

Please advise number of employees split as follows:-

Manual Clerical

3 Business activity

3.1 Please provide FULL details of all business activities undertaken. Please advise us of any activities carried out outside of a recruitment / employment agency and/or business. Continue on a separate sheet if necessary.

3.2 Is the Company/Firm or any Partner/Director/Member/Principal a member of any Professional association (REC/APSCO/ARC)? If 'Yes' please provide details Yes No

3.3 Please provide a percentage split of income generated by your business in the following categories:

United Kingdom and European Union	<input style="width: 90%; height: 25px;" type="text"/>	%
Worldwide excluding USA / Canada	<input style="width: 90%; height: 25px;" type="text"/>	%
USA / Canada	<input style="width: 90%; height: 25px;" type="text"/>	%

3.4 Please provide details of your business activities in the following categories:

Temporary Staffing	<input style="width: 90%; height: 25px;" type="text"/>	%
Permanent Placements	<input style="width: 90%; height: 25px;" type="text"/>	%
Consultancy Services	<input style="width: 90%; height: 25px;" type="text"/>	%
Other	<input style="width: 90%; height: 25px;" type="text"/>	%

If you have included a percentage under 'Consultancy Services' or 'Other', please provide details

3.5 Please state the average and maximum number of temporary placed personnel supplied at any one time:

Average Maximum

3.6 Please provide the following financial information in respect of your UK/EU activities:

	Last completed financial year	Estimate for current or first financial year
Gross turnover	£	£
Own staff wage roll	£	£
Payments made to temporary placed personnel	£	£

Please provide the following in respect of overseas activity

	Last completed financial year	Estimate for current or first financial year
Worldwide excluding USA / Canada	£	£
USA / Canada	£	£

3.7 If you place temporary personnel, are terms of business used? Yes No

If 'Yes', is the supervision, direction and control of placed personnel always the responsibility of your client? Yes No

If 'No', please provide details:

Name of client	Category of workers supplied (please refer to temporary worker trade category list in section 3.8)	Contract value for this client
		£
		£
		£
		£

3.8 Please provide a breakdown of placed personnel in the following categories:

Category	Percentage of placements
Clerical (white collar activities)	%
IT: Consultancy / Data entry	%
IT: Hardware installation / maintenance	%
Medical / Nursing	%
Light manual (warehouse or light industrial)	%
Heavy manual (construction or heavy industrial)	%
Drivers	%
Domiciliary care	%
Mission or safety critical	%
Offshore (oil rigs and platforms)	%
Care plan or independent living support	%
Other (Please specify i.e. nuclear, petrochemical, aviation etc.)	%
Total 100%	

4 Current insurance

Please provide details of your current insurance arrangements:

Policy Type	Name of current insurer	Expiry date of current policy	Expiring premium
Employers', Public & Product Liability			£
Professional Indemnity			£
Drivers Negligence			£
Office			£
Legal Expenses			£
Directors & Officers			£
Personal Accident			£
Fidelity Bonding			£

Do you have an existing credit insurance policy in place? Yes No

If Yes, when is the policy due for renewal?

Would you be interested in information in respect of credit insurance from our specialist recruitment division within Bluefin? Yes No

Have you been referred to obtain quotations from Bluefin by one of our affiliate partners? If 'Yes', please advise Yes No

5 Your requirements

Professional Indemnity Insurance

Quote required? Yes No

Please confirm the existing retroactive date for your professional indemnity policy?

Please advise your limit of indemnity requirements e.g. £250,000 / £500,000 / £1,000,000 / £2,000,000 / £5,000,000

	Option 1	Option 2	Option 3
Limit of indemnity	£	£	£
Excess	£	£	£

Employers' Public & Products Liability Insurance

Quote required? Yes No

Employers Liability limit of indemnity is a standard if £10,000,000.

If you require in excess of this for a specific contract, please specify

5.1 Please confirm that you do not undertake any of the following activities: Yes No

- i. Perform work over 5 metres in height or offshore?
- ii. Perform work with asbestos or any other dangerous or hazardous substances?
- iii. Perform work involving heat?
- iv. Perform any physical manual work?

If 'No', please provide details.

Public Liability limit of indemnity required:

5.2 Please confirm you do not sell or supply any tangible product other than: Yes No

- i. Printed matter
- ii. Information technology software, hardware, discs or peripheral equipment for use by or with computers and telecommunications.
- iii. Promotional products
- iv. Food and drinks to your clients, guests and employees

If 'No', please provide details.

Drivers Negligence Insurance

Quote required? Yes No

Limit of indemnity required per claim:

£5,000 / £10,000

What is the estimated maximum number of drivers to be supplied in any one day?

5.3 Please provide details of clients where cover is required

Client name	Indemnity required	Estimated number of drivers	Preferred Excess £500 / £750 / £1,000
	£		£
	£		£
	£		£
	£		£

5.4 Are you aware of any incidents over the last three 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? Yes No

If 'Yes', give full details of circumstances and amounts involved.

5.5 If cover is currently provided under this section, please advise the maximum number of drivers engaged at any one time during the last twelve months

Fidelity Bonding

Quote required? Yes No

This cover is only available when professional indemnity cover is effective

Limit of indemnity required – this will apply in the annual aggregate

£

Do you supply drivers or warehousemen?

Yes No

Please provide following details (continue on a separate sheet if necessary)

Contract name	Type of goods handled	Contract indemnity required	Contract turnover
		£	£
		£	£
		£	£
		£	£

Cyber and Data breach

Quote required? Yes No

5.6 Please confirm you do not accept or store personal payment card data? If 'No' can you confirm either that: Yes No

There are fewer than 1,000 cards in a year **or** You comply with applicable data security standards issued by financial institutions with which you transact business (e.g. PCI standards) & store payment card data in an encrypted or tokenised form? Yes No

If 'No', please supply details of security measures on a separate sheet.

Property and Contents

Quote required? Yes No

If more than one location is to be insured please complete the following details for each office – please supply each other office on a separate note attaching to this proposal form.

Please provide us with your preferred sums insured:

Cover requirements	Sums insured
Buildings	£
Office fixtures and fittings	£
Office computer equipment (at premises)	£
Computer equipment (away from premises)	£
Landlords fixtures and fittings	£
Do you require cover for computer breakdown	Yes / No
Do you require Subsidence cover	Yes / No
Do you require Terrorism cover	Yes / No

- 5.7 Can you confirm the following in respect of your premises? Yes No
- i. Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material.
 - ii. 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.
 - iii. Not within 250m of a water source, have not ever been flooded or received a flood alert, and no part of your working space is below ground level.
 - iv. In a good state of repair and occupied solely as offices.
 - v. Heated by a conventional electric, gas, oil or solid fuel heating system.
 - vi. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied.
 - vii. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements.
- 5.8 Are your premises occupied for the sole purpose of the business and otherwise only as a private dwelling? Yes No
- 5.9 Are your premises unfurnished, unused or unoccupied? Yes No
- 5.10 Are your premises entirely self contained? Yes No
- 5.11 Can you confirm that you do not have more than £500,000 contents at any location? Yes No
- If 'No',**
- i. Please confirm that the location will always be protected by an intruder alarm that is subject to an annual maintenance contract, and will always be activated when unattended? Yes No
 - ii. Do you maintain secrecy of codes for the operation of the intruder alarm system and detail of such codes and all keys to the intruder alarm system shall be removed from the premises when the premises are left unattended? Yes No
 - iii. Can you confirm that the intruder alarm system is designed installed to British Standard BS4737 or EN50131 and maintained in full and efficient order by a member of an alarm inspectorate? Yes No
 - iv. Are all external doors and internal doors giving access to any part of the building not occupied by you, secured by an activated locking device when unattended? Yes No
 - v. Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of:
 - a. either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame,
 - b. or a mortise lock having specific application for emergence exit doors and which is operated by means of a conventional handle and/or thumb turn mechanism.
 - vi. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are secured by means of a key operated locking device or permanently screwed shut? Yes No

Business Interruption

Quote required? Yes No

Loss of income cover: £

OR

Additional expenditure cover only £

Indemnity period for loss of income cover (standard 12 months) OR Indemnity period for Additional expenditure cover (standard 12 months)

Legal Expenses

Quote required? Yes No

Limit of indemnity required – this will apply in the annual aggregate

5.12 Please confirm that during the last three years, you have not been involved in any legal dispute that would have been covered by this policy and exceeds £5,000 Yes No

5.13 Please confirm that during the last six months, or within the next 12 months, you have not made nor do you envisage making any structural change(s) to the business which has or may result in any redundancies? Yes No

5.14 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 5.12, 5.13 or 5.14 please provide full details on a separate sheet.

Directors and Officers Insurance

Quote required? Yes No

Limit of indemnity required £

5.15 Can you confirm the following? Yes No

- i. The company is not listed in any stock exchange
- ii. No company to be insured has suffered a pre-tax loss for more than 2 consecutive years in the last 5 years
- iii. Current liabilities do not exceed current assets for any company to be insured
- iv. No company to be insured has been the subject of bankruptcy or insolvency proceedings in the last 5 years?
- v. The company has no subsidiaries, assets, shareholders or directors in USA/Canada
- vi. To the extent there is a statutory requirement to produce financial statements, the company latest financial statements are audited or prepared by a qualified accountant, are less than 18 months old, and are not qualified

If 'No' please provide full details on a separate sheet.

Personal Accident cover for temporary workers

Quote required? Yes No

Please estimate the average number of clerical temporary workers supplied:

Please estimate the average number of manual temporary workers supplied:

6 Claims

- 6.1 Have you sustained any losses or had any claims made against you, whether or insured in the last 5 years? **(For losses which would be covered under any property insurance, you do not have to disclose a loss of less than £10,000 provided you have not sustained more than one loss in a year)** Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

- 6.2 Are there any circumstances which you are aware of or ought reasonably to have been aware of, that might reasonably be expected to give rise to any claim or loss? Yes No

If 'Yes', give full details including amounts involved.

- 6.3 Are you aware of any data breach, complaints, government actions, or investigation, involving personally identifiable information, network security, or unauthorised collection, storage or disclosure of corporate, sensitive or personally identifiable information? Yes No

If 'Yes', give details.

7 Sanctions

- Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business: Yes No

Afghanistan, Balkans (Former Rep. of Yugoslavia & Serbia), Belarus, Burundi, Central African Republic, DR Congo, Egypt, Eritrea, Guinea-Bissau, Guinea, Iraq, Lebanon, Libya, Mali, Sierra Leone, Somalia, South Sudan, Sudan, Tunisia, Ukraine, Venezuela, Yemen or Zimbabwe.

8 Disciplinary proceedings

Has any proposer / director / partner of the business:

- (i) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? Yes No
- (ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? Yes No
- (iii) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings? Yes No
- (iv) Had a proposal form declined? Yes No
- (v) Had an insurance cancelled? Yes No
- (vi) Had special terms imposed? Yes No
- (vii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? Yes No
- (viii) Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation? Yes No

If 'Yes', please provide details:

People consulted in completion of the form

Please list below the people you have consulted to assist with the completion of this form, including any external providers:

Name	Position	Location

Please continue on a separate sheet if necessary.

Confirmation

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed, refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm

Signature: _____

Date: / / _____

Print name: _____

Position: _____

Please return this application form along with any other supplementary information sheets to the address detailed below:-

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