

PRODUCT: RECRUITMENT

New Business Proposal Form

Important Note

You are required to make a fair presentation of the risk to Insurers. If You breach your duty to provide a fair presentation and any such breach was deliberate or reckless, Insurers may regard the Policy as void and are not required to return any paid Premium to You. If the breach was not deliberate or reckless, Insurers' remedy shall depend upon what Insurers would have done if You had complied with the duty of fair presentation:

1. Insurers may regard the Policy as void if Insurers would not have entered into the Policy on any terms in the absence of the breach. In this case, the Insurers must return the premium paid.
2. If the Insurers would have entered into the Policy, but on different terms (other than terms relating to premium) the Policy is to be treated as if those different terms applied from the outset, if the Insurer so requires.
3. If the Insurers would have entered into the Policy but would have charged a higher premium the Insurers may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims).

Where: (i) there has been a failure to comply with a term (express or implied), other than a term which defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time, the Insurer cannot rely on the breach of such term to exclude, limit or discharge its liability if You show that the failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred

If You breach any warranty, the Insurer's liability under the Policy shall be suspended from the time of the breach until the time when the breach is remedied (if it is capable of being remedied). The Insurer will have no liability to You for any loss which occurs, or which is attributable to something happening, during the period when the Insurer's liability is suspended.

Please answer all general questions and then answer questions relevant to the sections you require insurance for. If there is insufficient space, please provide details on a separate sheet. In addition you are required to complete the declaration on the last page of the proposal form. Copies of all information including letters supplied to should be retained. A copy of the completed proposal form can be supplied on request.

Please attach a copy of:

- **Standard Terms of Business***
- **Terms of engagement or current contract with Placed Personnel**

**Standard Terms of Business shall mean terms of business which contain an agreement that any Placed Personnel shall be under the Supervision Direction & Control of your end client so far as concerns responsibility for legal liability incurred.*

Please use BLOCK CAPITALS or tick the boxes as appropriate and return this form fully completed as soon as possible and return to:
uk_recruitment_enquiries@penunderwriting.com

NEW BUSINESS PROPOSAL FORM

INSURANCE COVER TO COMMENCE:		for 12 months (Note: insurance will not commence until this proposal has been accepted by the insurer)	
Name of Company* <small>*If you are not a Limited Company please ensure that all partners and/or principals names are detailed e.g. John & Mary Smith trading as Super Recruitment</small>			
Trading title (if applicable)			
Head Office Address <i>Name and addresses of any subsidiary companies, please use separate sheet if necessary</i>	Address Line 1		
	Address Line 2		
	Address Line 3		
	City/Town		
	Postcode		
Website address			
Date the business was established			
Temporary Staff Turnover (next twelve months) (£)		£	
Permanent Staff Turnover (next twelve months) (£)		£	
Number of Own Staff			
Please specify Company Type (please select required option)	Recruitment Company		
	Umbrella Company		
	Other		
Please provide details if above question is answered as "Other":			
Full Business Description:	Employment Agency/Business as defined in the Employment Agencies Act 1973 and subsequent legislation in respect thereof &/or business as advised and agreed by the company covering all Branches of the insured including Head Office'		
Please advise us of any activities carried out OUTSIDE of Employment Agency and/or Business on a separate sheet if necessary			
Is Terrorism cover required? (please indicate as appropriate)	YES	NO	

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PREVIOUS HISTORY		
Previous Cover(s)	Name of previous Insurers and Policy numbers	Expiry Date of Policies
Liabilities (inc. Drivers Negligence if applicable)		
Professional Indemnity (inc. Fidelity Bonding if applicable)		
Property		
Legal Expenses		
Personal Accident		
Directors & Officers		

GENERAL DECLARATIONS & MATERIAL FACTS		
Please answer all General Declarations and General Material Facts. The following are statements provided about You		
Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity, had a proposal refused or declined or ever had an insurance cancelled, renewal refused or had special terms imposed? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity had any convictions, criminal offences or prosecutions pending other than motor offences? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or receivership/ insolvency proceedings? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		

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Have there been any incidents over the last 5 years that could have, OR have, given rise to a claim? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
Are you (the proposer) or any of the named Insureds or beneficiaries subject to trade and economic sanctions of the UN, EU, US, UK and any other relevant jurisdiction? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
After enquiry, are any of the Partners/Directors aware of any circumstances which are likely to give rise to a claim against the firm of their predecessors in business or any of the present or former Partner/Directors? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
Any work in nuclear installations, petrochemical works or offshore? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
Any work in aviation, rail, ports or power stations, or involving asbestos? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes":		
Do you supply any workers within the following industries? (please indicate as appropriate) <ul style="list-style-type: none"> • NGOs, charities/aid organisations, public entities; • Jails, remand or detention centres, immigration centres, bail hostels; • Healthcare operations involving admitted patients; • Residential exposures such as child/adult assisted living, rehabilitation centres, educational establishments; • non transient captive public exposure (eg cruise ships). 	YES	NO
Please provide details if above question is answered as "Yes":		

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COMBINED LIABILITY		Quote required?	YES	NO
IMPORTANT: Employers Reference/PAYE Number (ERN) **Insurers who underwrite employers' liability insurance are legally required to supply data regarding Employers Reference/PAYE Numbers to a centralised database known as the Employers' Liability Database (ELD), so this information is required.**				
Name and addresses of any subsidiary companies, please use separate sheet if necessary:		ERN/PAYE Ref:		
		ERN/PAYE Ref:		
		ERN/PAYE Ref:		
Employers Liability		Quote required?	YES	NO
Employers Liability Limit of Indemnity required (please select required option)		£0		
		£10,000,000		
		£25,000,000		
Public & Products Liability		Quote required?	YES	NO
Public & Products Liability Limit of Indemnity required (please select required option)		£0		
		£1,000,000		
		£2,000,000		
		£5,000,000		
		£10,000,000		
If a £10,000,000 Public Liability Limit is required please state why, if it is contract driven please give names of contracts where this limit is required (continue on separate sheet if required).				
Public & Products Liability Excess required (please select required option)		£250		
		£500		
		£1,000		
		£2,500		
		£5,000		
		£10,000		
Optional Extensions				
Domiciliary Care required? (please indicate as appropriate)		YES		NO
Medical Treatment required? (please indicate as appropriate)		YES		NO
Risk Information				
Do you have any contracts where you are responsible for the Supervision, Direction and Control of Placed Personnel? (please indicate as appropriate)		YES		NO

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Own staff Wage roll (next twelve months) (£)		£		
Non Supervision Direction & Control Placed Personnel Wage roll (next twelve months) (£)	Clerical	£		
	Nurse/Technical	£		
	Dom Care	£		
	Medical Treatment	£		
	Light Manual	£		
	Manual	£		
	Welding	£		
	Rail	£		
	Offshore	£		
	Supervision Direction & Control Placed Personnel Wage roll (next twelve months) (£)	Clerical	£	
Nurse/Technical		£		
Dom Care		£		
Medical Treatment		£		
Light Manual		£		
Manual		£		
Welding		£		
Rail		£		
Offshore		£		
DRIVERS NEGLIGENCE (only available when Combined Liability cover effected)		Quote required?	YES	NO
Drivers Negligence Limit of Indemnity required (please select required option)		£5,000		
		£10,000		
Drivers Negligence Excess required (please select required option)		£500		
		£750		
Estimated number of drivers on the road at any one time				
Do you supply any drivers that have been involved in 2 or more incidents resulting in a claim over the last 3 years that have given rise to a claim or may give a rise to a claim? (please indicate as appropriate)		YES		NO
Please provide details if above question is answered as "Yes"				
Do you supply any drivers under the age of 23 and/or over the age of 21 who do not hold a current Certificate of Professional Competence? (please indicate as appropriate)		YES		NO
Please provide details if above question is answered as "Yes"				

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Do you supply any drivers that do not hold a valid UK and/or equivalent European Community driving licence? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes"		
Do any of the supplied drivers hold a driving licence with endorsements other than endorsements for offences involving: Exceeding a speed limit; Failure to comply with a traffic direction sign or other traffic sign; Using a mobile phone whilst driving a motor vehicle; Using a vehicle with defective tyres; provided that the total unspent penalty points for such offences does not exceed 9 points? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes"		
Do you supply drivers without 180 days experience in the last 24 months in driving the vehicle type required, reducing to 90 days in the last 12 months subject to holding a current Certificate of Professional Competence? (please indicate as appropriate)	YES	NO
Please provide details if above question is answered as "Yes"		

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PROFESSIONAL INDEMNITY		Quote required?	YES	NO
Professional Indemnity Limit of Indemnity required (please select required option)		£100,000		
		£250,000		
		£500,000		
		£750,000		
		£1,000,000		
		£2,000,000		
		£5,000,000		
		£10,000,000		
Professional Indemnity Excess required (please select required option)		£250		
		£500		
		£750		
		£1,000		
		£1,500		
		£2,500		
		£5,000		
		£10,000		
Retroactive Date (if required)				
FIDELITY BONDING (only available when Professional Indemnity cover effected)		Quote required?	YES	NO
Fidelity Bonding Limit of Indemnity required (please select required option)		£25,000		
		£50,000		
		£100,000		
		£250,000		
Wageroll in respect of Placed Personnel supplied requiring Fidelity Bonding (next twelve months) (£)		£		
Type of goods? (please indicate as appropriate)			High Risk	Low Risk
Details of goods				

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PROPERTY		Quote required?	YES	NO
Address of premises to be insured (if different from Head Office)	Address Line 1			
	Address Line 2			
	Address Line 3			
	City/Town			
	Postcode			
	(**If more than one location to be insured, please complete a copy of this section per location**)			
Approx. Year Built				
Property Excess required (please select required option)			£250	
			£500	
			£1,000	
On which storey are you located?				
Are the buildings constructed of brick, stone and/or concrete and roofed with slate, tiles, concrete, asphalt, metal, sheet metal and/or slabs composed entirely of incombustible materials? (please indicate as appropriate)			YES	NO
Please provide details if above question is answered as "No"				
Is the premises protected by a burglar alarm system? (please indicate as appropriate)			YES	NO
Please provide details of alarm system if the above question is answered as "Yes"				
If the premises is protected by a burglar alarm, is the alarm signalling? (please indicate as appropriate)			YES	NO
Material Damage All Risks – Declared Value(s)				
Buildings (£)		£		
Landlords Fixtures and Fittings (£)		£		
General Contents (£)		£		
Computer and Electronic Equipment (£)		£		
Equipment anywhere in the UK (£)		£		
Equipment anywhere in the EU (£)		£		
Worldwide Extension required? (please indicate as appropriate)			YES	NO
Computer Breakdown – Declared Value(s)				
Increased Cost of Working (£)		£		
Reinstatement of Data (£)		£		
Computer Equipment (£)		£		

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Business Interruption		
Increased Cost of Working	Sums Insured (£)	£
	Indemnity Period (Months)	12
	(please select required option)	24
		36
Loss of Income	Gross fee income for the last full financial year (£)	£
	Indemnity Period (Months)	12
	(please select required option)	24
		36
Accounts Receivable	Sums Insured (£)	£
	Indemnity Period (Months)	12
	(please select required option)	24
		36
Loss of Rent	Sums Insured (£)	£
	Indemnity Period (Months)	12
	(please select required option)	24
		36
If you required cover for Multiple Properties please provide the above details for <u>each</u> additional Property		

LEGAL EXPENSES		Quote required?	YES	NO
Legal Expenses Limit of Indemnity required (please select required option)			£100,000	
			£250,000	
Have you had to initiate or defend any legal expenses insurance claim or legal proceedings (including hearings before Employment Tribunal) in the past 3 years? (please indicate as appropriate)			YES	NO
Please provide details if above question is answered as "Yes"				
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 3 years? (please indicate as appropriate)			YES	NO
Please provide details if above question is answered as "Yes"				

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PERSONAL ACCIDENT	Quote required?	YES	NO
Personal Accident Limit of Indemnity required (please select required option)	£5,000		
	£10,000		
	£25,000		
Number of Own Staff			
Average number of Clerical/technical temporaries			
Average number of Homecare/Nursing temporaries			
Average number of Manual temporaries			

DIRECTORS & OFFICERS	Quote required?	YES	NO
Directors & Officers Limit of Indemnity required (please select required option)	£250,000		
	£500,000		
	£1,000,000		
	£2,000,000		
	£3,000,000		
	£5,000,000		
Directors & Officers Excess required (please select required option)	£0		
	£250		
	£500		
	£750		
	£1,000		
	£1,500		
	£2,500		
	£5,000		
Employers' Practice Liability Extension? (please indicate as appropriate)		YES	NO
Entity Extension? (please indicate as appropriate)		YES	NO
Is the proposer anything other than a UK, privately owned company? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Does any proposer, director or partner of the Trade or Business or its Subsidiary Companies have assets or employees in the USA that represent more than 25% of the proposer's total consolidated assets or total employee numbers? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			

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Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies within the last 12 months issued a profits warning and/or in the proposer's latest audited report and accounts the auditors have made a qualified opinion and/or cast doubt as to whether the company is a going concern? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Does any proposer, director or partner of the Trade or Business or its Subsidiary Companies have any debt arranged in the USA? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Does any proposer, director or partner of the Trade or Business or its Subsidiary Companies require cover for any directors who hold outside board positions in the USA? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Is a written grievance procedure not in place under any of the proposer(s), director(s) or partner(s) Business or its Subsidiary Companies? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Any current or future planned employee layoffs will not be undertaken without seeking legal advice? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Are there any circumstances that might reasonably be expected to give rise to any claim/loss and/or have given rise to any claim/loss against any of the Directors or Officers of the Company or its subsidiaries in the last 5 years? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			
Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever been disqualified from holding company directorship? (please indicate as appropriate)		YES	NO
Please provide details if above question is answered as "Yes"			

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CLAIMS

Please provide details of any claims or notifications of claims in last 5 years:

Incident Date	Claim Type/Cause/Description	Paid Amount	Outstanding	Incurred

ADDITIONAL INFORMATION

Please advise any additional information

Signed _____ Dated _____

Print FULL Name _____

Position _____

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

Note: Please remember to include copies of your current Standard Terms of Business and current contract(s) with Placed Personnel

NEW BUSINESS PROPOSAL FORM

Data Protection

Pen Underwriting are committed to protecting and respecting your privacy.

Any personal data you supply to us will be treated in accordance with the Data Protection Act 1998 (the "Act") and any other legislation intended to protect your personal information and privacy.

Any personal data provided to us, including sensitive personal data (such as information relating to health or criminal convictions), will be processed by us for the purposes of:

- a) providing insurance, handling claims and any other related purposes.
- b) offering renewal, research or statistical purposes.
- c) providing you with information, products or services that you request from us or which we feel may interest you, where you have consented to be contacted for such purposes.
- d) notifying you about changes to our service.
- e) safe-guarding against fraud and money laundering.

The personal data that we collect from you may be transferred to, and stored at, a destination outside the European Economic Area ("EEA"). It may also be processed by staff operating outside the EEA who work for us or for one of our suppliers. Such staff may be engaged in, among other things the provision of support services. Where we transfer your personal data outside of the EEA, we will take all steps reasonably necessary to ensure that it is treated securely.

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include:

- a) our group companies, which means our subsidiaries, our ultimate holding company and its subsidiaries, as defined in section 1159 of the UK Companies Act 2006.
- b) affinity partners.
- c) reinsurers.
- d) other insurance intermediaries.
- e) insurance reference bureaus.
- f) credit agencies.
- g) medical service providers.
- h) fraud detection agencies.
- i) loss adjusters.
- j) solicitors/barristers.
- k) accountants.
- l) regulatory authorities; and
- m) as may be required by law

You have the right to ask us not to process your personal data for marketing purposes. We will usually inform you (before collecting your data) if we intend to use your data for such purposes or if we intend to disclose your information to any third party for such purposes. You can exercise your right to prevent such processing by checking certain boxes on the forms we use to collect your data. You have the right to access any personal information we hold about you. Your right of access can be exercised in accordance with the Act. Any access request may be subject to a fee of £10 to meet our costs in providing you with details of the information we hold about you.

For access to your personal data please write to; The Data Protection Officer, Pen Underwriting, The Walbrook, 25 Walbrook, London, EC4N 8AW

For full details of our privacy policy please visit our website at www.penunderwriting.co.uk