



Recruitment Consultants Professional Liability Insurance

PROPOSAL FORM

Important Notice

Claims-Made and Notified Insurance

This policy is issued by Alpha Insurance Limited on a claims-made and notified basis. This means that the policy only covers Claims (as defined) first made against you during the Policy Period (as defined) and notified to the insurer in writing during the Policy Period. The policy does not provide cover for any Claims made against you during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you.

This policy contains a "Prior Claims/Circumstances" Exclusion for loss in connection with any claim:

- a) made prior to or pending at the inception of this policy; or
- b) arising out of, based upon or attributable to any circumstance that, as of the inception of this policy, may reasonably have been expected by any Insured to give rise to a Claim.

This policy does not provide cover for Claims arising from any Wrongful Acts which take place before the Retroactive Date

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

However, your duty of disclosure does not require you to disclose matters:

- a) that diminish the risk to be undertaken by the insurer;
- b) that are of common knowledge;
- c) that your insurer knows, or in the ordinary course of its business, ought to know;
- d) as to which compliance with your duty of disclosure is waived by the insurer.

Your duty of disclosure continues after the proposal form has been completed up until the Policy Period commences.

Consequences of Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Subrogation

This policy contains provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss where you have prejudiced the insurer's rights of subrogation where you are a party to an agreement which excludes or limits insurer's rights to recover the loss from another party. You are hereby notified of the effect of these provisions.

Details of Proposer

Company Name: _____

Trading Name: _____

Contact Person: _____

If you intend to claim an Input Tax Credit for the premium paid for this policy, please specify the percentage of the premium you will be claiming:

_____ %

Company's main office: _____

Street Address: _____

Postal Address: _____

Suburb: _____ Province: _____

Telephone: _____ Facsimile: _____

Website: _____ Email Address: _____

- a) During the past 3 years has the:
- i) Name of the Company changed? YES / NO
 - ii) Company acquired, merged or taken over any other Company(s), or been acquired, merged or taken over by any other Company(s)? YES / NO
- b) Is any acquisition, tender offer or merger pending or under consideration by the Company? YES / NO
- c) Is the Company aware of any proposal relating to its acquisition by another company? YES / NO

If "Yes" to any of the above, please provide full details (use a separate sheet of your letterhead if insufficient room below), including confirmation of the position relating to past liabilities assumed by either party/ Company(s).

Please provide details of the current partners/principals/directors of the Company:

Name of Partner/Principal /Director	Professional Body/Society Name	Qualification(s)	Year Qualified	How many years as a Partner / Principal / Director	
				This Company	Previous Company

Use a separate sheet of your letterhead if insufficient room above.

Are you a current member of any Recruitment & Consulting Services Association? YES / NO

If 'Yes' which one?

Please provide details of current staff numbers:

- a) Partners / principals / directors: _____
 - b) Other qualified / technical personnel: _____
 - c) Administration & clerical personnel: _____
- Total:** _____

Details of the Business

Please state gross income / fees for each of the activities set out below:

<i>Services</i>	<i>Past 12 Mths – Actual</i>	<i>Next 12 Mths - Est</i>
Recruitment Services (permanent placement only) - candidate placement, permanent placement and executive search		
Employment Consulting Services in the areas of occupational health & safety, human resources, employment equal opportunity, employee relations, change management, outplacement, psychological testing, training & induction and payroll management for On-Hired Contractors only.		
On-Hired Employee Services - labour hire of employees, trainees and apprentices.		
Incorporated Contractors – labour hire of individuals, partnerships, companies and trusts.		

Use a separate sheet of your letterhead if insufficient room above.

Risk Management Questions

Does the Company always conduct at least two verbal reference checks and specifically ask each referee about the honesty and trustworthiness of a candidate? YES / NO

If 'No' to the above, does the Company advise clients that verbal reference checks have not been conducted and disclaim in writing any responsibility for subsequent loss arising from the failure to conduct such checks? YES / NO

If 'No', please provide details of why not (use a separate sheet of your letterhead if insufficient room below).

Does the Company always use the RCSA On-Hire Agreement (Conditions of Assignment) when placing On-Hire Employees? YES / NO

If 'No' to the above question, do they use an agreement which is worded in substantially the same terms as the RCSA On-Hired Agreement including a complete description of the services to be supplied and a full disclaimer of liability in respect of personnel supplied? YES / NO

If 'No' to either of the above, please provide a copy of the agreement used.

Does any one contract or client represent more than 50% of the Company's gross annual income / fees? YES / NO

If 'Yes', please provide details of the name of the client and what service(s) are provided (use a separate sheet of your letterhead if insufficient room below).

Claims Information

Please note that this policy does NOT cover known or prior claims or circumstances. Please see the Important Notice at the front of this proposal form for more information.

After enquiry of the Partners/Principals/Directors and employees, has there been or is there now pending a claim against the Company, its predecessors in business or its current or former Partners/ Principals/Directors or employees for a Breach of Professional Duty? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

After enquiry of the Partners/Principals/Directors and employees is the Company aware of any circumstance or incident which may give rise to a claim against the Company or its Partners/Principals/Directors or employees? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

After enquiry of the Partners/Principals/Directors and employees is the Company aware of any prosecution or investigation (actual or pending) of the Company or any Partner / Principal/Director or employees under any International, State or Local statute, legislation, regulation or By Law? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

After enquiry of the Partners/Principals/Directors and employees, has the Company or any Partner/Principal/Director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct? YES / NO

If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).

Details of Insurance

As at today's date does the Company have Professional Indemnity Insurance currently in force that has been paid for? YES / NO

If 'Yes' please supply details below:

- a) Insurer: _____
- b) Indemnity Limit: _____
- c) Expiry Date: _____/_____/_____
- d) Retroactive Date: _____/_____/_____

Has the Company ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance Policy? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

What limit(s) of liability does the Company require quotations for?

- a) K 1 million b) K 2 million c) K 5 million
 d) K 10 million e) Other: _____

What self insured retention is the Company prepared to carry?

- a) K1,000 b) K2,000 c) K5,000
 d) K10,000 e) Other:_____

Optional Extension for Employment Practices Liability

- a) Would you like a quotation for Employment Practices Liability coverage? YES / NO
 b) If 'Yes' has any Claim arising from Employment Practices liability ever been made against the Insured or, after enquiry of the partners/principals/directors and employees, is the Company aware of any circumstances which may give rise to a Claim against the Company or any its partners/principals/directors or employees? YES / NO

If "Yes", please supply the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letterhead if insufficient room below).

Optional Extension for Fidelity

- a) What limit(s) of liability does the Company require quotations for? (please circle one)
 K 50,000 K 100,000 K 250,000
 Cover not required
- b) As at today's date, does the Company have any fidelity guarantee/crime insurance? YES / NO
 If 'Yes' please supply details below:
- i) Insurer: _____
 ii) Indemnity Limit: _____
 iii) Expiry Date: _____/_____/_____
 iv) Deductible: _____

- c) Has the Company ever sustained any loss through the fraud or dishonesty of any employee, or after enquiry of the partners/principals/directors, and employees is the Company aware of any circumstances which may give rise to a loss against the Company? YES / NO

If "Yes", please supply the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letterhead if insufficient room below).

- d) Are monies, securities and/or negotiable instruments subject to control by at least one partner, principal or director, and one authorised signatory? YES / NO
- e) Is bank reconciliation carried out by someone not authorised to deposit into or withdraw from the bank accounts? YES / NO
- f) When recruiting or promoting Employees to positions of trust involving handling of stock, money, financial or treasury functions, does the Company undertake independent checks in their employment history? YES / NO

Optional Extension for On-hired Employee Vicarious Liability

Do you want the policy to cover the Company for claims alleging the Company is vicariously liable for loss caused by its On-Hired Employees? YES / NO

If 'Yes' to the above, please show in the categories below, the gross wages that are paid to your employees who are on-hired to a host employer:

		Past 12 months Actual	Next 12 months Estimate
Clerical/Secretarial			
Professionals	Accountants		
	Architects		
	Construction		
	Engineers		
	IT Consultants		
	Healthcare/Medical Services		
	Other		
Non-professionals	Industrial		
	Mining		
	Labourers		
	Other		

If you have indicated 'Other' above, please give details. (use a separate sheet of your letterhead if insufficient room below).

Declaration

Please Note: Signing the Declaration does not bind the proposer or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this proposal and that I have read and understood the content of that Notice.

I confirm that I am authorised by the proposing Company (and its partners/principals/directors if applicable) to complete this proposal form and to accept the quotation terms for this insurance on behalf of the Company (and its partners/principals/directors if applicable).

Name: _____

Title: _____

Signature: _____

Date: _____