

Recruitment Insurance – Demands & Needs Risk Capture

Please complete and check the information in this document carefully as this constitutes our understanding of your Insurance requirements and situation: -

Company Information

The Proposer: (Full name)	
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Include partners and trading names if not a limited Company

Address:			
		Post Code:	
Business Description:			
Contact:		Email Address:	
Telephone No:		Website:	
Date established:		Current insurers:	
Unique ID / PAYE No.		Renewal date:	

Are you a REC Member?	Yes / No
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Category

Please provide the following:

Standard (REC) Terms of Business	Temporary Staff Only	Actual for Last 12 Months	Estimate for Next 12 Months
Clerical & Administrative		£	£
Supervisory Staff		£	£
I.T. & Telecommunications		£	£
Drivers / Warehousemen		£	£
Nursing / Care Workers		£	£
Industrial / Manufacturing		£	£
Construction & Heavy Industrial		£	£

Non Standard Terms of Business	Temporary Staff Only	Actual for Last 12 Months	Estimate for Next 12 Months
Clerical, Managerial, Supervisors & Non-Manual		£	£
Supervisory Staff		£	£
I.T. & Telecommunications		£	£
Drivers / Warehousemen		£	£
Nursing / Care Workers		£	£
Industrial / Manufacturing		£	£
Construction & Heavy Industrial		£	£

Total Wage roll	Temporary Staff Only	£	£
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Clerical Employees	Direct Staff Only	£	£
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Total Turnover	Direct Staff Only	£	£
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Other Risk Considerations	
Please indicate if you would like quotations / more information on other insurance covers:-	
Drivers Negligence	Yes/No
Loss of Licence	Yes/No
Personal Accident	Yes/No
Directors & Officers	Yes/No
Legal Expenses	Yes/No
Property	Yes/No
Other: please specify	Yes/No

General Information					
Has the Proposer in the past 3 years had any claims under any section they are proposing?					Yes / No
If yes please provide details, including costs involved					
Date	Type	Claim Details	Settled	Paid	Reserve

Your answers to the above questions will be used by us to identify your demands and needs and to ensure the selected market is suitable to quote for the renewal of this risk.

Signature of Proposer:	Name:
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Position in Company	Date:
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Important Notice:

Insurance policies contain various conditions that you must comply with in order for a claim to be dealt with by your insurers. If you fail to fulfil these conditions you may lose your right to indemnity or payment for a claim. A copy of the policy wording is available on our website www.darwinclayton.co.uk or upon request.

Darwin Clayton (UK) Limited is Authorised and Regulated by the Financial Conduct Authority