

# Professional Indemnity Supplementary proposal for recruitment industry



Employment agents, recruitment consultants, labour - hire companies

**Instructions for completing this supplementary proposal form**

- Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
- Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
- Reference to Insured in this Supplementary Proposal Form means:
  - ▼ the entity or entities named in question 1;
  - ▼ the past and/or present employees or principals of the entity or entities; and
  - ▼ the directors of the entity or entities and all subsidiary entities for whom cover is required.

**1. Name of all entities to be insured**

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated  /  /

3. Please state the fee, turnover or wages figure requested for the following categories of activity in the last and next 12 months:

| <b>Activity</b>  | <b>Gross fees/turnover</b>   |   |
|--|--|---|
|  | Last 12 months   | Next 12 months (estimated)                              |
| <b>(a) HR consulting services:</b><br>E.g. consulting in relation to OH&S, equal opportunity, employee relations, HR management, change management, organisational development and outsourcing.  | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(b) Employment services – placement of candidates in permanent positions</b><br>The recruitment of candidates that meet the client’s requirements. This includes pre-employment screening and probity checks.   | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(c) Training and induction services in all areas including group training.</b>  | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(d) Other – please describe</b><br><input style="width: 100%; height: 25px;" type="text"/>  | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(e) On-hired employee services (labour hire)</b><br>The supply of the labour hire company’s own employees to clients to carry out specific work at a workplace determined by the client.  | <b>Gross wages earned from host employer less gross wages paid to on-hired employees</b> |   |
|  | Last 12 months   | Next 12 months (estimated)                              |
| <b>(i) White collar</b><br>The employees may have professional qualifications and perform office based work or light manual work e.g. clerical, secretarial, hospitality, professionals such as accountants, architects, consulting engineers, IT consultants, communications consultants, nursing and health care staff and retail. | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(ii) Blue collar</b><br>The employees perform manual labour and trades e.g. welding, electrical, mechanical, plumbing, driving, stores, food processing, mining, construction, marine and aviation.   | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(f) Contacted services</b><br>The persons supplied are contractors of the employment agency, not employees. There is an agreement between the contractors and the employment agency for the contracted services.  | <b>Gross wages earned from host employer less gross wages paid to on-hired employees</b> |   |
|  | Last 12 months   | Next 12 months (estimated)                              |
| <b>(i) White collar</b><br>Refer above for description of white collar work by contractors.  | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |
| <b>(ii) Blue collar</b><br>Refer above for description of blue collar work by contractors.   | <input style="width: 100%; height: 25px;" type="text"/>                                  | <input style="width: 100%; height: 25px;" type="text"/> |

4. Does the Insured envisage any substantial changes to the activities disclosed in question 3 in the next 12 months?

No  Yes  If Yes, please describe.

|  |
|--|
|  |
|  |

5. If the Insured provides on-hired employees (labour hire) or supplies contractors as described in Q 3 e) and f), please answer the following:

- (a) Does the Insured require cover for its vicarious liability for the actions and services of contractors or employees who are on-hired to a host employer? No  Yes
- (b) Does the Insured use standard contracts for on-hired employees and contractors? No  Yes
- (c) Does the Insured carry out occupational health and safety checks on host employers prior to placing on-hired employees and contractors? No  Yes
- (d) For categories (i) and (ii) below state the percentage of the average total on-hired employees and contractors in the last 12 months in column B. No  Yes
- (e) For category (iii) below please list all professions for on-hired employees and contractors in column A and state the percentage of the average total on-hired employees and contractors in the last 12 months for each of those professions in column B. No  Yes

**Column A**

**Column B**

% of the average total on-hired employees and contractors in the last 12 months

Category

|                          |   |
|--------------------------|---|
| (i) Clerical/secretarial | % |
| (ii) Blue collar         | % |
| (iii) Professional       |   |
| <b>Profession</b>        |   |
|                          | % |
|                          | % |
|                          | % |
|                          | % |
|                          | % |
|                          | % |
|                          | % |
|                          | % |
|                          | % |
| <b>Total</b>             | % |

6. Does the Insured undertake personnel placements overseas?

No  Yes  If Yes, please detail countries and services performed.

| Country | Services performed |
|---------|--------------------|
|         |                    |
|         |                    |
|         |                    |

7. Does the Insured source candidates from overseas?

No  Yes  If Yes, please state from which countries overseas candidates are sourced and in which industries overseas personnel are placed:

8. Describe the Insured's reference checking procedures:

**Declaration**

I/We the undersigned duly authorised person(s) declare that:

- (i) I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- (ii) the above statements are correct, true and complete; and
- (iii) no information material to this Supplementary Proposal Form has been withheld; and
- (iv) I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- (v) I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- (vi) I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- (viii) I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- (ix) except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- (x) I/we have read Vero Insurance's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- (xi) I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

|                                   |                              |
|-----------------------------------|------------------------------|
| Signed                            |                              |
| Name of Partner(s) or Director(s) |                              |
| On behalf of*                     | <b>* Insert name of firm</b> |
| Date                              | / /                          |