



[Professional Liability Application]

PROSURE RECRUITMENT APPLICATION



canSURE

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PROSURE RES APPLICATION

INSURANCE FOR RECRUITMENT, EMPLOYMENT & STAFFING AGENCIES

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means the information you provide in this application form must be complete, accurate and not misleading. It also means you must tell us all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us, this application form will form the basis of the contract.

HOW TO COMPLETE THIS FORM

Whoever fills out this form must be a principal, partner or director of the applicant firm and should make all the necessary inquiries of their fellow partners, directors and employees to enable all questions to be answered. If you require extra room to complete answers to questions contained within this application form please continue your response in the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

PART 1 COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company:

Contact name:

Address:

Postal Code:

Telephone:

Email Address:

Fax:

Website:

- 1.2 Please state when your company was established:

DD | MM | YY

- 1.3 Please briefly describe below the nature of your business activities:

- 1.4 a) How many directors / officers / partners are there in the company?

b) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications

c) Please state the number of employees (own staff): _____

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

Average: _____ Maximum: _____

1.5 Please provide the following financial information:

	Last complete financial year	Estimate for current financial year
Revenue:		
Own staff revenue:		
Payments to temporary placed personnel :		
Date of financial year end: DD MM YY	Currency:	

If any of your turnover is derived from overseas activity, please state the amount below:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
USA revenue:			
Other territory revenue:			

1.6 Please provide details of any non-standard terms of business in the space provided below, paying special attention to the guidance provided in the important notes. Non-standard terms of business are assessed on a case by case basis and we may request copies of any non-standard terms of business, where deemed necessary:

IMPORTANT: please read these notes carefully:

For the purpose of completing the application form, we have provided the following categories for terms of business:

a) "standard terms of business" mean a contract containing a clause stating any placed personnel will be under the supervision, direction and control of your client;

b) "non-standard terms of business" mean any contractual agreement for the supply of personnel which does not comply with your standard terms of business, as set out in a) above.

Name of client you deal with under non standard terms of business	Category of workers supplied (see category list in question 1.7)	Contract value for this client

1.7 Please separate payments to temporary placed personnel between the categories listed below:

	Standard	Non Standard
Clerical (white collar activities):		
Technical or IT (white collar with occasional site visits):		
Medical or nursing:		
Light manual (warehouse or light industrial):		
Drivers:		
Manual (construction or heavy industrial):		
Domicillary care:		
Safety critical rail:		
Offshore (oil rigs and platforms):		
Care plan or independent living support:		

1.8 Do you provide the appropriate background checks on all prospective personnel, prior to placement? Yes No
If no, please explain.

1.9 Do you belong to any association related to these activities? Yes No
If yes, please list these associations below:

2.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address: _____

Postal code: _____

Premises 2

Address: _____

Postal code: _____

Please continue on a separate sheet if more than 2 premises are to be insured.

2.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: _____

Interest of party: _____

Address: _____

Postal code: _____

2.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b) 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? Yes No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d) In a good state of repair? Yes No
- e) Self contained with a lockable entrance door? Yes No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j) Sprinklered, either fully or partially? Yes No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered no to any of the above questions then please give further details:

2.4 Please detail the amounts to be insured below for each premises (complete only if you require property cover).

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount Insured Premises 1	Amount Insured Premises 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
All contents wherever located:		

Please list any alternative locations in question 3.1



2.5 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items: _____

Please also state the approximate percentage of the time that these items are away from your premises: _____

2.6 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents: _____

Please also state the approximate percentage of the time that these contents are away from your premises: _____

2.7 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover).
You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

Item	Amount Insured	Indemnity Period
Business Interruption Cover:		

PART 3 CLAIMS EXPERIENCE AND INSURANCE HISTORY

3.1 a) Please provide details of your current or required insurance policies:

Type of insurance	Inception/ expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
Employee benefits liability:	MM YY					N/A
Commercial general liability:	MM YY					N/A
Errors or omissions:	MM YY					MM YY
*Placed personnel dishonesty:	MM YY					MM YY
Cyber & privacy liability:	MM YY					MM YY

**Placed personnel dishonesty only available when errors and omissions is being purchased.*

b) If you have requested placed personnel and are supplying drivers or warehousemen, please provide the following details:

Client name	Type of goods handled	Indemnity required	Contract value

3.2 Regarding all of the types of insurance to which this application form relates, AFTER FULL ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last five years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than three hours?

With reference to questions a, b, c, d and e above:

Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers and, the dates of all developments and payments.

PART 4 **DECLARATION**

- I /we declare that after proper enquiry the statements and particulars given above are true and that I /we have not mis-stated or suppressed any material fact.

- I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

- I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____

Full Name: _____

Position held at Insured: _____

Date: DD | MM | YY _____



