

## This Recruitment Insurance Questionnaire

Please complete the questions below and return this form to This Recruitment. If you require any assistance with this form please contact us on **0800 454 632** and we will be happy to help.

General Information			
Contact Name:			
Email Address:			
Full Trading Title:			
Business Address:			
Postcode:		Telephone Number:	
How did you hear of This Recruitment?			
Current Insurance Provider?			
Renewal Date?			
Current Premium?			
Date the business was established (DD/MM/YY):			/ /
What is your Estimated Annual Turnover:			£
Please provide us with your ERN (Employer Reference Number)			
Are you an REC Member?			Select
Do you have REC Audited Status?			Select
Please provide us with your REC membership number			
Have you or any of your Partners, Principals or Directors been insured in connection with this or any previous business (in this or any other name) against any of the risks proposed?			Select
Are you or any of your Partners, Principals or Directors currently insured in connection with any other business (in this or any other name) against any of the risks proposed?			Select
Please answer the following questions in relation to this business or any previous business in which you or your Partners or Directors have traded, in this or any other name;			
(i)	Has any Insurer declined to insure you or them, cancelled or refused to renew your or their insurance or imposed special terms;		Select
(ii)	Been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a Company Director or been involved as Owner or Proprietor with any Company which went into receivership, administration or liquidation,		Select
(iii)	Been the subject of any County Court Judgements or Sheriff Court Decrees,		Select
(iv)	Been convicted or charged (but not yet tried) with any criminal offense,		Select
(v)	Committed any offence to which you or they have admitted and for which you or they have received an Official Police Caution.		Select
Do you conduct business under Terms of Business as recommended by the REC?			Select

In the last 3 years have you been taken over, merged with or taken over any other company, and to the best of Your knowledge and belief it is likely that Your business will not take over another firm within the next 12 months	Select
To the best of Your knowledge and belief are any redundancies envisaged in Your business within the next 12 months?	Select
Are there any disputes currently on-going in Your business involving Employees or any other business with whom You have entered into a contract?	Select
In the last 3 years have there been any legal disputes or actions, prosecutions or HM Revenue & Customs investigations?	Select
Do you have a written Contract of Employment for Your own Employees with reference to and dismissal procedures?	Select
Will you make all reasonable endeavours to supply suitable and competent Temporary Workers and / or Permanent candidates as requested by Your clients?	Select
All the necessary Statutory, Regulatory and Licence checks will have been made?	Select
You carry out criminal records bureau (CRB) checks as required by law or when requested by Your clients?	Select
Are you represented in any way outside of the United Kingdom (e.g. By subsidiary company, local office, local representatives or by any other person or concern holding a power of attorney on behalf of the business/practice)?	Select
Do you supply any workers to: Agricultural/Forestry/Horticultural/Shell Fish Gathering or Food Processing & Packaging Industries? If so, do you hold a Gangmaster's License?	Select
Are all fees derived from within the United Kingdom (including the Channel Islands and the Isle of Man)	Select
Are all temporary workers supplied under your standard Terms of Business?	Select
<b>Terms of Business will need to state that the client / end user is responsible for;</b> (i) the suitability of any permanent placement (ii) the direction / supervision, acts or omissions of the temporary worker (iii) arranging Employers and Public Liability for the temporary worker	
Are you aware of any losses or claims within the last 5 years, or incidents which could give rise to any claim? If so, please provide details in the space provided at the end of this form.	Select
<b>Employers &amp; Public Liability</b>	
Is cover required for Employers' and Public Liability?	Select
Current Employers' Liability Limit of Indemnity?	Select
Current Public Liability Limit of Indemnity?	Select
Does the client place permanent staff only?	Select
Are temporary workers supplied to any High Risk Premises?  <b>High Risk Premises are defined as;</b> (i) Power stations, nuclear installations / establishments (ii) Oil, gas and chemical (refineries / bulk storage or production), (iii) Mainframe computer rooms, (iv) Aircraft, aerospace systems or hovercraft, watercraft (either in docks, harbours, boatyards or inland), (v) Railways or airports (vi) Underground or underwater. (vii)	Select
Are temporary workers using Heat Equipment (other than soldering irons and blow torches)? If YES, what type please state?	Select
Are all Temporary Workers on a Contract for Services?	Select
Do you always conduct business under the Terms of Business recommended by the REC? (If NO, please supply a copy of your standard contract terms)	Select

Do you only supply temporary workers that are <b>UK resident</b> ? If NO, please supply details of non-UK residents?	Select
Do you only supply temporary workers to businesses within the EU? If NO, to which Countries are they supplied?	Select
<b>Wages paid to temporary workers placed under Standard Terms of Business only;</b>	
Clerical Staff/Non-manual	£
Medical / Nursing Staff	£
Domiciliary Staff	£
Light Manual	£
Manual Staff	£
Staff involved in welding and Heat work (other than work involving soldering irons and blow torches)	£
Rail work (Safety Critical)	£
<b>Wages paid to temporary workers placed under Non Standard Contract;</b>	
Clerical Staff/Non-manual	£
Medical / Nursing Staff	£
Domiciliary Staff	£
Light Manual	£
Manual Staff	£
Staff involved in welding and Heat work (other than work involving soldering irons and blow torches)	£
Rail work (Safety Critical)	£
<b>Drivers Negligence - standard limit £30,000</b>	
Is Drivers Negligence cover required?	Select
If so, please select the required limit per accident:	Select
Excess level per claim:	Select
Please confirm the number of drivers you supply:	
<b>Cover will only be granted for drivers who;</b> <b>(i) Are over the age of 23 years, and;</b> <b>(ii) Hold a full driving licence with no unspent Endorsements other than speeding and/ or parking offences totalling a maximum of nine points, and</b> <b>(iii) Have held the appropriate Licence for the particular class of vehicle to be driven for at least two years;</b> <b>(iv) Have worked for more than 180 days in the last 24 months as a driver.</b>	
<b>Fidelity Bonding - Standard limit £250,000</b>	
Is cover required for Fidelity Bonding?	Select
Please supply the wageroll paid to temporary staff handling theft attractive goods:	£
Please supply the wageroll paid to temporary staff handling all other goods:	£
Excess:	Select

<b>Professional Indemnity Insurance</b>		
Do you require cover for Professional Indemnity?	Select	
Do you currently have Professional Indemnity cover?	Select	
If so, please confirm your current retroactive date:	/ /	
Please select the Limit of Indemnity you require:	Select	
Please provide your business turnover during the last financial year split between;		
Placement of permanent staff:	£	
Placement of temporary workers placed under your standard terms of business:	£	
Placement of temporary workers placed under non standard contract terms:	£	
Excess:	Select	
<b>If you are a start up company, please show future estimated turnover figures in the above questions.</b>		
<b>Office package Insurance</b>		
Do you require cover for Office Package cover?	Select	
Please advise if you require subsidence cover:	Select	
<b>Please specify the sums insured you require;</b>		
Buildings	£	
Are the buildings constructed of brick, stone or concrete and roofed with slate, concrete, tile, metal or asbestos?	Select	
Are the buildings occupied for the sole purpose of The Business and otherwise only as a private dwelling?	Select	
Are the buildings unfurnished, unused or unoccupied?	Select	
Are The Premises entirely self contained?	Select	
Is Minimum Security in place?	Select	
Office Fixtures and Fittings:	£	
Office Computer Equipment:	£	
Landlords fixtures and fittings:	£	
<b>Business Interruption All Risks</b>		
Loss of Income cover:	Select	£
Indemnity period for loss of revenue cover (Standard 12 Months):	Select	
OR		
Additional Expenditure cover:	Select	£
Indemnity period for Additional Expenditure (Standard 12 Months):	Select	
AND		
Book Debts (Outstanding Debit Balances cover):	£	
Is cover required for computer breakdown?	Select	
<b>If you require cover for more than one premises, please supply a list of premises with full addresses including postcodes, with a breakdown of the sums insured required at each location.</b>		

<b>Business Equipment "All-Risks" Cover</b>			
Do you require cover for business equipment whilst away from your premises?			Select
If so, please list the items and sums insured required;			
Item Description	Sum Insured	Territorial Limits	Excess
1.	£	Select	£
2.	£	Select	£
3.	£	Select	£
4.	£	Select	£
<b>Personal Accident for Temporary Workers</b>			
Do you require personal accident cover for your temporary workers?			Select
If so, Please estimate the average number of clerical temporary workers supplied:			
And, estimate the average number of manual temporary workers supplied:			
<b>Terrorism Cover</b>			
Do you require Terrorism cover:			Select
<b>Additional Information</b>			
Please add any additional information in the box below;			

## Declaration

Please read the declaration carefully and sign at the bottom.

### Material Information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

### Data Protection

By signing this proposal form you consent to Thistle Insurance services Ltd using the information that we hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean that we have to give some information to third parties involved in providing insurance cover. These may include insurance carriers, third- party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal data relates to any one other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

### Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal of insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is conducted, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand the non-disclosure or misrepresentation of a material fact or matter will entitle Thistle Insurance Services Ltd to avoid this insurance.

I/We agree that the proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principle/Partner/Director

**Monday, 13 June 2011**

Date

**Please return the form to the address below:**

**Thistle Insurance Services Ltd**

**Southgate House**

**Southgate Street**

**Gloucester**

**GL1 1UB**

**Or alternatively email the completed form to: [JLTPR@JLTGroup.com](mailto:JLTPR@JLTGroup.com)**