



Underwriting Agency Pty Limited

# PROPOSAL FORM

FOR

# EMPLOYMENT AGENCIES

ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. DO NOT LEAVE ANY QUESTIONS UNANSWERED.

ALL MATERIAL FACTS MUST BE DISCLOSED, AS FAILURE TO DO SO MAY NULLIFY ANY POLICY OR CERTIFICATE ISSUED.

IF YOU CONSIDER THAT ANY QUESTION REQUIRES KNOWLEDGE WHICH YOU ARE UNABLE TO PROVIDE, INDICATE THIS IN YOUR ANSWER OR ASK **HIGH STREET UNDERWRITING AGENCY PTY LIMITED** FOR ADVICE.

**High Street Underwriting Agency Pty Limited**

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# PROFESSIONAL INDEMNITY INSURANCE

## PROPOSAL FORM FOR EMPLOYMENT AGENCIES

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- (A) Please complete this form and answer all questions. (If there is insufficient space, please use your headed notepaper)
- (B) Please enclose any brochures or leaflets issued by the Firm(s).
- (C) Please enclose any information in your possession, which you think may be material to any estimate of the risk to be insured, to prospective Insurers attention using your headed notepaper.
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1. Name under which the Business is conducted and any other Company (e.g. Predecessor in Business) for whom cover is required.

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2. (a) Address of Head Office

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Tel: ..... Fax: ..... E-mail:.....

(b) Is the Firm associated with any other Firm(s)?

Yes: ..... No: .....

If "Yes", please name such Firms

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.....

(c) Please describe the nature of the relationship (e.g. Holding Company or Subsidiary)

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.....

(d) Please provide the name of such Holding/Subsidiary/Associated Companies where cover is required for claims made by such Companies against the Proposer (detailed in Question 1) where such claims have emanated from an independent Third Party.

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- (e) Please detail the professional Business undertaken for the Firm(s) listed in Question 2(d) showing as a percentage of those Turnover/Payroll figures identified in answer to Question 8.

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3. Date(s) Company(ies) named in answer to Question 1 was/were established

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4. Please give a full description of all business activities undertaken by the Company(ies) identified in answer to Question 1.

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.....  
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5. (a) Are all Companies identified in answer to Question 1 nationally accredited?

Yes: ..... No: .....

If "Yes", please give date(s) from which accreditation was awarded

.....

- (b) Are you or any of the Partners, Directors, Principals or Employees aware of any circumstances which might give rise to withdrawal of ISO9000 (BS5750) accreditation or the issue of a notification of non-compliance?

Yes: ..... No: .....

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6. Please state the date of the Financial Year end relative to those Companies shown in answer to Question 1

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7. (a) Do you supply Temporary Workers?

Yes: ..... No: .....

If “Yes”, please complete the following:

Type of Work <small>(i.e. clerical, technical or manual, etc.). Please describe <b>FULLY</b></small>	Terms of Business	Turnover		Payroll	
		Last Financial Year	Current Financial Year	Last Financial Year	Current Financial Year
	Standard	\$	\$	\$	\$
	Non-Standard	\$	\$	\$	\$
	Standard	\$	\$	\$	\$
	Non-Standard	\$	\$	\$	\$
	Standard	\$	\$	\$	\$
	Non-Standard	\$	\$	\$	\$
	Standard	\$	\$	\$	\$
	Non-Standard	\$	\$	\$	\$
<b>TOTAL:</b>		\$	\$	\$	\$

(b) Number of Temporary Workers at any one time:

(i) on average .....

(ii) maximum .....

(c) please supply a copy of:

(i) Standard Terms of Business, and

(ii) Non-Standard Terms of Business;

to include both those produced by the Companies named in Question 1 and those produced by the clients of those Companies named in Question 1.

8. Do any of your contracts involve work offshore?  
(Offshore means working on or from an offshore rig, platform, or similar module)

Yes: ..... No: .....

If "Yes", please give details

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.....  
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9. (a) Do you supply any Temporary Workers to the Aviation, Nuclear, Power Generation or Petro-Chemical Industry?

Yes: ..... No: .....

If "Yes", please give details

.....  
.....

(b) Do Temporary Workers supplied become involved in the use of electric oxy-acetylene welding or flame cutting plant, blowlamps or torches when working under non-standard contract terms and conditions?

Yes: ..... No: .....

If "Yes", please give brief details

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.....  
.....

10. (a) Please state approximate percentage of income relating to persons who will work overseas for each location:

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.....  
.....  
.....

10. (b) Please state the governing law for such overseas contracts:

.....

(c) Are these contracts always on Standard Terms and Conditions of Engagement?

Yes: ..... No: .....

If "No", please provide copies of non-Standard specimen contracts used

(d) Are such persons UK nationals who will temporarily reside overseas?

Yes: ..... No: .....

(e) How many individuals placed will be working overseas during the current Financial Year?

.....

(f) Estimated number of individuals placed overseas during the next Financial Year

.....

11. Total Fees for Permanent Placements:

\$..... last Financial Year

\$..... estimate for current Financial Year

12. Do you have any offices or Parent or Subsidiary Companies based outside Australia:

Yes: ..... No: .....

If "Yes", please give location details of each

.....  
.....  
.....

13. Limit of Indemnity required for:

(a) Professional Indemnity e.g. \$500,000 \$1,000,000  
\$2,500,000 \$5,000,000

other \$.....

(b) Public Liability e.g. \$2,500,000 \$5,000,000  
\$12,500,000

other \$.....

14. Have you suffered any losses or claims which would have been covered by insurance of this nature?

Yes: ..... No: .....

If "Yes", please give full details using the pro forma on Page 9.

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15. Has any Insurer ever declined to provide cover or imposed special terms?

Yes: ..... No: .....

If "Yes", please give full details

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.....

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16. Is any Director, Partner, Principal or Employee aware, after full enquiry, of any claim, potential claim or circumstance relating to this type of insurance or any facts that may affect the Insurers consideration of this insurance?

Yes: ..... No: .....

If "Yes", please give full details using the pro forma on Page 9.

**DECLARATION:**

I/We declare that the statements and particulars in this Proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance.

For and on behalf of: .....  
(Insert name of Firm)

Signature of Principal/Partner/Director: .....

Dated: .....

*A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS*

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**IMPORTANT**

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek your Broker's advice.

**ASSURED:**

**DATE:**

Date Notified

Details of Circumstance

Reserve  
(and when set)

Payments  
(and when paid)

Open/Closed

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1)

Claimant

Cause/Alleged Cause

Current Status:

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2)

Claimant:

Cause/Alleged Cause

Current Status:

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