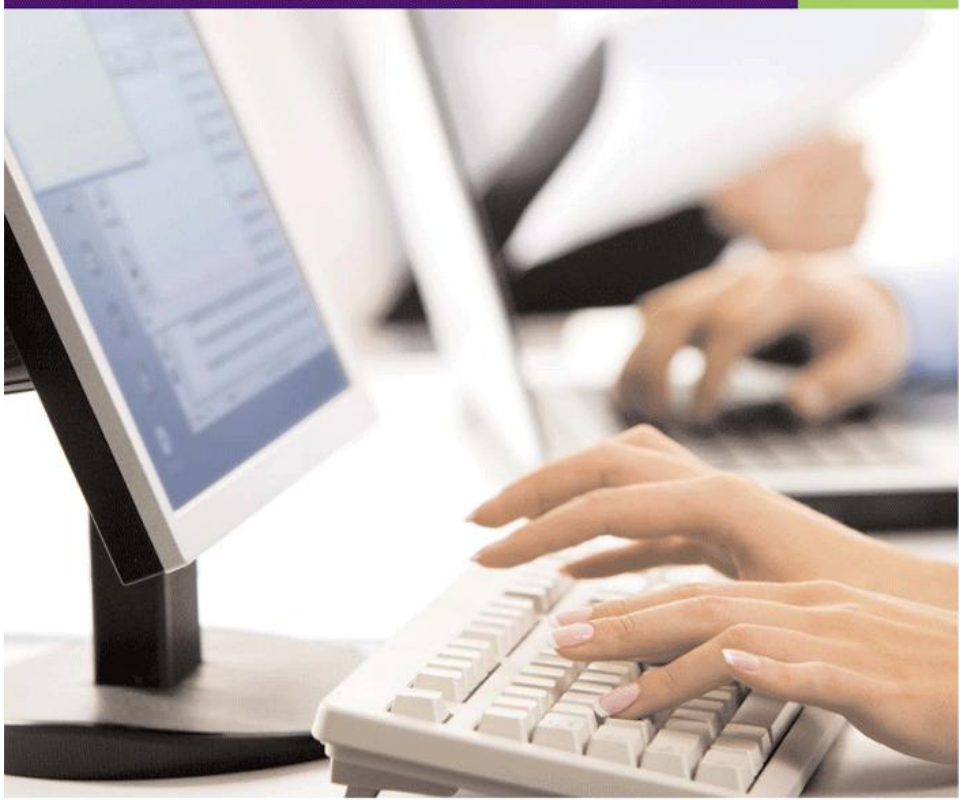
Umbrella choice

Umbrella and payroll service companies



Arranged by

Jelf | Manson

Your business. Our focus.

Jelf Manson umbrella and payroll service companies

Proposal form

Important notice

This will assist you to select the cover you require. Please answer the questions fully and do not withhold or misrepresent any facts which are likely to influence the insurers assessment and acceptance of this proposal. You have a duty to disclose all material facts and failure to do so will invalidate the insurance. Copies of all information including letters supplied to us for the purpose of effecting this insurance should be retained. Please answer all general questions and then answer questions relevant to the sections you require insurance for. If there is insufficient space, please provide details on a separate sheet. In addition you are required to complete the declaration on the last page of the proposal form. Please use block capitals or tick the boxes as appropriate and return this form fully completed as soon as possible.

Please clearly print your answers to assist the Underwriters consideration of the Proposal.

1. Title(s) of firm(s): (including any associated/subsidiary companies for which cover is required).

Date(s) established;

2. **Full business description**

It is very important that you include all the services your company undertakes or has undertaken in the past. You will be uninsured for any activities you fail to declare to the Insurer.

If cover is required for anything other than work undertaken by firm(s) identified on this proposal form, please provide full details. This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

3. Address of head office:

Telephone number:

Fax number:

Website address:

Contact email:

4. Partners or directors and staff:

Full names of all partners or directors	Qualifications	Year qualified

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Please state the number of permanent staff: Qualified ☐

Unqualified ☐

Wageroll for permanent staff ☐

What is your HMRC Employers Reference Number? (it is compulsory to provide this with effect 2012). ☐

You must provide the HMRC ERN if you require employers' liability insurance to cover an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

If your business does not have an HMRC Employers' Reference Number (ERN), please confirm the reason for this from the following:

- All employees earn less than the PAYE threshold ☐
- The business is registered in Jersey or Guernsey ☐
- The business does not have any employees ☐

Do you have any additional UK employers or subsidiary companies covered for employers' liability insurance by this policy? Yes ☐ No ☐

If this insurance policy will be required to cover employers or subsidiary companies other than the main insured company above, please refer to your broker who will provide you with a supplementary sheet to complete.

5. Cover required:

Please indicate the classes of insurance for which you require quotations:

i. Professional indemnity insurance Yes ☐ No ☐

ii. Public liability insurance Yes ☐ No ☐

iii. Employers liability insurance Yes ☐ No ☐

iv. Personal accident Yes ☐ No ☐

v. Drivers negligence Yes ☐ No ☐

vi. Management liability portfolio (directors and officers, employment practice liability and corporate legal liability) Yes ☐ No ☐

vii. Office (please enclose a copy of the current office schedule along with any amendments required) Yes ☐ No ☐

6. Basis of cover

Please indicate the basis of cover for which you require quotations:

i. Payroll and administration services provided to contractors Yes ☐ No ☐

ii. To cover the activities of the contractors employed by the umbrella company Yes ☐ No ☐

iii. To cover the activities of the contractors not employed by the umbrella company, e.g. PSC's or CIS workers, etc. Yes ☐ No ☐

If you have answered Yes to Q6(iii) please describe status of worker and contractual relationship with the firm:

7. Gross turnover

Please state the total gross turnover of the firms(s) for each of the last two financial years and the anticipated turnover for the forthcoming year. This amount should be inclusive of contractors' salaries and dividends.

Financial year end date:

	Year end	Year end	Projection
United Kingdom			
Overseas (non USA/Canada)			
USA/Canada			

8. Information regarding contractors

i. Please state below the average number of contractors working via the firm during the course of the year for each of the last two financial years and the anticipated average number of contractors for the forthcoming year:

	Year end	Year end	Projection
United Kingdom			
Overseas (non USA/Canada)			
USA/Canada			

ii. What types of activities are conducted by your contractors?

Clerical/administration/managerial	%
IT	%
Professions/technical (non-manual)	%
Drivers/warehousemen	%
Medical/nursing/care	%
Other blue collar/manufacturing	%
Manual work in the construction industry	%
Safety critical railwork	%
Welders/work involving use of heat	%
Offshore (e.g. oil rigs/platforms)	%
Other (please give full details)	%

iii. Do you monitor the type of activities that will be conducted by contractors? Yes ☐ No ☐

iv. Will any individual contractor ever work on any contract for a continuous period of two years or longer? Yes ☐ No ☐

If **Yes**, please provide details of the contract(s) including the number of persons supplied:

9. Offshore work (work on oil rigs/oil platform)

Have you any contractors who work offshore? Yes ☐ No ☐

If **Yes**, do you require cover for these placements? (Employers liability is compulsory) Yes ☐ No ☐

If **Yes**, approximately how many contractors?
What are their activities?
What is the estimated gross Turnover?

10. Overseas offices

Do you have overseas offices? Yes ☐ No ☐

If **Yes**, in which country(ies) does the firm(s) have offices and how is the work controlled?

Do you have any contractors who are foreign nationals working through any of your overseas offices? Yes ☐ No ☐

11. Professional service(s) provided to contractors

Please indicate below the services provided by the firm(s) and provide a full description of any other activities for which cover is required:

i. Advice regarding IR35 status Yes ☐ No ☐

ii. Advice regarding company formation Yes ☐ No ☐

iii. Collection and payment of income Yes ☐ No ☐

iv. Contract drafting Yes ☐ No ☐

v. Accountancy activities (e.g. book-keeping, PAYE calculation, VAT returns, processing expenses, etc.) Yes ☐ No ☐

vi. Is the firm or any of its directors or employees a member of the ICAEW or other accounting professional body? Yes ☐ No ☐

vii. If there are any other services that you provide for which cover is required then please give full details below: Yes ☐ No ☐

12. Jurisdiction

Does the firm(s), or any of the contractors for whom you act, accept liability other than under the jurisdiction of European Union courts? Yes ☐ No ☐

If **Yes**, please provide details:

13. Contractual issues

i. Does the firm(s) use a standard form of contract, agreement or letter of appointment with the contractor? Yes ☐ No ☐
If Yes, please enclose copies.

ii. Does the firm(s) use its own standard form of contract to define the contractual relationship between the firm, the contractor and the end client and/or agency? Yes ☐ No ☐
If Yes, please enclose copies.

iii. How often do you agree to sign the agency's contract (as a percentage of gross turnover) | % of gross turnover

Please provide copies of the two largest agency contracts.

iv. Is every contractor supplied to an agency or are there some contractors supplied direct to the end client:

a. Number of contractors direct to end client:

b. Gross turnover for contractors direct to end client:

c. Do you use your own contract or the end client's contract?

14. Do you have any contractors working in an industry stated below or undertake any of the professions stated below: Yes ☐ No ☐

(If **Yes**, please place a tick against the relevant industries/professions and do your best to provide the required details).

Industry/profession	Current Number of contractors	Projected gross turnover
Accountants		£
Actuaries		£
Architects		£
Legal		£
Independent financial advisors		£
Surveyors		£
Social Worker		£
Nuclear industry		£
Railway industry		£
Offshore industry		£
Oil and gas industry		£
Petrochemical industry		£
Pharmaceutical Industry		£
Aviation Industry		£
Motor production and maintenance industry		£
Total		£

(Please provide as much information as possible in Appendix 1 regarding type of roles and responsibilities).

15. Current insurance (no need to complete if policies already with Jelf Manson)

Policy	Indemnity limit	Insurer(s)	Renewal date	Premium
PI				
PL				
EL				

IMPORTANT- Retroactive cover: If you currently purchase professional indemnity cover, please provide the date from when you first purchased cover without any gaps in insurance.

16. Quotation request(s)

(If a quote is required for an indemnity limit different than presently in place, please advise).

Policy	Indemnity limit
PI	£
PL	£
EL	£
Personal accident	£
Driver negligence	£
Management liability portfolio	£
Crime	£

You must complete this section

Please complete the claims questions for any risk now to be insured under the following insurance covers.

1. General/claims

In relation to your professional business activities, are you after reasonable enquiry from your employees and contractors aware of any shortcoming in your work which may lead to a claim against you? Yes ☐ No ☐

This includes:

a. a shortcoming known to you which you cannot reasonably put right? Yes ☐ No ☐

b. a complaint about your work or anything you have supplied which cannot be immediately resolved? Yes ☐ No ☐

c. an escalating level of complaint on a particular project? Yes ☐ No ☐

d. a client withholding payment due to you after any complaint? Yes ☐ No ☐

Any loss from the dishonesty or malice of any employee or contractor? Yes ☐ No ☐

Any loss from the suspected dishonesty or malice of any employee or contractor? Yes ☐ No ☐

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee or contractor? Yes ☐ No ☐

Have you ever been convicted of arson or any other criminal offence (other than motoring offences) or is any other prosecution pending? Yes ☐ No ☐

Has any insured or uninsured claim or loss, whether successful or not within the last five years, occurred or been made against you or your predecessors in business or any past or present partner, principal, director, employee or contractor, in respect of any risk now to be covered under the insurance covers listed above? Yes ☐ No ☐

Are you aware after enquiry of any potential injury or disease to an employee or contractor which may give rise to a claim? Yes ☐ No ☐

If you have answered **Yes**, to any of the above please provide full details:

2. Directors/Partners of the firm

Have any of your partners or directors at any time either personally or in any business capacity:

a. Been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? Yes ☐ No ☐

b. Been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? Yes ☐ No ☐

c. Have any claims ever been made against any past or present director or officer of the company or its subsidiaries? Yes ☐ No ☐

d. Are you aware after enquiry of any potential claim or shortcoming in the performance of the duties of any past or present director or officer which may give rise to a claim? Yes ☐ No ☐

If you have answered **Yes**, to any of the above, please provide full details:

3. Previous insurance

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? Yes ☐ No ☐

If you have answered **Yes** to the above, please give full details:

Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Jeff Manson umbrella and payroll service companies

Proposal form

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the Insurance Company to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Name	Position within the company
Signature	Date / /

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Appendix 1