



# Recruitment Industry Insurance Solutions Proposal Form



YOUR DETAILS	
1. Are you a member of the RCSA - Recruitment and Consulting Services Association?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide Membership No:	
2. Insured name (full legal name of each natural person or company/ association carrying on the business - attach page if necessary):	
Trading name(s):	
3. ABN:	
4. Date business commenced trading: (If less than 2 years, we will require the CV of the Principal(s), company brochure, and business plan)	
5. Subsidiary companies to be covered under the Policy:	
6. Location address: (please also advise postal address if different to location)	
7. Contact person's details:	
Name	
Telephone No.	
Facsimile No.	
Email address	
STAFF DETAILS	
8. Current staff numbers of the Insured:	
Directors/Principals:	
Internal Employees:	
On-Hired Employees:	
On-Hired Contractors:	
Total staff:	
Location of total staff (numbers)	
VIC:	NSW:
QLD:	WA:
SA:	NT:
ACT:	TAS:
O/S:	
YOUR BUSINESS ACTIVITIES	
<b>Recruitment and Consulting Services are defined as:</b>	
— Placement of candidates in permanent positions.	
— Temporary placement of Employees and Contractors for the provision of On-Hired Services or On-Hired Medical Services.	
— Employment consulting services in the areas of occupational health and safety, human resources, human resource relations, human resource management, employment, equal opportunity employment, employee relations, change management organisational development, outplacement, outsourcing, and psychological testing as a service separate to temporary and permanent placements.	
— Training and induction in all areas, including group training.	
— Payroll management for Employees and Contractors.	
But does not include contracting by the Insured in its own right, or the provision of other services.	

PRINCIPAL(S) AND OWNER(S) DETAILS				
9. Director(s)/Principal(s) of the Insured (attach page if necessary)				
Name of Director(s)/ Principal(s)	Age	Qualifications	Date appointed	
10. Ownership of the Insured (attach page if necessary)				
Name of Shareholder(s)		% Shareholding		
TERMS OF BUSINESS				
11. Do you on-hire blue collar labour (employees and/or independent contractors)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>If YES, please attach a copy of your standard terms of business or client contract.</b>				
BLUE COLLAR is defined as: "Unskilled manual labour and/or trades people (both qualified and unqualified)".				
PUBLIC LIABILITY LIMIT OF INDEMNITY				
12. Please select the Limit of Indemnity required:				
<input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$15,000,000 <input type="checkbox"/> \$20,000,000				
PROFESSIONAL INDEMNITY LIMIT OF INDEMNITY				
13. Please select the Limit of Indemnity required:				
<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000				
DIRECTORS & OFFICERS LIMIT OF LIABILITY				
14. Please select the Limit of Indemnity required:				
<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> \$5 million				
INSURANCE HISTORY				
15. Are you currently insured for Public and Products Liability, Professional Indemnity or Directors & Officers Insurance?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>If YES, please provide details:</b>				
Policy	Expiry date	Amount insured	Excess amount	Name of Insurer
Public and Products Liability		\$	\$	
Professional Indemnity		\$	\$	
Directors & Officers		\$	\$	
Have you ever had a Public and Products Liability, Professional Indemnity or Directors & Officers Insurer:				
Decline a proposal? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Impose special terms? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Decline to renew your insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Cancel your insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>If YES, please provide details:</b>				
Date	Circumstances			

**FEES AND WAGES**

**16. PERMANENTS:** In the categories below, please set out the **fees** that you are paid and expect to be paid for placing candidates on a permanent basis.

PERMANENTS	PAST 12 MONTHS ACTUAL	NEXT 12 MONTHS ESTIMATED	PERMANENTS	PAST 12 MONTHS ACTUAL	NEXT 12 MONTHS ESTIMATED
<b>WHITE COLLAR</b>	\$	\$	<b>BLUE COLLAR</b>	\$	\$
Clerical/Secretarial			Industrial		
Hospitality			Mining		
Professionals:			Labourers		
Accountants			Others* (describe below)		
Architects					
Engineers					
IT Consultants			*Blue collar others:		
Nurses					
Others* (describe below)					
*White collar others:					

**17. ON-HIRED SERVICES:** In the categories below, please set out the **gross wages** (including any trust distributions) that you pay and expect to pay to your Employees who are on-hired to your clients.

EMPLOYEES/TEMPORARIES	PAST 12 MONTHS ACTUAL	NEXT 12 MONTHS ESTIMATED	EMPLOYEES/TEMPORARIES	PAST 12 MONTHS ACTUAL	NEXT 12 MONTHS ESTIMATED
<b>WHITE COLLAR</b>	\$	\$	<b>BLUE COLLAR</b>	\$	\$
Clerical/Secretarial			Industrial		
Hospitality* (describe below)			Mining: above ground		
Professionals:			Mining: underground		
Accountants			Labourers		
Architects			Scaffolders/Riggers		
Engineers			Aircraft maintenance		
Drafters			Others* (describe below)		
IT Consultants					
Nurses			*Blue collar others:		
Others** (describe below)					
*Hospitality:					
**White collar others:					

**18. CONTRACTORS:** In the categories below, please set out the **gross fees** (including any trust distributions) that you pay and expect to pay to contractors (which include sole traders, partnerships, trusts and proprietary companies) who are on-hired to your clients.

Please **NOTE** that your on-hired Contractors **do not have cover in their own name** whilst on-hired by you. The **OPTIONAL EXTENSIONS - CONTRACTOR COVER** will need to be purchased before the policy will provide Contractors with cover in their own name whilst on-hired by you.

CONTRACTORS	PAST 12 MONTHS ACTUAL	NEXT 12 MONTHS ESTIMATED	CONTRACTORS	PAST 12 MONTHS ACTUAL	NEXT 12 MONTHS ESTIMATED
<b>WHITE COLLAR</b>	\$	\$	<b>BLUE COLLAR</b>	\$	\$
Clerical/Secretarial			Industrial		
Hospitality* (describe below)			Mining: above ground		
Professionals:			Mining: underground		
(a) Accountants			Labourers		
(b) Architects			Scaffolders/Riggers		
(c) Engineers			Aircraft maintenance		
(d) Drafters			Others* (describe below)		
(e) IT Consultants					
(f) Nurses			*Blue collar others:		
(f) **Others (describe below)					
*Hospitality:					
**White collar others:					

**19.(i)** Do you provide **employment consulting services and/or payroll management services**? (separate to candidate placement and on-hiring)  YES  NO  
**(ii)** Advise last 12 months fees from these services:  
**(iii)** Advise next 12 months estimated fees from these services:

**20.(i)** Do you provide **training and induction** services, including **group training**?  YES  NO  
**(ii)** Advise last 12 months fees from **training and induction** services:  
**(iii)** Advise next 12 months estimated fees from **training and induction** services:

**21.(i)** Do you undertake business activities **other** than Recruitment and Consulting Services:  YES  NO  
**(ii)** If **YES**, is insurance cover required for these **other** activities:  YES  NO  
**(iii)** If insurance cover is required, please provide details of the other business activities:  
**(iv)** Advise last 12 months income from **other** business activities:  
**(v)** Advise next 12 months estimated income from **other** business activities:

**22.** Do you undertake business outside of Australia:  YES  NO  
**(i)** If **YES**, please provide details:  
**NOTE:** The geographical limit for **Public Liability and Professional Indemnity Insurances** is worldwide excluding the Dominion of Canada and the United States of America and their territories and protectorates.

### IMPORTANT NOTICES

#### DUTY OF DISCLOSURE

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision about insuring you and if so, on what terms.

Your duty does not require disclosures of matters-  
— That diminish the risk;  
— That are of common knowledge;  
— That the Insurer knows, or in the ordinary course of its business as an Insurer, ought to know;  
— As to which compliance with your duty of disclosure is waived by the Insurer.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

#### NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, the Insurer may avoid the policy from its inception. This is why it is vital that enquiry must be made of all relevant principals, directors, employees, contractors, and subsidiaries before this Proposal is signed by or on behalf of the prospective Insured.

#### UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided to the Insurer.

### CHANGE OF RISK OR CIRCUMSTANCE

It is vital that you advise us of any departure from your "normal" form of business (ie the business details that have been advised to your Insurer). For example, any change to business activities, ownership, acquisitions, changes in location, or new overseas activities.

### SUBROGATION

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make an agreement with a third party that will prevent the Insurer from recovering the loss from that party or another party.

### DECLARATION IN RESPECT TO THIS PROPOSAL

#### After ENQUIRY, I DECLARE THAT:

1. I have made all necessary enquiries into the accuracy of the responses given in this Proposal.
2. The statements and particulars given in this Proposal are true and complete, and that no material facts have been omitted, misstated or suppressed.
3. Should any of the information given by me alter between the date of this Proposal and the inception date of any Insurance Policy, I will give immediate notice thereof to Insurer(s) via OAMPS, and I agree that Insurer(s) may alter or withdraw the terms that they have offered.
4. I agree that if there are any changes during the Policy Period to the declared Business Activities I will promptly notify Insurer(s) via OAMPS.
5. I have read and understood the Important Notices contained in this Proposal.
6. I agree that this Proposal, together with any additional information contained in an appendix or attachment, will form the basis of the contract of insurance effected by Insurer(s).
7. I agree that submitting this Proposal for the purposes of obtaining a quotation does not bind Insurer(s) to complete an Insurance Policy.
8. I will provide Insurer(s) with notice via OAMPS as soon as practicable of any fact or circumstance that might give rise to a Claim, and furnish all relevant documentation to Insurer(s), and that I will assist Insurer(s) in the investigation or defence of any Claim.
9. Insurer(s) are hereby authorised to make any investigation and inquiry in connection with this Proposal that they deem necessary.

**Signed by a director or officer of the company who is duly authorised to sign on the insured's behalf:**

Signature:   
Name:   
Title:  Date:

