any director, VAT dispute, PAYE or P11D compliance dispute within the last three years? Yes No

If yes to either of the above questions, please provide details on a separate sheet

Section 7: Directors & Officers

Quote Required Yes No

Although a formal quotation cannot be provided without the completion of a further proposal form, we are able to give you an indication of premium, subject to a satisfactorily completed Directors & Officers Proposal Form, upon completion of the following:-

1. Limit of indemnity required (any one claim and in the aggregate) £250,000 £500,000 £1,000,000
2. Did your company show a positive net worth in the last declared report and accounts? Yes No
3. Has your company made an operating profit for two out of the last three years? Yes No
4. Is it your intention to seek a new public offering of securities within the next year or are you aware of any acquisition, tender offer or merger either by your company or of your company by another organisation? Yes No

Section 8: Personal Accident

Quote Required Yes No

Provides for compensation to Temporary Workers on assignment or travelling to or from normal residence should an accident occur causing Death, Loss of Sight or Limbs or Permanent Total Disablement from any occupation

1. Level of Benefit Selected £5,000 £10,000

Declaration

1. Have any claims been made against you the proposer in the last 3 years in respect of the risks for which quotations have been requested in this proposal form? Yes No
2. After enquiry, are any of the Partners/Directors aware of any circumstances which are likely to give rise to a claim against the firm or their predecessors in business or any of the present or former Partners/Directors? Yes No
3. Have you, the proposer, or any principal, director or partner under a current or previous trading title:
 - a) been declared bankrupt or insolvent? Yes No
 - b) been convicted of arson or any other criminal offence (other than motoring offences) or is any prosecution pending? Yes No

In respect of any of the risks against which you now wish to insure:

 - c) has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer? Yes No

If yes to any of the above questions, please provide details on a separate sheet
4. I/We declare that the above statements and particulars are true to the best of my/our knowledge and I/we have not suppressed or misstated any material facts.
5. I/We agree that this declaration including any supporting information shall form part of the contract between me/us and the Insurers and if the risk is accepted agree to pay the premium when called upon to do so.
6. I/we understand that my/our information may also be disclosed to the Financial Services Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurers' compliance with any regulatory rules/codes.

Signed

Print Name

Position

Dated

(this declaration must only be signed by a Director/Officer or Proprietor of the above named company)

Please remember to attach copies of:

a) Current standard terms of business b) Current contract with the temp

c) Current non-standard contracts