



c) Please state the number of employees (own staff):

d) Please state the number of staff supplied at any one time in the following categories:

Last complete financial year: Estimate for current financial year:

W2 employment status:

1099 status:

1.5 Please provide the following financial information:

Last complete financial year: Estimate for current financial year:

Gross revenue:

Payments to placed W2 employees:

Payments to placed 1099 independent contractors:

Date of financial year end:

Currency:

If any of your revenue is derived from overseas activity, please state the amount below:

Last complete financial year:	Estimate for currency financial year:	Estimate for next financial year:
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Other territory revenue:

1.6 If temporary W2 and 1099 placements are made, are written client service agreements used? Yes No

If 'yes':

a) do they contain a hold harmless clause in your favor? Yes No

b) is the direction and control of placed personnel always the responsibility of your client? Yes No

1.7 Please provide a breakdown of placed personnel in the following categories:

- Executive / managerial: %
- Clerical (white collar activities): %
- IT: consultancy/data entry: %
- IT: hardware installation/maintenance: %
- Architects and engineers: %
- Medical or nursing: %
- Finance / accountancy: %
- Light manual (warehouse or light industrial): %
- Heavy manual (construction or heavy industrial)¹: %
- Drivers: %
- Offshore (oil rigs and platforms): %
- Other: %

If 'other', please provide details:



¹“Heavy manual” occupations include, but are not limited to, height work in excess of 5 metres, groundworks in excess of 2 metres depth, use of heat, lifting weights in excess of 55 pounds, use of tools, machinery and vehicles designed for use principally off public roadways (i.e. pneumatic drills, diggers, bulldozers, cement mixers, agricultural equipment etc.), a requirement for the use of protective clothing.

If 'Medical or nursing' is populated, please:

a) state the types of healthcare facilities placed personnel are placed:

b) state the types of healthcare professionals you place:

1.8 Do you provide the appropriate background checks on all prospective personnel, prior to placement? Yes No

If 'no', please explain:

1.9 Do you belong to any association related to these activities? Yes No

If 'yes', please list these associations below:

Section 2: Property & Business Interruption Insurance

Only complete this section if you require this cover.

2.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address:

.....
.....

Postal code:

.....

Premises 2

Address:

.....
.....

Postal code:

.....

Please continue on a separate sheet if more than 2 premises are to be insured.

2.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy:

Name of party:

.....
.....

Interest of party:

.....
.....

Address:

.....
.....

Postal code:

.....

2.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No

.....

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No

.....

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No

.....

d) In a good state of repair? Yes No

.....

e) Self contained with a lockable entrance door? Yes No

.....

f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

.....

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No

.....

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

.....

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

.....

j) Fitted with sprinklers, either fully or partially? Yes No

.....

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

.....

If you have answered 'no' to any of the above questions, then please give further details:

2.4 Please detail the amounts to be insured below for each premises (complete only if you require property cover).

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount insured Premises 1	Amount insured Premises 2
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Main Building:

Landlord's fixtures & fittings and tenant improvements:

All contents wherever located:

Please list any alternative locations in question 3.1

2.5 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items:

Please also state the approximate percentage of the time that these items are away from your premises:

2.6 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents:

Please also state the approximate percentage of the time that these contents are away from your premises:

2.7 Would you like a quotation for either of the following extensions:

Earthquake: Yes No Flood: Yes No

2.8 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover).

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount insured	Indemnity period
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Business interruption cover ('Flexible First Loss'):

Section 3: Insurance Requirements

3.1 a) Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
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Employee benefits liability:

Commercial general liability:

Errors & Omissions

*Placed personnel dishonesty:

Cyber & privacy liability:

*Placed personnel dishonesty only available when Errors & Omissions is being purchased.



b) If you have requested placed personnel dishonesty and are supplying drivers or warehousemen, please provide the following details:

Client name	Type of goods handled	Indemnity required	Contract value
.....
.....
.....
.....
.....

Section 4: Claims Experience

Regarding all of the types of insurance to which this proposal form relates, AFTER FULL INQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above: Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers and, the dates of all developments and payments.

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name: Position:

Signature: Date: (MM/DD/YYYY)



Recruitment employment & staffing
Insurance application form



Additional Information: