



**Langton London**

Insurance Brokers Ltd

**Employment & Recruitment Agencies  
Professional Indemnity Insurance  
Proposal Form**

# EMPLOYMENT AND RECRUITMENT AGENCY PROPOSAL FORM

It is your duty to disclose all material facts to underwriters. A material fact is one that is likely to influence the underwriter's judgement and acceptance of your proposal.

**Please attach copies of:**

- i **Standard** terms of business you provide to clients for both permanent and temporary workers
- ii Any **non-standard** terms of business
- iii Your contract with your temporary workers

**Standard Terms of Business** means your own standard contract terms that are used when placing personnel into assignments with a hirer/third party. Your contract terms will mirror the model contract terms of business recommended by the Recruitment and Employment Confederation (REC), or contract terms that have been notified and accepted by insurers.

**Non-Standard Terms of Business** means any contract that you sign to supply personnel to a hirer that are not your own Standard Terms of Business. This can include either contracts that are provided by a hirer/third party or where the hirer/third party has requested amendments to the liability clause within your own Standard Terms of Business.

**Contractor** means any individual person (whether trading in his/her own name or as a limited company) placed on a temporary contract or assignment by the insured but only in respect of such temporary contract assignment.

1. Proposer's company name in full:

2. PAYE Employee Reference Number (ERN)

3. Trading Address:

4a. The Business description will be:

Employment Agency Business as defined in the Employment Agencies Act 1973 and subsequent legislation.

4b. Please advise of all of your activities that are outside the above business description

4c. What date was your Business established?

4d. Did you make a profit in the last 12 months or do you expect to make a profit after tax in the next financial year?

Yes

No

5. Do you have any overseas offices?

Yes

No

6a. Renewal date of policies

6b. Current premium

6c. Current insurer

7a. Where you supply temporary workers to your clients, do you accept your clients terms of business?

Yes

No

7b. If Yes to 7a, is the supervision, direction and control of placed temporary workers or personnel always the responsibility of your client?

Yes

No

7c. If No to 7b, please provide a copy of the contracts in question.

**8. Business Profile** – General information about your business

**8a. Turnover**

	Temporary Placements	Permanent Placements	Total
Actual <b>Turnover</b> for the last financial year	£	£	£
Estimated <b>Turnover</b> for the next 12 months	£	£	£

**8b.** What percentage of your Estimated Turnover will result from placements in the USA and Canada and/or from contracts subject to the laws of either the USA or Canada?  %

**8c.** Number of temps/contractors supplied at any one time: Ave:  Max:

**8d.** Estimated **payroll** in respect of the agency's own staff:  £

**8e.** Please provide estimated payroll of placed personnel in the following categories:

	a. Standard Terms of Business	b. Non-Standard Terms of Business
Clerical/Administration/Managerial	£	£
Computing and IT	£	£
Professions/Technical (non-manual)	£	£
Medical/Nursing /Care (non domiciliary)	£	£
Domiciliary Care	£	£
Manual (Drivers/Warehouse/Light industrial)	£	£
Manual (Construction/Heavy industrial)	£	£
Safety critical rail work	£	£
Welders/Work involving the use of heat	£	£
Offshore (e.g. Oil rigs/platforms) - <b>Non-manual</b>	£	£
Offshore (e.g. Oil rigs/platforms) - <b>Manual</b>	£	£
Other (please provide full details in the box below)	£	£
<input type="text"/>		

**9a. Employers Liability** – The limit of indemnity is **£10,000,000**

**9b. Public/products liability** – Please select the limit required:

£1,000,000       £2,000,000       £5,000,000       £10,000,000

**9c. Professional indemnity** – Please select the limit required:

£1,000,000       £2,000,000       £5,000,000       £10,000,000

**10.** Please confirm your current retroactive date (refer to your existing policy schedule)

11. Please select the additional cover required from the options below.

Type of cover	Required	Limit of indemnity
<b>Directors' and Officers' Liability</b> The quotation will automatically include this cover with a £250,000 limit of indemnity. Select higher limit if required.	<input type="radio"/>	
<b>Cyber Liability</b>	<input type="radio"/>	
<b>Medical Malpractice</b>	<input type="radio"/>	To be arranged (additional proposal required)
<b>Legal Expenses</b>	<input type="radio"/>	
<b>Personal Accident Cover</b>	<input type="radio"/>	To be arranged (cover limits required)
<b>Drivers' Negligence</b>	<input type="radio"/>	£10,000 any one claim and £50,000 in the aggregate during any one period of insurance
> Maximum number of drivers engaged on any given day		

<b>Combined office and Contents</b>  > Please specify required indemnity limit for each category listed  > If 'required' option is ticked, please refer to and answer questions below.	<input type="radio"/>	Buildings	£
		Tenants' improvements	£
		Office Contents	£
		Computers	£
		Portable devices	£
		Increased cost of working	£
		Loss of income	£

11a. Combined office and contents - Are all of the premises:

- A.** Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes  No
- B.** Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes  No
- C.** Located on the ground floor or below ground level / basement Yes  No
- D.** In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes  No
- E.** In a good state of repair? Yes  No
- F.** Self-contained with a lockable door? Yes  No
- G.** Protected by any of the following security features:
- i. Monitored CCTV system Yes  No
  - ii. Intruder alarm which is monitored and maintained under contract at least every 12 months Yes  No
  - iii. External shutters Yes  No
  - iv. Fire alarm with a central monitoring system Yes  No
  - v. Automatic sprinkler system Yes  No

- H. Heated by a conventional electric, gas, oil or solid fuel heating system? Yes  No
- I. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes  No
- J. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes  No

**11b.** If you have answered 'No' to any of the office and contents questions, please provide details below:

- 12.** Do you supply **manual** temps under non-standard terms of business to any of the following industries? Yes  No

Aviation, nuclear, power generating, petrochemical industries, demolition, any work on bridges or towers or steeples or chimney shafts or blast furnaces or viaducts or mines, pile driving, tunnelling, quarrying, use of explosives, excavations below 5 metres or heights above 15 metres?

**12a.** If 'Yes', please provide details:

## DECLARATION

- A.** Are you aware of any incidents over the last 5 years that have given rise to a claim, or loss, or may give rise to a claim, or loss, or which would have been covered by the proposed insurance had such a policy been in force? Yes  No
- B.** After enquiry, are there any pending claims or circumstances that might reasonably be expected to give rise to a claim or loss against:
- a. the firm Yes  No
  - b. the firm's predecessors in business or
  - c. any persons proposed for insurance
- That would fall within the scope of this insurance?
- C.** 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
- D.** 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

- E.** Have you had to initiate or defend any legal expenses insurance claim or legal proceedings (including hearings before Employment Tribunal) in the last 3 years? Yes  No
- F.** Has there been any Inland Revenue in-depth investigation into the company or any director, VAT dispute, PAYE or P11D compliance dispute in the past 3 years? Yes  No

***If you have answered YES to any of the questions in this section please provide details on a separate sheet.***

Please note that the completion and submission of this form does not bind you or us to enter into a contract of insurance. In order to minimise the need for further clarification please answer all questions fully.

You understand that you must make a fair presentation of the risk to us when completing this form and at inception, renewal and whenever you request changes to your policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by the policy in a clear and accessible manner and must not misrepresent any material facts. A material fact is one which would influence our acceptance or assessment of the risk. If you have any doubt about facts considered material, it is in your interest to disclose them.

If you do not make a fair presentation of the risk the policy may be avoided, written on different terms or a higher premium may be charged, depending on the circumstances of the failure to present the risk fairly.

- G.** I/we declare that the statement and particulars in this proposal are true and complete. I/we have made a fair presentation of the risk and have not misrepresented or suppressed any material facts after full enquiry of relevant parties within my/our organisation. I/we agree to the contract of insurance being prepared using the information I/we have supplied in this form, along with any associated information I/we have supplied. I/we shall inform you of any material alteration to those facts and/or the information supplied before completion of the contract of insurance.

Signed

Dated

Print FULL name

Position



Langton London Insurance Brokers Ltd, Unit 4 Fileturn House, Brighton Rd, Redhill, RH1 6QZ  
01737 305666 | [info@langtonlondon.co.uk](mailto:info@langtonlondon.co.uk) | [www.langtonlondoninsurancebrokers.co.uk](http://www.langtonlondoninsurancebrokers.co.uk)

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