



Coverholder at

LLOYD'S

Broker at

LLOYD'S



Insurance for Recruitment Agencies & Employment Businesses

PROPOSAL FORM FOR:

- JMM Premier Cover UK
 - JMM Premier Cover Multinational
 - JMM Select Cover UK
 - JMM Select Cover Multinational
- (see brochure for detail of options)

COVERS AVAILABLE:

- Employers Liability
- Public & Products Liability
- Professional Indemnity
- Medical Malpractice
- Drivers Negligence

March 2021 v25.

JM Marketing Limited is a private limited company registered in England and Wales: Company No 5181849
Registered office: The White House, Castle Road, Saltwood, Kent, England CT21 4QY

JM Marketing Limited is Authorised and Regulated by the Financial Conduct Authority: Register No 435403



INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you.

If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. You should make all the necessary enquiries of your fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If a question does not apply to your business please state "N/A".

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form.



Proposers Name

Insured Company

Contact Name

Address

Town

Postcode

Country

Email

Telephone

Website

Please state when your business was established

Please state your HMRC Employer Reference Number (ERN)

Subsidiary and Associated Companies

Please provide the following details for all companies to be insured:

Name	Subsidiary or Associated	Country	ERN
------	--------------------------	---------	-----



Business Description

Details

Cover Required

Employers Liability	Indemnity Limit	£		any one claim
Public and Products Liability	Indemnity Limit	£		any one claim
Optional Covers:				
Professional Indemnity	Indemnity Limit	£		In the annual aggregate or any one claim
Retroactive Date				
Medical Malpractice Liability				
If yes please see page 10		Yes	No	
Drivers Negligence				
If yes please see page 12		Yes	No	

Cover Start Date



Financial Estimates

For the next 12 months from the cover start date:

Payroll

Your own staff including Directors/Partners £

Temporary Assignments

a) where engaged by you on a contract of service £

b) PSC Off-Payroll / Outside IR35 £

c) Otherwise £

Temporary Assignments Total £

Direct contract work: £

Where you trade as a contractor and/or provide professional services

Fees

a) Permanent Placements £

b) Other - Please provide detail £

Fees Total £

Turnover £

Actual Turnover for your last Financial Year £



Your Business Sectors and Contractual Position

Please split your estimated total temporary assignment payroll between the following categories where applicable, adding any that you feel are more specific to your business.

Please then indicate how much of each category is transacted outside of the protection of your standard terms of business e.g. under your client's contract (termed as a Non-Standard contract).

	<i>Temporary Payroll</i>	<i>(Proportion of Temporary Payroll as Non-Standard)</i>
1. Office, Professional, Technical, Managerial	£	%
2. Technology	£	%
3. Aerospace, Aviation	£	%
4. Healthcare	£	%
5. Construction, Civils	£	%
6. Industrial, Warehousing, Manufacturing	£	%
7. Rail Infrastructure	£	%
8. Education	£	%
9. Hospitality, Catering	£	%
10. Oil and Gas, Energy	£	%
11.	£	%
12.	£	%
Totals	£ <u> </u>	<u> </u> %

International Activities

Will you trade outside of the UK
If so, we will offer our Multinational version

Yes No

Will you supply to USA or Canada
If so, we will include those territories

Yes No



Contract Work: do you trade as a contractor? Yes No

If so, please provide details indicating turnover, payroll and to which sectors

Teams: do you provide complete teams? Yes No

If so, please provide details indicating turnover, payroll and to which sectors

Managed Service Provider: Yes No

If so, please provide details indicating turnover, payroll and to which sectors

Recruitment Process Outsourcing: Yes No

If so, please provide details indicating turnover, payroll and to which sectors

Any other business activities: Yes No

If so, please provide details indicating turnover, payroll and to which sectors



Tunnelling

Are you involved, howsoever, in supplying personnel or providing services for tunnel construction/repair/planning/development as cover cannot be provided for this area.

Yes No

Personal Service Companies (PSC's)

Do you check if they hold insurance such as Public Liability, Employers Liability and Professional Indemnity?

Yes No

Do you have none or very few Non-Standard contracts?

If so, our **JMM Select Cover** (see our brochure for details) may be of interest, as it offers a reduced premium option for those businesses that have limited exposure outside of the protection of their own Standard Terms of Business. If this applies to you, please list below those clients with whom you trade outside and provide a turnover estimate for each. If not all your contracts with a particular client are non-standard please specify the contract/s along with the client name (maximum allowable for this product is normally 10% of your turnover, however if you have one client who represents more than this please speak to us).

	Client name and contract where applicable	Turnover
1.		£
2.		£
3.		£
4.		£
5.		£



Healthcare - Medical Malpractice Liability

If you trade in this sector our standard professional indemnity provides cover for claims against you for your wrongful supply. However, if you also wish protection from claims arising from the negligence of placed personnel (i.e. your vicarious liability) then this section of the policy offers that cover and two further options. Note that we cannot provide cover for birthing or midwifery.

Indemnity Limit - in the annual aggregate	£		
Do you presently have Medical Malpractice insurance?	Yes	No	
If so please confirm the retroactive date of cover:			
Would you like a quote to include contractual liability ?	Yes	No	
What percentage of your supply is to the NHS?			%
Do you carry out any direct work outside of supply to healthcare Providers (NHS or businesses contracted by the NHS)?	Yes	No	
If yes please answer a), b) & c)			
a) Domiciliary Care Provision	£		
b) Independent Living Support			
(i) Nurses	£		
(ii) Care Workers	£		
(iii) Number of individual/family care units to whom you are providing the service	£		
c) Any Other Direct Work (including Covid testing): <i>If so, please give details on page 13</i>	Yes	No	



RCN Indemnity

Would you wish to offer an indemnity to nurses where their RCN indemnity does not offer them protection?
e.g., if the nurse is employed and not placed in the NHS

Yes

No

If yes please answer:

How many nurses on average will you supply outside of the NHS?

We now need to establish which businesses you supply these nurses to and whether or not the businesses provide an indemnity to the nurse and you.

Company	Indemnity given to nurses		Indemnity given to you	
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No



Drivers Negligence

Indemnity Limit - in the aggregate (a higher limit can be considered)	£50,000
Any one claim limit	£10,000
Estimated maximum number of drivers to be supplied in any one month	

Please provide the names of clients below that require cover:

Client Name	Estimated monthly numbers of drivers
-------------	--------------------------------------



Declaration

Please expand on any answers in the additional information page.

- | | | |
|---|-----|----|
| a. Have any claims been made against you in the last 5 years in respect of the risks for which quotations have been requested in this proposal. If yes, please provide details below. | Yes | No |
| b. After enquiry, are any of the Partners/Directors aware of any circumstances which are likely to give rise to a claim against the firm or their predecessors in business or any of the present or former Partner/Directors? | Yes | No |
| c. Have you, the Proposer, or any Principal, Director or Partner under a current or previous trading title: | Yes | No |
| (i) Been declared bankrupt or insolvent? | Yes | No |
| (ii) Been convicted of arson or any other criminal offence (other than motoring offences) or is any prosecution pending? | Yes | No |

In respect of any of the risks against which you now wish to insure:

- | | | |
|--|-----|----|
| (iii) Has any insurer declined to accept, cancelled, refused to continue only on special terms any insurance for the Proposer? | Yes | No |
|--|-----|----|

If yes to any of the above questions, please provide details on a separate sheet.

- d. I/We declare that the above statements and particulars are true to the best of my/our knowledge and I/we have not suppressed or misstated any material facts.
- e. I/We agree that this declaration including any supporting information shall form part of the contract between me/us and the insurers and if the risk is accepted agree to pay the premium when called upon to do so.
- f. I/we understand that my/our information may also be disclosed to the Financial Conduct Authority and other regulatory bodies for the purposes of the monitoring and/or enforcing the insurers' compliance with any regulatory rules/codes.

Signed

Dated

Print Name

Position



Additional Information Including Claims

CLAIMS

Please provide details of any claims or notifications of claims in the last 5 years:

Incident Date	Claim Type/Cause/Description	Amount £	Amount Outstanding £
---------------	---------------------------------	-------------	----------------------------

ADDITIONAL INFORMATION