



BURKE

Insurance Brokers

Burke Insurances Ltd.

Woodquay, Galway Ireland.

Tel: (353) (0)91 563518

Fax: (353) (0)91 563616

e-mail: cover@burkeins.ie

http: www.burkeins.ie



PROFESSIONAL INDEMNITY

RECRUITMENT / EMPLOYMENT AGENCIES

PROPOSAL FORM

S

THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

• estd. 1965

Dirs: S. Burke, A. Burke.

Registered in Ireland - Registered offices as above - Registration Number 42826

Burke Insurances Ltd. is regulated by the Financial Regulator

1. Name of the Firm/Partnership/Individual including Trading and Business Name:

Date of commencement of the firm :

2. a) Address (registered office and all branches):-

Email address
Telephone Numbers

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3. Please give the percentage split of fee income between the various activities undertaken and any intended change therein

<u>Activities</u>	<u>% of income</u>
-------------------	--------------------

4. Please give the breakdown of income in relation to staff supplied:

i) executive / technical / professional staff	%
ii) drivers / people responsible for money or goods	%
iii) computer staff	%
iv) manual / labour staff	%
v) other (describe)	%

5. Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed? Yes No

If "Yes", please give full details

(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)

6. a) Is all your business conducted from offices in the Republic of Ireland? Yes No
If 'No', please provide details:

b) Is the business represented in any way in Canada and/or the USA or its territories and possessions? Yes No
If 'Yes', please provide details:

Names in full of all date obtained Partner/etc. in this firm	Qualifications and practising as	Length of time	Partners/Directors/Principals
--	----------------------------------	----------------	-------------------------------

IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE

8. Do you require cover for the previous business activities of any Partner/Director/Principal Yes No

If 'Yes', please provide full details

9. Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as shareholders or stockholders in a publicly quoted company) Yes No

If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company. State also if it is associated with any process of manufacture, construction, erection or installation or any other form of contracting or supply

10. a) State the number of own agency staff (**excluding** Partners) :

- a) recruitment consultants :
- b) clerical :
- c) other (describe):

b) Do you retain the services of any self-employed persons? Yes No
If 'Yes', please provide details:

11. Please give total income in Euro (including those paid to sub-contractors) generated from:

	Last complete year €	Current year estimate €
a) Republic of Ireland/UK/ Channel Islands/Isle of Man	_____	_____
b) USA/Canada	_____	_____
c) Elsewhere	_____	_____
Total	_____	_____
Specify your Financial Year End :	_____	_____

d) Is the rateable fee income declared for any one particular Client or Group more than 20% of the total declared fee income for the past financial year? Yes No
If 'Yes', please provide details

12. Please give the split of income in Euro as follows between turnover and fee based work:

	Last complete year €	Current year estimate €
i) Turnover (i.e. contract or temporary staff):		
ii) Fees (i.e. permanent appointments):		

13. Describe the vetting procedure carried out before supplying staff to clients

14. State the three largest sources of business during the past three years

<u>Client</u>	<u>Client Industry</u>	<u>Nature of Contract</u>	<u>Fee in Euro</u>
---------------	------------------------	---------------------------	--------------------

15. Sub-contractors

a) Please state gross fees in Euro paid to sub-contractors:

	Last complete year €	Current year estimate €
	_____	_____

b) Please provide brief details (on headed paper) of sub-contracted work

c) Are sub-contractors required to carry professional indemnity insurance Yes No
What is the limit of indemnity provided by that insurance? _____

d) Are terms of engagement or is a written contract always agreed and signed by sub-contractors and suppliers so that they accept full responsibility for their own professional neglect, error or omission?
Yes No

16. a) Are terms of engagement or is a written contract always agreed and signed prior to commencing work for a client?

Yes No

b) Do your contract conditions clearly state that the Proposer agency is not liable for the actions of any person supplied by the agency?

Yes No

PLEASE SUPPLY COPIES OF STANDARD CONTRACTS OR TERMS USED

17. a) Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any of own staff responsible for money, accounts or goods Yes No

b) Is any agency staff member authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes No

c) Has the business discharged any permanent staff member or severed relationships with any partner or director within the past twelve months Yes No

d) Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes No

If the answer is 'Yes' to b) or c) or d) above, please give details on a separate sheet

18. During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever

- a) Declined to Insure? Yes No
- b) Imposed special terms? Yes No
- c) Cancelled or voided a policy? Yes No
- d) Requested the withdrawal of a claim? Yes No

If any answer is 'Yes', please give full details on a separate sheet

19. a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ? Yes No
- b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes No

If 'Yes' is answered to a) or b) above, please provide details on a separate sheet including steps taken to prevent a recurrence

20. a) Since what date have you had Professional Indemnity cover ? _____
 If there were any gaps in cover since then, please state for which period(s) _____
- b) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy ? Yes No

If 'Yes', please state since what year cover is required _____

21. Name of Current Insurers _____
 Limit of Indemnity _____
 Insured's Contribution (Excess) _____
 Premium _____
 Renewal Date _____
-

22. a) What limit of indemnity do you require? €325,000 €650,000
 €1,300,000 Other _____
- b) What contribution (excess) do you wish to pay? €2,000 €3,250
 €6,500 Other _____
-

DECLARATION

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by/me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated this _____ day of _____ 20_____

Signature of Partner _____

Name of Signatory (PLEASE PRINT) _____

A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.