

RECRUITMENT INSURANCE

PROPOSAL FORM

AMC Insurance understand the specialised risks associated with doing business in the Recruitment Industry. We work closely with insurers to tailor policies that protect our clients' businesses, while maintaining a competitive rate. Our team of brokers are committed to guiding recruiters through the insurance process by providing professional advice in easy-to-understand language. Let us help you get the most out of your insurance.

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IMPORTANT NOTICES

PRIVACY ACT
We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. We collect information about you to provide you with insurance products and a claims service. We only provide your personal information to underwriters (who may be located overseas), assessors, claims adjusters, legal advisers, and others appointed by your insurers to assist in providing relevant products and services, or as required or permitted by law. You may elect not to supply us with personal information; however, we may then not be able to provide you with insurance products and a claims service. For more information about our privacy practices including accessing or correcting your personal information, please make contact with us by phone or email.
DUTY OF DISCLOSURE
Before you enter into a contract of general insurance with an insurer, you have a duty under the "Insurance Contracts Act 1984", to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of a matter; that diminishes the risk to be undertaken by the insurer; that is common knowledge; that your insurer knows, or in the ordinary course of business, ought to know; as to which compliance with your duty is waived by the insurer. Anybody who is an insured under your policy must comply with the duty of disclosure. Make sure you explain the duty to any other parties to be insured you may apply on behalf of.
EXAMPLES OF MATTERS THAT SHOULD BE DISCLOSED ARE:
Any claims/losses you have made (regardless of them being insured or not); cancellation, avoidance of, or a refusal to renew your insurance by an Insurer; any unusual feature of the Insured risk that may increase the likelihood of a claim.
NON DISCLOSURE AND MISREPRESENTATION
If you fail to comply with your duty of disclosure, or make a misrepresentation, the insurer may be entitled to reduce its liability under the contract in respect to a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the insurer may also have the option of voiding the contract from its beginning.
UTMOST GOOD FAITH
If you fail to comply with your duty of disclosure, or make a misrepresentation, the insurer may be entitled to reduce its liability under the contract in respect to a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the insurer may also have the option of voiding the contract from its beginning.
HOLD HARMLESS AGREEMENTS, CONTRACTING OUT, WAIVER OF SUBROGATION
Most insurance policies include a clause that allows the insurer, after they have paid a loss, the right to recover the dollars they have paid out from other parties that shared the responsibility for the loss. This is called the right of subrogation. Some Insurer's allow particular contracts to include the requirement to waive the rights of subrogation as long as the Insurer has agreed this endorsement before a loss occurs. However, by agreeing to this, the Insured is limiting the ability of their insurance company to recover damages from a negligent party, putting their policy limits at higher risk. You may prejudice your rights of a claim if you make any agreement to waive the Insurer's right of subrogation without prior agreement from your insurer.
CLAIMS MADE POLICIES
Some types of liability policies (e.g. Professional Indemnity, Directors & Officers Liability, Trustees Liability and Commercial Builders Structural Defects) are typically issued on a "Claims Made" basis. This means that (subject to the other terms of the policy) the policy only covers claims first made against you during the period of insurance. Under section 40(3) of the Insurance Contracts Act, if your policy is a "claims made" policy, and if you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts but before the period of insurance expires, the policy will cover (subject to the other terms of the policy) any subsequent claim against you that arises from those facts, therefore if that claim is not made until after the period of insurance has expired. In order to ensure that any entitlement to indemnity under the policy is protected, you must report all incidents that may give rise to a claim against you to the Insurers without delay after such incidents first come to your attention and prior to the expiration of the policy period. If your policy is a "claims made" policy, and if it has a "retroactive date", it will not cover any claim that arises from any act, error, omission or conduct that occurred before that retroactive date.
RETROACTIVE DATE
All professional indemnity, management liability, and other claims made policies are limited by a retroactive date. This means that the policy excludes cover for acts committed or alleged to have been committed prior to the retroactive date.

INSURED NAME(S) & TRADING NAME(S)	
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ABN(S)	
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DATE ESTABLISHED	
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BUSINESS ADDRESS	
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SECONDARY LOCATIONS	
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POSTAL ADDRESS	
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CONTACT DETAILS	Name
	Phone / Mobile
	Email
	Website

IS PREVIOUS BUSINESS COVER REQUIRED FOR ANY PREVIOUS BUSINESS OF A PRINCIPAL, DIRECTOR OR PARTNER?	
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IS THE INSURED BUSINESS FINANCIALLY, OR OTHERWISE CONNECTED, WITH ANY OTHER ENTITIES	
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HAS THERE BEEN ANY MATERIAL CHANGE IN YOUR BUSINESS IN THE LAST 12 MONTHS OR ESTIMATED FOR THE NEXT 12 MONTHS?	
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PRINCIPAL/DIRECTOR	Name/Qualifications/Date Appointed
	Name/Qualifications/Date Appointed
	Name/Qualifications/Date Appointed
Name/Qualifications/Date Appointed	

PROFESSIONAL MEMBERSHIP(S)	
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DO YOU ASSUME LIABILITY UNDER CONTRACT OR ON BEHALF OF YOUR CLIENTS?	
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PLEASE DESCRIBE THE FULL ACTIVITIES UNDERTAKEN BY THE INSURED BUSINESS(ES)	
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DETAILS OF STAFF	Director(s)/Principal(s)
	Internal Employees
	On-Hired <u>Employees</u> – White Collar
	On-Hired <u>Contractors</u> – White Collar
	On-Hired <u>Employees</u> – Blue Collar
	On-Hired <u>Contractors</u> – Blue Collar
TOTAL	

TOTAL NUMBERS OF STAFF PER LOCATION

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Overseas

PLEASE PROVIDE THE INDUSTRIES OF YOUR TOP 3 CLIENTS AND THE PERCENTAGE THEY REPRESENT OF YOUR ANNUAL INCOME	
INDUSTRY	PERCENTAGE
	%
	%
	%

RECRUITMENT SERVICES

PLEASE PROVIDE A SPLIT OF FEE INCOME DERIVED AND TO BE DERIVED FROM EACH OF THE FOLLOWING IN THE PAST 12 MONTHS AND ESTIMATED NEXT 12 MONTHS

SERVICES (EXCLUDING ON-HIRE)		
Recruitment Services are defined as:	LAST 12 MONTHS	NEXT 12 MONTHS
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	\$	\$
OTHERS (DESCRIBE)	\$	\$
OTHERS (DESCRIBE)	\$	\$
OTHERS (DESCRIBE)	\$	\$
TOTAL	\$	\$

GROSS TURNOVER PER STATE

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Overseas*
%	%	%	%	%	%	%	%	%

*OVERSEAS (PLEASE INCLUDE LIST OF COUNTRIES) & PERCENTAGE SPLITS

PLEASE NOTE ALL INSURANCE POLICIES AS A STANDARD **EXCLUDE COVER** ARISING FROM THE LEGAL JURISDICTION AND/OR GEOGRAPHICAL LOCATIONS OF NORTH AMERICA (UNITED STATES OF AMERICA AND CANADA). PLEASE CONTACT US IMMEDIATELY IF YOU HAVE SUPPLIED ANY SERVICES IN THE PAST OR INTEND TO SUPPLY SERVICES IN THE FUTURE TO THE UNITED STATES OF AMERICA OR CANADA.

ON-HIRED SERVICES

PLEASE PROVIDE A BREAKDOWN OF THE FOLLOWING INDUSTRIES AND APPLICABLE GROSS WAGES / FEES PAYABLE (INCLUDING TRUST DISTRIBUTIONS)				
WHITE COLLAR – ON HIRED SERVICES				
INDUSTRY	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
CLERICAL / SECRETARIAL	\$	\$	\$	\$
HOSPITALITY	\$	\$	\$	\$
PROFESSIONALS	\$	\$	\$	\$
ARCHITECTS / ENGINEERS	\$	\$	\$	\$
RETAIL	\$	\$	\$	\$
ACCOUNTANTS / BOOKKEEPERS	\$	\$	\$	\$
IT CONSULTANTS	\$	\$	\$	\$
COMMUNICATIONS	\$	\$	\$	\$
NURSING	\$	\$	\$	\$
MEDICAL PRACTITIONERS	\$	\$	\$	\$
ALLIED HEALTHCARE	\$	\$	\$	\$
CHILDCARE WORKERS	\$	\$	\$	\$
EDUCATION (EXCLUDING CHILDCARE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$
HAVE YOU EVER PREVIOUSLY, OR DO YOU EXPECT TO PROVIDE ANY MIDWIFERY OR CHILDBIRTH SERVICES?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE PROVIDE A BREAKDOWN OF THE FOLLOWING INDUSTRIES AND APPLICABLE GROSS WAGES / FEES PAYABLE (INCLUDING TRUST DISTRIBUTIONS)				
BLUE COLLAR – ON HIRED SERVICES				
INDUSTRY	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
WELDING	\$	\$	\$	\$
ELECTRICAL	\$	\$	\$	\$
MECHANICAL	\$	\$	\$	\$
PLUMBING	\$	\$	\$	\$
DRIVERS	\$	\$	\$	\$
WAREHOUSING/STORES	\$	\$	\$	\$
FOOD PROCESSING	\$	\$	\$	\$
MINING (ABOVE GROUND)	\$	\$	\$	\$
MINING (BELOW GROUND)	\$	\$	\$	\$
CONSTRUCTION	\$	\$	\$	\$
CONSTRUCTION – CIVIL	\$	\$	\$	\$
MARINE	\$	\$	\$	\$
AVIATION	\$	\$	\$	\$
SCAFFOLD / RIGGING	\$	\$	\$	\$
AGRICULTURE	\$	\$	\$	\$
SECURITY	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
OTHERS (DESCRIBE)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

ON HIRED SERVICES ONLY	
ARE ANY OF YOUR ON-HIRED EMPLOYEES AND/OR CONTRACTORS PLACED IN ANY OF THE FOLLOWING INDUSTRIES	
MINING	<input type="checkbox"/> YES NO <input type="checkbox"/>
PETROCHEMICALS	<input type="checkbox"/> YES NO <input type="checkbox"/>
MARINE	<input type="checkbox"/> YES NO <input type="checkbox"/>
OIL & GAS	<input type="checkbox"/> YES NO <input type="checkbox"/>
AEROSPACE	<input type="checkbox"/> YES NO <input type="checkbox"/>
BUILDING INSPECTIONS, BUILDING CERTIFICATION, OR BUILDING SURVEYING	<input type="checkbox"/> YES NO <input type="checkbox"/>
PROJECT MANAGEMENT / CONSTRUCTION MANAGEMENT	<input type="checkbox"/> YES NO <input type="checkbox"/>
PROPERTY DEVELOPMENT / PROPERTY VALUATIONS	<input type="checkbox"/> YES NO <input type="checkbox"/>
IF "YES" TO ANY OF THE ABOVE PLEASE DESCRIBE TYPES OF ROLES AND INDUSTRIES AS THEY ARE CONSIDERED HIGHER RISK EXPOSURES AND REQUIRE CLARIFICATION TO THE INSURER	

TERMS OF BUSINESS	
DO YOU USE STANDARD TERMS OF BUSINESS OR ENGAGEMENT FOR ON-HIRED EMPLOYEES & CONTRACTORS?	<input type="checkbox"/> YES NO <input type="checkbox"/>
IF YES, PLEASE PROVIDE PERCENTAGE OF USE:	%
Please provide a copy of your Standard Terms of Business or Engagement for our reference.	

RISK MANAGEMENT	
DO YOU REFERENCE CHECK ALL EMPLOYEES, PERMANENT PLACEMENTS, ON-HIRED EMPLOYEES AND ON-HIRED CONTRACTORS PRIOR TO ALL ENGAGEMENTS?	<input type="checkbox"/> YES NO <input type="checkbox"/>
DO YOU CARRY OUT FULL OH&S/WHs CHECKS ON HOST EMPLOYERS PRIOR TO ALL ENGAGEMENTS?	<input type="checkbox"/> YES NO <input type="checkbox"/>

DISCLOSURE HISTORY	
HAVE YOU EVER HAD AN INSURER:	
DECLINE AN APPLICATION	<input type="checkbox"/> YES NO <input type="checkbox"/>
IMPOSE SPECIAL TERMS	<input type="checkbox"/> YES NO <input type="checkbox"/>
DECLINE TO RENEW YOUR INSURANCE	<input type="checkbox"/> YES NO <input type="checkbox"/>
CANCEL YOUR INSURANCE	<input type="checkbox"/> YES NO <input type="checkbox"/>
IF YES, PLEASE CONFIRM FULL DETAILS:	

CLAIMS HISTORY	
HAS THERE EVER BEEN A LOSS THROUGH THE FRAUD OR DISHONESTY OF ANY PERSON WORKING FOR THE BUSINESS?	<input type="checkbox"/> YES NO <input type="checkbox"/>
HAVE ANY PRESENT OR FORMER PRINCIPALS, PARTNERS, DIRECTORS OR STAFF MEMBERS, OR ANY PRIOR BUSINESS OF ANY OF THE PRESENT OR FORMER PARTNERS, PRINCIPALS, OR DIRECTORS:	
EVER BEEN SUBJECT TO ANY CLAIMS FOR CIVIL LIABILITY OR BREACH OF PROFESSIONAL DUTY?	<input type="checkbox"/> YES NO <input type="checkbox"/>
NOTIFIED FACTS OR CIRCUMSTANCES TO INSURERS THAT MAY GIVE RISE TO SUCH A CLAIM?	<input type="checkbox"/> YES NO <input type="checkbox"/>
AWARE OF ANY CIRCUMSTANCES OR INCIDENTS WHICH COULD RESULT IN ANY CLAIM BEING MADE?	<input type="checkbox"/> YES NO <input type="checkbox"/>
BEEN SUBJECT TO DISCIPLINARY PROCEEDINGS OR ACTIONS FOR PROFESSIONAL MISCONDUCT	<input type="checkbox"/> YES NO <input type="checkbox"/>
BEEN CONVICTED OF ANY CRIMINAL OFFENCE (OTHER THAN MINOR TRAFFIC INFRINGEMENTS)	<input type="checkbox"/> YES NO <input type="checkbox"/>
IF YES, PLEASE CONFIRM FULL DETAILS:	

PLEASE CONFIRM DETAILS OF ANY CURRENT INSURANCE PROGRAM IN PLACE TO COVER THE ACTIVITIES FOR WHICH COVER IS REQUIRED OR BEING APPLIED FOR

PROFESSIONAL INDEMNITY

INSURER	
LIMIT	
EXCESS	
EXPIRY DATE	

PUBLIC LIABILITY

INSURER	
LIMIT	
EXCESS	
EXPIRY DATE	

MANAGEMENT LIABILITY (ADDENDUM REQUIRED TO BE COMPLETED)

INSURER	
LIMIT	
EXCESS	
EXPIRY DATE	

CYBER LIABILITY (ADDENDUM REQUIRED TO BE COMPLETED)

INSURER	
LIMIT	
EXCESS	
EXPIRY DATE	

DECLARATION
I/WE THE UNDERSIGNED DULY AUTHORISED PERSON(S) DECLARE THAT:
<ul style="list-style-type: none"> ▪ I/WE ARE AUTHORISED BY EACH OF THE INSURED'S TO SIGN THIS PROPOSAL FORM
<ul style="list-style-type: none"> ▪ I/WE ACKNOWLEDGE THAT ANY ADDENDUMS COMPLETED (E.G. MANAGEMENT LIABILITY, CYBER LIABILITY) ARE SUBJECT TO THE SAME DISCLOSURE REQUIREMENTS AS SET OUT IN THIS PROPOSAL FORM
<ul style="list-style-type: none"> ▪ THE ABOVE STATEMENTS ARE ACCURATE, CORRECT, AND COMPLETE
<ul style="list-style-type: none"> ▪ NO INFORMATION PERTINENT TO THIS PROPOSAL FORM HAS BEEN WITHHELD
<ul style="list-style-type: none"> ▪ I/WE HAVE READ THE IMPORTANT NOTICES THAT ARE IN THIS PROPOSAL FORM AND UNDERSTAND THE ADVICE GIVEN IN RELATION TO THE DUTY OF DISCLOSURE
<ul style="list-style-type: none"> ▪ I/WE HAVE CONSCIENTIOUSLY MADE ALL NECESSARY AND COMPREHENSIVE ENQUIRIES IN ORDER TO COMPLY WITH THE DUTY OF DISCLOSURE
<ul style="list-style-type: none"> ▪ I/WE UNDERSTAND THAT NO INSURANCE IS IN PLACE UNTIL SUCH TIME AS THE INSURER HAS CONFIRMED ACCEPTANCE OF THE PROPOSED INSURANCE IN WRITING
<ul style="list-style-type: none"> ▪ I/WE UNDERTAKE TO NOTIFY THE INSURER OF ANY MATERIAL ALTERATION TO THESE FACTS OCCURRING PRIOR TO COMPLETE OF THE CONTRACT OF INSURANCE
<ul style="list-style-type: none"> ▪ I/WE ACKNOWLEDGE THAT THE INSURER RELIES ON THE INFORMATION AND REPRESENTATIONS IN THIS PROPOSAL FORM AND OTHERWISE MADE BY ME/US IN RELATION TO THIS INSURANCE
<ul style="list-style-type: none"> ▪ EXCEPT WHERE INDICATED TO THE CONTRARY, I/WE UNDERSTAND THAT ANY STATEMENTS MADE IN THIS PROPOSAL FORM WILL BE TREATED BY THE INSURER AS A STATEMENT MADE BY ALL PERSONS TO BE INSURED
<ul style="list-style-type: none"> ▪ I/WE HAVE READ THE PRIVACY STATEMENT ON THIS PROPOSAL FORM, AND GIVE PERMISSION TO THE USE, DISCLOSURE AND OBTAINING OF PERSONAL INFORMATION ABOUT THE INSURED FOR THE INTENTION SHOWN IN THE PRIVACY STATEMENT

SIGNATURE _____
 NAME _____
 POSITION _____
 DATE _____

Signing the form does not bind the insurance company to invite/guarantee cover.