

RECRUITMENT INDUSTRY RENEWAL DECLARATION FORM

Insured:

Policy Number:

Renewal Date:

Business Description:

Has your Business Description changed?

Yes No

If "Yes", please give details:

Category of Work	Wages		Turnover <i>If outside ROI Jurisdiction please complete Q8 below</i>	
	Declaration Period (expiring period)	Projections for coming year	Declaration Period (expiring period)	Projections for coming year
Clerical IT				
Technical Professional				
Medical/Nursing/Care				
Driver/Warehousemen				
Blue Collar/Manufacturing				
Construction/Manual				
Other (please advise details)				
Direct Employees				
TOTALS:				

Please provide details of the 5 largest ongoing or imminent contracts.

	Name of Client	Contract Value (Per annum)	Duration	Details
1				
2				
3				
4				
5				
DECLARATION				

1. How many years is the Company established

2. How many premises does your company occupy

3. Has one or more of the Principals at least 3 years experience as a Recruitment Consultant

- Yes
- No

4. Contingent Liability Cover Required for Placed Staff

- Yes
- No

5. Professional Indemnity Cover Required

- Yes
- No

6. Professional Indemnity Limit of Indemnity Required

- €100,000
- €250,000
- €500,000
- €750,000
- €1,000,000
- €1,300,000
- €2,600,000
- €3,000,000

7. Office Cover Required

- Yes
- No

8. Your Total Income for the coming 12 months according to jurisdiction of your contracts

(The total of income from Permanent Placements plus the total of all salaries for temporary placements)

Jurisdiction	
Ireland	€
UK	€
Rest of Europe	€
USA/ Canada	€
Rest of World	€
Total	€

9. Are any of your temporary staff or contractors employed on a Contract of Service rather than a contract for service

- Yes
- No

10. Additional Comments

11. Claims History

Have any claims been made against you or incidents reported to you within the last 5 years *

- Yes
- No

Details

General questions: (Please confirm that the Proposer can answer YES to all of the following)

- The client is domiciled in the Republic of Ireland and all premises are based in Ireland
- The client is not aware of any fact , circumstance, incident, injury or illness or shortcoming in work which may give rise to a claim
- The client has not been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt either in a personal capacity or as a business
- The client has not been convicted of or charged with any offence other than a motoring offence
- The client has never had an insurance cancelled, withdrawn declined or made subject to special terms
- The client does not require cover in respect of Subsidiary or associated companies
- The client does not agree to Non Standard Contracts
- None of the clients placements involve work offshore, Aviation, Nuclear Power, Petrochemical Industries or Safety critical transport work
- Permanent staff are not placed without referral
- References and qualifications are checked and gaps in references are checked
- No temporary placement will ever be on a continuous contract of over one year
- Accommodation will not be provided for placed staff

If **no** to any of the above please advise full details in the area below:

Professional indemnity insurance questions in the last 5 years there have been no (Please confirm that the Proposer can answer NO to all of the following):

- Professional indemnity claims made against the business or any Principal, partner, Director or Employee
- Complaints or charges or any circumstances that might give rise to a professional indemnity claim
- losses or suspected losses arising from the dishonesty of any Principal, Partner, Director, Employee or other person acting on behalf of the business.
- All of the Principals, Partners or Directors hold a recognised qualification in their field or have at least three years' experience in the relevant industry.
- None of the Principals, Partners or Directors are members of a Professional Body that insists on Professional Indemnity cover being purchased from an Approved Insurer Scheme
- The Proposer does not offer any express warranty or guarantee in respect of the performance of their work or services.
- The Proposer does not offer or accept contract conditions that increase their legal liability or restrict their rights of recourse against others.

If **yes** to any of the above please advise full details in the area below:

- **I/We declare that to the best of my/our knowledge or belief, the statements and particulars are true and complete and that no material facts are likely to influence the acceptance of this proposal. I/We agree to inform the insurer of any change to any material fact.**

-

Signature: _____ **Date:** _____

(Position) _____

- **For and on behalf of:**

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