

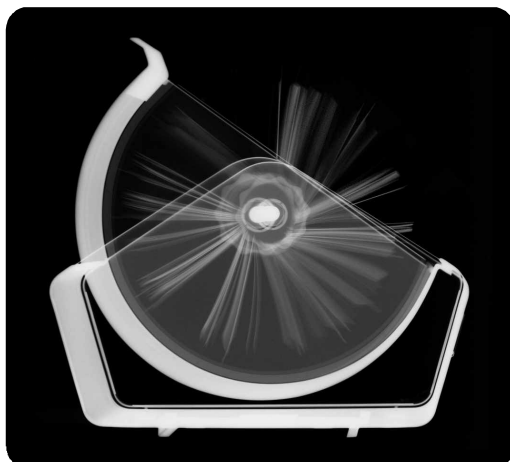
# Professional Insurance Portfolio



## Proposal Form Recruitment Consultants

**The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.**

You must complete the General Information section, the Claims section and read and sign the Declaration.





**GENERAL  
INFORMATION**

**You must complete this section.**

**Company Name:**

**Main Address:**

Postcode

Please provide similar details for any other Companies or Businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

**Additional Insured  
Name & Address:**

Postcode

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

**Additional Liabilities:**

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio Proposal Form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

If YES, please provide details:

YES  NO

**Year Business Established:**

**Total Income:**

	Last Completed Financial Year	Current Year	Estimate Next Year
UK Law Contracts	£	£	£
EU Law Contracts	£	£	£
US Law Contracts	£	£	£
Other Law Contracts	£	£	£

**Number of Employees:**

Last Year	Current Year	Estimate Next Year

**Your Experience:**

Please confirm that one or more of the Principals has at least 5 years experience in the relevant industry.

If NO, please provide CV's for all Principals

YES  NO

**PROFESSIONAL  
INDEMNITY FOR  
RECRUITMENT  
CONSULTANTS**

"your business, your client, your reputation.....your covered"

**OPTIONAL - Only complete this module if this insurance cover is required.**

**Your Business Activity**

1. Do you supply temporary/contract workers? YES  NO   
(If YES, please complete table below)

	Standard terms of business	Non-standard terms of business
Drivers & or persons whose duties include responsibility for money or goods		
Executive, technical, specialist and professional staff		
Clerical, non-professional staff		
Medical staff		
IT staff		
Other (please give details)		

2. Total Turnover for permanent placements: £

3. Average & largest package of personnel placed: £

4. Do any of your contracts involve:
- i) Work offshore? YES  NO
- ii) Aviation? YES  NO
- iii) Nuclear power? YES  NO
- iv) General/petrochemical industries? YES  NO

**Interviewing/Vetting Procedure  
- Permanent Staff**

5. Are you responsible for interviewing proposed staff? YES  NO

6. Do you select, choose or place staff for clients without referral? YES  NO

7. Are you responsible for checking references & qualifications? YES  NO   
If YES, are gaps in references always checked? YES  NO

- Have you ever bought Professional Indemnity Insurance in the past? YES  NO

If YES, please provide details:

Name of Insurer	Limit of Indemnity	Excess	Premium	Renewal Date	No. of years Continuously Held

**CLAIMS**

**You must complete this section.**

**Please complete the claims questions for any risk now to be insured under the following insurance covers.**

In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which is likely to lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES  NO

A client withholding payment due to you after any complaint.

YES  NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES  NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES  NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES  NO

Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or insolvent or made arrangements with creditors?

YES  NO

If you answered "YES" to any of the above, please provide full details.

**Professional Indemnity**

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES  NO

**In respect of the following insurance covers:**

**Internet & Email, Property Buildings, Property Contents, Property Loss of Income, Group Travel, Personal Accident & Illness, General Liability - Public & Products, Employers Liability, Employment Practices Liability**

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

YES  NO

If "YES" please provide full details below:

Date	Details	Amount	Remedial Action

Please continue on a separate sheet if necessary.



## DECLARATION

**You must complete this section.**

**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 Hiscox using the information we may 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 health information or criminal convictions). This may mean we have to give some details 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 information relates to anyone 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 for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, 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 that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

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

Signature of Principal/Partner/Director

Date

**A copy of this proposal should be retained for your records.**

## COMPLAINTS

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

**Telephone:** 020 7448 6250

**Email:** customerservices@hiscox.com

**Address:** Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX.