

about | RECRUITMENT SERVICES

COMBINED LIABILITY INSURANCE PACKAGE PROPOSAL



IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

Obtaining a Quotation

To minimise delays in obtaining a quotation please provide complete answers to all questions in this proposal and attach relevant brochures, CVs, etc. that you believe will help us understand your business.

Your Duty of Disclosure

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded), is of the utmost importance with this type of insurance.

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Non-disclosure (if you do not tell us something)

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Defence Costs & Averaging Provision

General Conditions within the policy provides that if your liability for any Claim is for an amount in excess of the amount of the limit of liability, then we, where applicable shall only cover the same proportion of such defence costs as the limit of liability bears to the total amount to be paid dispose of the claim (exclusive of defence costs).

Claims Made and Notified Policy

The cover provided under this policy may include insurance that operates on a 'Claims Made and Notified' basis. This means that the policy will only cover you for claims made against you and notified to us in writing during the period of insurance.

Where a 'Retroactive Date' is specified in your policy schedule, your policy only covers any claim made against you during the period of insurance that arises from any conduct, act, error or omission that occurred on or after the Retroactive Date.

Section 40(3) of the Insurance Contracts Act 1984 (Cth) provides that where an insured gives notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as reasonably practicable after the insured becomes aware of those facts but before the cover provided by the insurance contract expires, the insurer is not relieved of liability under the insurance contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance.

The above right arises solely under Section 40(3) of the *Insurance Contracts 1984* (Cth) and not under your insurance policy.

Liability assumed by you under a contract or agreement

It is not possible for you to transfer to us the entire spectrum of legal liabilities which you may be compelled to bear under the terms of a wide variety of Indemnity and/or Hold Harmless Clauses frequently inserted into commercial business contracts by principals, lessors or other parties.

Liability assumed by you under contract or agreement is only covered to the extent described in your insurance policy.

Prior to accepting legal liability for loss, destruction, damage or injury, which would not otherwise have attached to you at law, you should contact your insurance broker to enquire whether your insurance policy covers such liability or, if not, whether it may be so extended.

Subrogation Agreements

Where another person would be liable to compensate you for any legal liability for loss, destruction, damage or injury otherwise covered by this insurance, but you have agreed with that person either before or after the loss, destruction, damage or injury occurred that you would not seek to recover any monies from that person, we will not cover you under this insurance for such legal liability for loss, destruction, damage or injury.

Privacy

About Underwriting value the privacy of your personal information and we will ensure the handling of your personal information is dealt with in accordance with the *Privacy Act 1988* (Cth) (the Act) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed at aboutunderwriting.com.au

When we provide insurance products and/or services, we ask you for the personal information we need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from your name, date of birth, address and contact details to other information about your personal affairs including your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that you provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by About Underwriting to enable them to administer policies or handle claims. Regardless of the information shared, we will take all reasonable steps to ensure that the above parties protect your information in the same way that we do.

Our Privacy Policy shown in the above link contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by emailing to privacy@aboutunderwriting.com.au

Consent

By visiting any of our websites, online quotation systems, applying for, renewing or using any of our products or services you agree to your information being collected, held, used and disclosed as set out in our Privacy Policy.

Claims Conditions

Reporting and Notice

Every claim made against you (the insured) shall be notified to us as soon as practicable, and in respect of Sections 2 and 3 of the policy, prior to the expiry of the Period of Insurance or Extended Reporting Period (if applicable), and all documentation and correspondence pertaining to such claim shall be forwarded to us as soon as practicable after receipt.

All notifications of claims must be sent to:

claims@aboutunderwriting.com.au

Attention: Claims Manager

About Underwriting Pty Ltd

PO Box 16106

Collins Street West, Melbourne, VIC 8007

Summary

You agree:

- at your expense, to give us all information that will assist us, our investigators and legal representatives, cooperate fully with us and do all things reasonably practicable to avoid or diminish any claim.
- to waive any claim for legal professional privilege to the extent only that the privilege would otherwise prevent any investigator or legal representative from disclosing information to us.
- not to admit liability, settle or incur any costs for a claim without our prior written consent.
- that we shall be entitled to take over, in your name and on your behalf, the conduct of any claim.

The claims conditions are more fully described in the “claims conditions” sections of the accompanying policy.

Complaints, Disputes or Feedback

If you wish to make a complaint or provide feedback about our products or services, or a Privacy breach, you can contact us at complaints@aboutunderwriting.com.au or privacy@aboutunderwriting.com.au Please refer to our complaints & disputes process detailed at aboutunderwriting.com.au

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

Lloyd's Underwriters' General Representative in Australia
Suite 1603 Level 16, 1 Macquarie Place
Sydney NSW 2000
Telephone Number: (02) 8298 0783
Email: ldraustralia@lloyds.com

Complaints that cannot be resolved can be escalated to an independent dispute resolution body; Australian Financial Complaints Authority (AFCA). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply. Contact details are:

Australian Financial Complaints Authority
Phone: 1800 931 678
Fax: (03) 9613 6399
Email: info@afca.org.au
Internet: <https://www.afca.org.au>
GPO Box 3, Melbourne, VIC 3001

Recruitment Services Package Proposal

This Proposal is for Professional Indemnity and General and Products Liability; specific to Recruitment Services.

“You/your” in this Proposal means the “Named Insured”.

About you

1. Named insured(s):

2. Trading name(s):

3. ABN:

Are you registered for GST?

☐ Yes ☐ No

4. Web address(es):

5. Principal business address:

6. Other business locations:

About the business

7. Please provide a detailed description of the Business:

Please attach any relevant brochures or other documentation.

8. Business commencement date:

9. Principals, Partners or Directors details:

Name of Principals, Partners or Directors	Age	Qualifications	Date Qualified (DD/MM/YYYY)	Years Practising as Principal	
				This Practice	Previous Practice

10. Employees

Number of Staff

Principals/Partners/Directors

Internal Employees

On-Hired Employees

On-Hired Contractors – White Collar

On-Hired Contractors – Blue Collar

Total

11. Where required under State and/or Territory law, do you comply with all labour hire licensing requirements in the States and/or Territories in which you operate? ☐ Yes ☐ No

If No, please provide details:

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12. Please list your professional memberships:

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13. Do you conduct business overseas?

☐ Yes

☐ No

If Yes, please provide details:

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14. Has the name of your business ever changed or have you ever operated your business under a different corporate entity?

If Yes, please provide additional information:

☐ Yes

☐ No

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15. Has your business amalgamated, merged or acquired any other business or practice?

☐ Yes

☐ No

If Yes, please provide additional information:

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16. Is any Principal/Partner/Director associated or connected with any other business?

☐ Yes

☐ No

If Yes, please provide details:

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17. Gross Turnover:

Past financial year:

Next financial year:

18. Please provide split of **fee income derived** and to be derived from each of the following in the past 12 Months and estimated for the next 12 Months:

	Past 12 Months	Estimated next 12 Months:
a) Placement of candidates in permanent positions	<input type="text"/>	<input type="text"/>
b) Temporary placement of Employees and Contractors for the provision of On-Hired Services or On-Hired Medical Services	<input type="text"/>	<input type="text"/>
c) Payroll management for Employees and Contractors	<input type="text"/>	<input type="text"/>
d) Employment consulting services in the areas of occupational health and safety, human resources, human resources relations, human resources management, employment, outsourcing, and psychological testing, reference checking, workplace assessments, careers counselling and/or change management	<input type="text"/>	<input type="text"/>
e) Group training, apprentices and induction activities	<input type="text"/>	<input type="text"/>
f) Contractor management services	<input type="text"/>	<input type="text"/>
g) Other – please detail: <input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

19. Do you place On-Hired Employees and/or On-Hired Contractors into any medical, aged care, disability or childcare related services?

☐ Yes

☐ No

If Yes,

a) Are they always placed via a Host Employer?

☐ Yes

☐ No

b) Are they placed exclusively into a licensed and registered facility?

☐ Yes

☐ No

(i.e., no at home / direct care)

20. On-Hired Services

Are any of your On-Hired Employees or On-Hired Contractors placed in any of the following industries:

a) Mining	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Petrochemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Marine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Oil & Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Aerospace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Building Inspections, Building Certification or Building Surveying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Project Management / Construction Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Property Development / Property Valuations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes to any of the above, please provide details:

21. Please provide a breakdown of the following industries and applicable gross wages/fees payable (including any trust distributions):

	On-Hired Employees \$AUD Gross Wages Payable		On-Hired Contractors \$AUD Gross Fees Payable	
	Last 12 months	Next 12 months	Last 12 months	Next 12 months
White Collar				
Clerical/Secretarial/Bookkeepers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospitality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other White Collar – please detail:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White Collar – Professionals				
Accountants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Architects/Engineers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IT Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lawyers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Professionals – please detail:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical / Childcare				
Childcare Workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Healthcare Workers/Carers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Midwifery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dentists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Medical – please detail:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blue Collar - Blue Collar On-Hired Services is defined as: Skilled and unskilled manual labour, trades-people both qualified and unqualified.				
Aviation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction/Trades/Industrial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food Processing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mining – Above Ground	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mining – Below Ground	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scaffolders/Riggers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security – Crowd Control	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security – Static Guarding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stores	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Welders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Blue Collar – please detail:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. This policy will automatically provide vicarious cover for your On-Hired Contractors. Do you wish to extend cover for actions and services of Contractors while on-hired? ☐ Yes ☐ No

23. Terms of Business or Engagement

a) Please **provide a copy of the standard terms of business or engagement** you use when you provide On-Hired Services and On-Hired Contractors to Host Employers.

b) Are the provided standard terms of business or engagement in force with Host Employers for the provision of On-Hired Services and On-Hired Contractors in 100% of on-hire contracts? ☐ Yes ☐ No

If "no", please provide details.

c) Do you ever agree to indemnify / hold another party harmless under any contracts you enter into? ☐ Yes ☐ No

If "yes", please provide a copy of each contract under which you agree to indemnify or hold harmless another party and a description of the services you perform under the contract below.

24. Do you reference check all Employees, Permanent Placements, On-Hired Employees and On-Hired Contractors prior to all engagements? ☐ Yes ☐ No

25. Do you carry out full OH&S checks on Host Employers prior to all engagements? ☐ Yes ☐ No

26. Please provide a percentage split of the states in which you generate your fee income:

ACT:	<input type="text"/>	NSW:	<input type="text"/>	NT:	<input type="text"/>	QLD:	<input type="text"/>	SA:	<input type="text"/>
TAS:	<input type="text"/>	VIC:	<input type="text"/>	WA:	<input type="text"/>	O/S:	<input type="text"/>	Total:	<input type="text"/>

Duties

27. a) Are duties segregated so that no one person can control signing cheques, preparing cheque requisitions, reconciling bank statements or issuing fund transfer instructions above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)? ☐ Yes ☐ No
- b) Are duties segregated so that no one person can control refund of monies or return of goods above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)? ☐ Yes ☐ No
- c) Are all employees required to take a minimum of two weeks uninterrupted annual leave per year? ☐ Yes ☐ No
- d) When payments are made for invoices received are the payment details specified in the invoices (e.g. bank account details) confirmed by telephone with the payee prior to making payment? ☐ Yes ☐ No

28. Do you require Fidelity Cover?

☐ Yes

☐ No

If Yes, please select your preferred sub-limit:

☐ \$50,000

☐ \$100,000

☐ \$250,000

About your Claims

NB. The following claims questions relate to all matters of all insurance classes, i.e.: Professional Indemnity, General and Products Liability, Management Liability, Cyber Liability and Statutory Liability:

29. After full enquiry of all your employees, has any insurance claim been made against you or your business or that of any principal, partner, director or employee in this or any other business?

☐ Yes

☐ No

If Yes, please provide details:

Date Notified (DD/MM/YYYY)	Insurer	Description	Amount Paid	Maximum Potential Loss	Finalised or Open	Claimant Name

30. Are you aware of any circumstances or incidents which may result in a claim being made against you or your business or the business of any principal, partner, director or employee?

☐ Yes

☐ No

If Yes, please provide details of circumstances or incidents:

31. Have you or any of your employees ever been the subject of any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business?

☐ Yes

☐ No

If Yes, please provide details of proceedings or actions:

32. Have you, your principals, partners, directors or predecessors in business had insurance declined, cancelled, refused or had any special terms imposed? If Yes, please provide details: ☐ Yes ☐ No

About your cover

33. Do you currently have Professional Indemnity or General and Products Liability insurance in force for the activities for which cover is being proposed? ☐ Yes ☐ No

If Yes, please provide the following details:

	Insurer	Renewal Date	Limit of Indemnity	Deductible	Premium
Professional Indemnity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General & Products Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

34. Please select which Limit of Indemnity is required for Professional Indemnity:

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 ☐ \$10,000,000 ☐ \$20,000,000 Other

35. Please select which Limit of Indemnity is required for General and Products Liability:

☐ \$5,000,000 ☐ \$10,000,000 ☐ \$20,000,000 Other

Additional Information

If insufficient space to complete questions, please provide at this section:

Management Liability Addendum

Only complete this section if Management Liability cover is required

36. Do you require a quotation for Management Liability insurance? ☐ Yes ☐ No

If Yes, please complete the following questions:

37. Please select which Limit of Indemnity is required for Management Liability:

☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 Other

38. At last financial year end, please state:

Net Profit

Gross Total Assets

Gross Total Liabilities

39. Do all Directors of the Company hold a Director ID number? ☐ Yes ☐ No

40. Do you require Employment Practices Liability? ☐ Yes ☐ No

If Yes, please select your preferred sub-limit:

☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 Other

41. Retrenchments in the last 12 months/next 12 months:

Number last 12 Months:

Estimate next 12 Months:

42. Are all employees provided with written employee procedures (e.g., Employee Handbook)?

☐ Yes ☐ No

43. Do you require Statutory Liability? ☐ Yes ☐ No

If Yes, please select your preferred sub-limit:

☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

44. Have you suffered any Occupational Health & Safety breaches in the last 5 years? ☐ Yes ☐ No

If Yes, please provide details:

45. Have you attained a Quality Insurance Certification to ISO 9000 series or industry-specific accreditation peculiar to workplace or environmental procedures? ☐ Yes ☐ No

46. Do you have a current manual for Occupational Health & Safety Procedures and Environmental Protection Procedures and are these manuals distributed to all employees? ☐ Yes ☐ No

If Yes, please provide details:

47. Have you ever had a penalty or premium loading imposed on your Workers Compensation insurance?

If Yes, please provide details: ☐ Yes ☐ No

48. Do you have a safety management system in place, including a risk register? ☐ Yes ☐ No

49. Do you require Crime Cover? ☐ Yes ☐ No

If Yes, please select your preferred sub-limit:

☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000

50. How often is an independent physical review of stock reconciled against inventory records?

☐ Weekly ☐ Monthly ☐ Annually Other:

51. Are there any facts or circumstances that may affect the ability of the company to meet all its debts as and when they fall due? ☐ Yes ☐ No

If Yes, please provide details:

52. Do you require Internet Liability? ☐ Yes ☐ No

If Yes, please select your preferred sub-limit:

☐ \$50,000 ☐ \$100,000 ☐ \$200,000

53. Please advise the number of websites cover is required for:

54. Please list website addresses requiring cover:

Declaration

I acknowledge that I have read and understood the important notices and privacy statement contained in this proposal and addenda. Where I have provided information about another individual, I declare the individual has been made aware of the facts contained in the important notices and privacy statement.

I agree that this proposal and addenda together with any other information or documents supplied shall form the basis of the contract of insurance.

I declare that I am authorised to complete this proposal and addenda on behalf of the Insured and that to the best of my knowledge the statements, particulars and information contained in this proposal and addenda and any other documents accompanying this proposal and addenda are true and correct in every detail and that no material facts have been misstated or omitted.

I undertake to inform **about** Underwriting of any material alteration to those facts before entering into a contract of insurance.

Date:

Name:

Position:

Signature:

about | UNDERWRITING | ABN: 78 608 848 479 | AFSL: 483210

Suite 304/546 Collins Street, Melbourne, VIC 3000 | PO Box 16106, Collins Street West, Melbourne, VIC 8007

Web: aboutunderwriting.com.au | Office: 03 9998 9080