

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

RECRUITMENT CONSULTANTS & AGENTS

- 1 Answer all questions fully. Replies such as “see your records” or “previously advised” are not acceptable. If you have insufficient space to complete any of your answers, a separate sheet should be attached.**
- 2 Signature of this Proposal does not bind the Proposer / Insurer to complete the insurance contract.**
- 3 In the case of a renewal, the Proposal needs to be completed and returned prior to renewal, in order to provide continuation of cover.**
- 4 This is a Claims Made Policy. This means the policy must be in force when a claim is first made.**
- 5 If there are any material changes to the business during this period of insurance, it is noted and agreed that the Insured must notify us immediately.**

Are you a registered member of APSO? YES NO

Please provide your APSO membership number : _____

Is this a new policy or a renewal of an existing policy? NEW RENEWAL

Name of Practice / Firm : _____

Main Office Address : _____

Company Reg Number : _____ V.A.T Number : _____

Contact Person : _____ Telephone Number : _____

Branch Offices / Subsidiaries & Principal / Partner in charge : _____

Please give a detailed description of the activities of the business to be covered : _____

Is any radical change in the type of business activities anticipated in the next 12 months ? YES NO

If yes, please provide details _____

Present Legal Constitution : (Pty); (cc); (Ltd) etc. _____

Date of Commencement of Practice : _____ As presently constituted: _____

_____ As initially established : _____

Predecessors in Business (if any) : _____

Financial Year End : _____

Total Revenue (Fees / Commission) during the past 3 years:	20_____	R _____	VAT excl.
	20_____	R _____	VAT excl.
	20_____	R _____	VAT excl.

Indicate the percentage of Revenue applicable:

Permanents:	_____%	Temps:	_____%	Labour Broking (Blue Collar)	_____%
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Details of all Principals / Partners / Directors and Key Personnel :

NAME	QUALIFICATION	DATE QUALIFIED	HOW LONG A PRINCIPAL IN THIS PRACTICE

Do you engage the services of independent or specialist consultants? YES NO

If yes, give full details and whether you have and/or will either ensure they have Professional Indemnity Insurance for at least the amount of this Proposal or that such consultants are engaged directly by your client.

Has any application for insurance of this nature (made on behalf of the Firm(s) or their predecessors in business or by any of the present partners), ever been declined, cancelled or has renewal been refused or have special terms been imposed ?	YES	NO
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If yes, please explain why

Are you currently insured? YES NO If yes, please provide the following information :

Limit of Indemnity _____ Excess / Deductible _____

Name of Insurers _____ Date of expiry of the policy _____

Retro-active date on existing policy _____

We will automatically quote you on the following limits : R2m, R4m, R6m, R8m and R10m in the aggregate.

Our standard minimum excess is R10,000 for each and every claim.

We have two options available and will quote on both options as follows :

STANDARD OPTION	COMPREHENSIVE OPTION
<p>Professional Indemnity including the following extensions :</p> <p>Damages Legal Defence Costs</p> <p>Minimum Premium : R1545pa / R145pm</p>	<p>Professional Indemnity including the following extensions :</p> <p>Damages Legal Defence Costs Sub-Consultants Staff Dishonesty Defamation Copyright Breach of Confidentiality</p> <p>Minimum Premium : R2320 pa / R213 pm</p>

CLAIMS

Have any claims ever been made against the Firm(s) or any of the present or former partners or the predecessors in the Firm(s)? YES NO

If yes, please provide full details _____

Is the principal or any of the partners, after enquiry, aware of any circumstances that may result in any claim being made against the Firm(s), their predecessors in business, the principal or any of the present or former partners? YES NO

If yes, please provide full details _____

Please give details of any claims settled or outstanding or compromise settlements arising from any breach of duty, whether insured or not _____

DECLARATION

I / we hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I / we, have no reason to anticipate any claim being brought against me / us, that might constitute a claim under the insurance now being requested. I / we, agree that this proposal and declaration is the basis of the contract between me / us and the Insurers

Date **Name** **Signature**

ANNEXURE 1

STANDARDS, REFERENCE CHECKS AND QUALIFICATIONS VETTING

1. Are you compliant with the APSO membership criteria? YES NO

2. If no, please provide an explanation. _____

3. Are you compliant with the APSO Code of Ethical and Professional Practice. YES NO

4. If no, please provide an explanation. _____

5. Please split your last completed financial year's income approximately between the following types of placement. If this form is being completed on behalf of a new start-up business please split your estimated fee income for the forthcoming year.

		Permanent	Temp
a	Clerical	%	%
b	Technical / Professional (White Collar)	%	%
c	I.T.	%	%
d	Drivers	%	%
e	Blue Collar / Manufacturing	%	%
f	Blue Collar Construction / Manual	%	%
g	Executive specialist staff- Head-hunter / Executive Search Work	%	%
h	Medical / Healthcare generally, nursing or practitioners	%	%
j	Other – please give details below	%	%

Please note the following Vicarious & Contractual Liability Exclusion applies to this policy unless otherwise agreed by Insurers in writing :

Vicarious and Contractual Liability – General Exclusions

“Acts of any temporary or permanent staff supplied or recommended by the **Insured** to a **Third Party** in the provision of the **Insured’s Professional Services**, unless such act is directly connected to a breach of professional duty by an **Insured** in supplying such personal.

Any actual or alleged liability assumed by the Insured under any contract, warranty (except a warranty of authority), indemnity, agreement or guarantee, unless such liability would have attached to that Insured, notwithstanding such express contract, warranty, agreement or guarantee.”

Signature of Insured who signed the Proposal Form

Date :