

**RECRUITMENT SERVICES ADDENDUM
PROFESSIONAL INDEMNITY, PUBLIC & PRODUCTS LIABILITY
& DIRECTORS' & OFFICERS'/EMPLOYMENT PRACTICES LIABILITY INSURANCE**

IMPORTANT NOTICE:

- This Addendum and any further details provided attach to and form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- **Part 1** Professional Indemnity must be completed in all cases.
- Please complete **Part 2** if you require a quotation for Public & Products Liability insurance.
- Please complete **Part 3** if you require a quotation for Directors' & Officers' Liability insurance with optional Employment Practices Liability entity cover.
- The **Declaration** must be completed in all cases.

Full names of all individuals and entities to be insured, including service companies and subsidiaries:

PART 1 – PROFESSIONAL INDEMNITY

Your Professional Business:

1. Please indicate the Recruitment or Contract Management Services for which you require cover and advise the actual **fees** charged by you for those services last financial year and estimated **fees** for this financial year.

Recruitment and Contract Management Services	Fees Last Year	Estimated Fees This Year
Permanent Placements		
Temporary placement of employees and contractors <i>Only include actual fees charged by you. Please do not include wages paid for temporary placement of employees and contractors</i>		
Reference checking		
Human resource consulting		
Psychological testing		
Training and induction		
Group training, namely the provision of training courses and practical experience to apprentices and trainees		
Payroll management		
Contract management services		

2. Please advise your **fees** for placing permanents, and your gross **wages** and fees (including trust distributions) paid or payable to **temporary placement employees** and **contractors**. Please provide actual amounts for last financial year and estimates for this financial year:

Placements	Fees for <u>Permanent Placements</u>		Gross Wages payable to temporary Employees		Gross fees payable to temporary Contractors	
	Last Year	This Year	Last Year	This Year	Last Year	This Year
Occupations						
Accountants						
Aircraft Maintenance						
Architects						
Clerical & Secretarial						
Engineers & Draftspersons						
* Hospitality						
Industrial						
IT Consultants						
Labourers						
* Medical (excl.Nurses)						
Nurses						
Security Staff						
Underground Mining						
* Others						

* Please provide details for Hospitality, Medical, Others:

3. Do you require cover for business activities other than the provision of Recruitment or Contract Management Services?

If **Yes**, please provide details:

No

Yes

Contractor Coverage:

4 (a) Do you require cover for **all** of your Contractors while in temporary placements?

If Yes, please advise the total number of your Contractors: No Yes

Last Year (actual): _____ This Year (est): _____

4 (b) Do you require cover for **some** of your Contractors while in temporary placements?

If Yes, please complete the following for each selected Contractor: No Yes

Contractor Name	Occupation

PART 2 – PUBLIC AND PRODUCTS LIABILITY

Complete this Part **only** if a quotation for Public and Products Liability insurance is required.

Your Public and Products Liability Insurance History

1. Are you currently insured for Public and Products Liability?

If Yes, please provide details: No Yes

Expiry date	Insurer	Limit	Excess

2. Have you ever had a Public and Products Liability Insurer:

Decline a Proposal? No Yes

Impose special terms? No Yes

Decline to renew your insurance? No Yes

Cancel your insurance? No Yes

If Yes, provide details:

Your Public and Products Liability Claims Details:

3. Please provide details of all Public Liability Claims in the last five years:

Year	Insurer	Amount Paid	Outstanding	Total Incurred	Description

4. After making appropriate enquiries, are there any facts or circumstances of which you, or any other Principal, Employee or consultant are aware that may give rise to a Claim against you or any of you?

If Yes, please provide details: No Yes

Your Professional Business:

5. Do you require Public and Products Liability cover for business activities other than the provision of Recruitment or Contractor Management Services?

If Yes, please provide details: No Yes

Contractor Coverage:

6 (a) Do you require cover for **all** of your Contractors while in temporary placements?

If Yes, please advise the total number of your Contractors: No Yes

Last Year (actual): _____ This Year (est): _____

6 (b) Do you require cover for **some** of your Contractors while in temporary placements?

If Yes, please complete the following for each selected Contractor: No Yes

Contractor Name	Occupation

Public and Products Liability Coverage Required:

7. Please indicate the Limit of Liability required:

\$5 million

\$10 million

\$20 million

Other: _____

PART 3 – DIRECTORS’ & OFFICERS LIABILITY AND EMPLOYMENT PRACTICES LIABILITY

Complete this Part **only** if a quotation for Directors’ & Officers’ Liability insurance is required. Employment Practices Liability entity cover is available as an optional extension.

1. Full name of the Company:

2. Address of the Registered Office of the Company:

3. Company ABN: _____

4. Can you confirm that:

(a) the Company is involved only in the provision of recruitment and/or contract management services

Yes No

(b) the Company has been incorporated for at least 24 months

Yes No

(c) the Company is a private company incorporated in Australia

Yes No

(d) the Company is not listed on any stock exchange or other securities market

Yes No

(e) for the latest fully-completed financial year, the Company has a Gross Turnover of no more than AUD \$20 million and Gross Total Assets of no more than AUD \$10 million. *Please state the actual figures here:*

Gross Turnover AUD: _____ Gross Total Assets _____

(f) for the last two consecutive financial years, the Company has reports and accounts prepared by independent auditors or accountants showing net profit (ie after tax, interest etc), positive net worth (ie both balance sheets show that assets exceed liabilities), no litigation, no disputes, no contingent or extraordinary liabilities, and that the Company can pay its debts as and when they fall due

Yes No

- (g) insurance is not sought in respect of claims:
- made within the legal jurisdiction of the United States of America or Canada,
 - arising from legal liabilities faced by the Company (as opposed to the Directors and Officers) in respect of shares or other securities, and
 - made by or on behalf of any person or entity holding (beneficially or otherwise) more than 25% of the issued share capital of the Company
- Yes No
- (h) you are not aware of any intention for the Company to be acquired by, or merged with, any other entity, or for there to be any other material change in the ownership of the Company (including, but not limited to, a management buy-out or an offering of its share or stock capital) and that no such event took place during the past 24 months
- Yes No
- (i) you have no knowledge of any claims or circumstances which may give rise to a claim under the policy, nor of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or you in respect of the legal liabilities or loss to which Part 3 of this Addendum relates
- Yes No
- (j) At no time in the past has there been a refusal or voidance or cancellation of any insurance similar to that to which Part 3 of this Addendum relates
- Yes No
- (k) Insurance quotations are sought for one of the following Limits of Indemnity (*please indicate the Limit sought*):
- AUD \$500,000 AUD \$1 million AUD \$2 million AUD \$5 million

If your response to any part of Question 4(a) to (k) is 'No', please contact ProRisk for an alternate Proposal Form.

Employment Practices Liability Entity Cover

5. Do you require a quotation for Employment Practices Liability entity cover?
- Yes No
6. If you have answered Yes to question 5, can the Company confirm that:
- (a) It has written employment practices procedures, contracts of employment, personnel files, and an employee handbook?
- Yes No
- (b) It minutes all grievance and disciplinary hearings?
- Yes No
- (c) It does not expect there to be any redundancies or other reductions amongst its employees in the next 24 months?
- Yes No
- (d) No more than 5% of its employees have resigned, been made redundant or been dismissed during the last 24 months?
- Yes No

(e) It does not plan to make any amendments to the employee benefits package in the next 24 months nor has it done so during the last 24 months?

Yes No

(f) It does not pay a total remuneration package to any full-time employee in excess of AUD \$200,000 per annum

Yes No

If the answer to any part or all of Question 6 is ‘No’, please provide details:

7. Current Director/Officer and Employee Numbers:

(Please do not include numbers of contractors as there is no Employment Practices Liability cover for claims by Contractors)

Directors/Officers _____

Internal Employees _____

On-Hired Employees _____

Total: _____

8. Please indicate the location of the Directors/Officers and Employees:

VIC	NSW	ACT	QLD	TAS
SA	NT	WA	Overseas	Total

IMPORTANT NOTICES:

1. Any proposed change to your Recruitment or Contract Management Services during the insurance period, including changes to occupations for temporary placements must be advised to ProRisk in writing to ensure coverage.
2. The professional indemnity policy excludes coverage for the permanent and temporary placement of employees and contractors in the medical and allied health industries. Professional indemnity cover for medical recruitment can be sought by separate Addendum.
3. Cover for contractors in their own names is subject to ProRisk’s receipt and acceptance of satisfactorily completed No Claims Declarations from each contractor.

PLEASE COMPLETE THE DECLARATION ON PAGE 8

DECLARATION: After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to make this Addendum.
- I have read and understood the Important Notices accompanying this Addendum and the Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Addendum and the Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Addendum or the Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Addendum, the Proposal and any accompanying documents will form the basis of the contract.

Signature:

Name:

Position:

Date:
