

Professional Insurance Portfolio



Proposal Form Recruitment and Employment Agencies

The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.

You must complete the General Information section, the Claims section and read and sign the Declaration.



GENERAL INFORMATION

You must complete this section.

Company name: GMRC LTD, T/A S GM RECRUITMENT

Main address: 100-104 UPPER RICHMOND ROAD
LONDON
Postcode SW15 2SP

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional insured name and address: / Postcode

NOTE: Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

Additional liabilities: Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere. YES NO

If YES, please provide details:

Year business established: 2004

Total income:

	Last completed financial year	Current year	Estimate next year
UK law contracts	£2,300,560	£2,200,000	£2,300,000
EU law contracts	£	£	£
US law contracts	£	£	£
Other law contracts	£	£	£

Number of employees:

Last year	Current year	Estimate next year
16	7	7

Your experience: Please confirm that one or more of the principals has at least five years experience in the relevant industry: YES NO
If NO, please provide CV's for all principals.



PROFESSIONAL INDEMNITY FOR RECRUITMENT CONSULTANTS

OPTIONAL - Only complete this module if this insurance cover is required.

Your business activity

1. Please estimate your total income from placements into the following categories:

	Temporary	Permanent
Clerical/IT	%	%
Other professional	%	%
Medical/nursing/care	%	%
Drivers/warehousemen	%	%
Blue collar/manufacturing	%	%
Construction manual	100 %	100 %
Other (please give full details)	%	%

2. Average package of personnel placed: (TEMP WORKERS) £390 p/week

3. Please provide details of the three largest placements or teams supplied by you in the last three years:

WE SUPPLY TEMPORARY STAFF. SHOULD YOU REQUIRE DETAILS OF TURNOVER FOR TOP 3 CUENTS PLEASE CONTACT US.

Customer	Description of contract	Total contract value	Your contract value	Industry	Standard or non-standard contract

Do you agree to non standard contracts?

YES NO

If yes, please describe the type of activity and the percentage of your total income:

[Empty box for description]



5. Do any of your contracts involve:
- i) Work offshore? YES NO
 - ii) Aviation? YES NO
 - iii) Nuclear power? YES NO
 - iv) General/petrochemical industries? YES NO
 - v) Safety critical transport work? YES NO
6. Are you a member of the REC? YES NO

**Interviewing/vetting procedure
- permanent staff**

7. Do you select, choose or place staff for clients without referral? YES NO
8. Are you responsible for checking references and qualifications? YES NO
- If YES, do you always verify these independently and are gaps in references always checked? YES NO
- If NO, please explain:

9. Have you ever bought professional indemnity insurance in the past? YES NO
- If YES, please provide details:

Name of insurer	Limit of indemnity	Excess	Premium (plan)	Renewal date	No. of years continuously held
HISCOX	£500K	£750	£1000	1/8/09	5

10. Please tick the limit of Indemnity now required:
- £250,000 £500,000 £1,000,000 £2,000,000
- Other: £



**GENERAL LIABILITY -
PUBLIC & PRODUCTS
AND EMPLOYERS'
LIABILITY**

OPTIONAL - Only complete this module if this insurance cover is required.

Total wageroll:

	Current full year	Estimate next year
Own employees	£ 190 000	£ 190 000
Contract placements	£	£
Clerical/IT	£	£
Medical/nursing/care	£	£
Drivers/warehousemen	£	£
Blue collar/manufacturing	£	£
Construction/manual	£ 1.8M	£ 1.8M
Other - please give full details below:	£	£

No. of premises:

1

Name of existing insurer:

HISCOX

PROPERTY - BUILDINGS & CONTENTS

Alarm details:

Are the premises protected by an intruder alarm?

YES NO

Signal type:

Bell only

Alarm Receiving Centre (ARC)

If ARC, is the signal transmitted by BT Redcare?

YES NO

Is the alarm system subject to a running maintenance contract at intervals not exceeding 12 months?

YES NO

Minimum security:

Physical Security

Loss or damage caused by theft or attempted theft involving entry to or exit from the premises by forcible or violent means is not insured unless the devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

Specification

1. The final exit door must be secured by means of either a mortice deadlock or rimlock conforming to, or superior to, BS3621, or a key operated multi-point locking system having at least three locking bolts.
2. All other external doors and internal doors providing access to any part of the building not occupied by you must be secured by means of either a locking device specified in (1) above, or by two key operated security bolts to engage the door frame.
3. Any external door, or internal door providing access to any part of the building not occupied by you, which is designated an emergency exit must be secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or by a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
4. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building to be secured by means of either a key operated locking device or permanently screwed shut.

NOTES:

- (i) The local fire authority must be consulted before replacing or augmenting the existing locking device fitted to a designated emergency exit door.
- (ii) The provisions of specification (4) do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking/gate grilles.

My/Our security measures comply with these criteria.

YES NO

I/We understand that relevant claims will not be paid if they do not.

YES NO

Interested parties:

If there are any additional financial interests in the property such as those held by Banks or Building Societies, please confirm below:

Name of party	Interest of party	Full address and postcode



PROPERTY -
BUILDINGS & CONTENTS

Sums insured:

The sums insured you stipulate below will dictate the amount of cover provided under the policy. You should enter the full rebuilding or replacement as new cost in each of the categories. If you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if in any doubt, you should consult your broker.

Property values

	Location 1	Location 2	Location 3
Main building:	£	£	£
Landlord's fixtures and fittings and tenant improvements:	£ 10000	£	£
Personal computers, printers and ancillary computer equipment at the premises:	£ 5000	£	£
All other contents/business equipment at the premises:	£ 20000	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the European Union:	£ 3000	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the world:	£ N/A	£	£
All other business equipment at home/away from the premises anywhere in the European Union:	£ N/A	£	£
All other business equipment at home/away from the premises anywhere in the world:	£ N/A	£	£
TOTAL PROPERTY SUM INSURED:	£ 29000	£	£



**PROPERTY -
LOSS OF INCOME**

This section may only be purchased with either the Property Buildings or Contents cover.

Please indicate the basis of cover required for the Business Interruption module by ticking the relevant box(es). Please consult your broker if you need advice.

Loss of revenue: Total annual revenue: £

Indemnity period (months) 12 18 24 36

and/or

Loss of gross profit: Sum insured: £

Indemnity period (months) 12 18 24 36

and/or

Additional expenditure: Sum insured: £

Maximum indemnity period (months) 12 18 24 36

and/or

Book debts: Sum insured: £

Do you have a disaster recovery or business continuity plan? YES NO

If YES, please attach a copy to this proposal from.

PERSONAL ACCIDENT AND ILLNESS

OPTIONAL – Only complete this module if this insurance cover is required.

Existing health

We will not make any payment under this insurance for any illness directly or indirectly arising from any physical defect, infirmity or medical condition known to the **insured person at inception**, unless the physical defect, infirmity or condition has been without the need of any medical advice or treatment during the 24 months before inception.

Please indicate below the sum insured required per staff category (e.g. partners, directors, employees) as either multiples of salary or a fixed sum insured. If the sum insured is salary based, please provide total salaries for each staff category and the highest salary paid. If on a fixed sum insured basis, please provide the numbers for each staff category. If in doubt, please consult your broker.

Staff category	Death	Capital benefits	Weekly benefits	Total salaries	Highest salary	No. of staff
<i>e.g. Partner</i>	<i>3 x Salary</i>	<i>£100,000</i>	<i>£500</i>	<i>£250,000</i>	<i>£80,000</i>	<i>3</i>

If specific benefits are required for named individuals outside the staff categories, please provide details on a separate sheet.

Please select the basis of cover required:

Personal accident and illness

Personal accident only

Does any proposed insured person suffer from any disabilities, physical defects, infirmities, disease or illness?

YES NO

If YES, please provide details:

In the last three years, has any proposed insured person suffered any illness or injury which has resulted in an absence from work of greater than one month, consecutive or otherwise?

YES NO

If YES, please provide details:



GROUP TRAVEL

OPTIONAL – Only complete this module if this insurance cover is required.

Existing health

We will not make any payment under this insurance for any claims arising out of a medical condition, which the **insured person** knew about at the time the **insured trip** was booked or begins, unless the condition is normally stable, under control and has been without the need for in-patient or emergency medical care in the last twelve months.

Travel pattern

Please provide full details of the travel pattern for the past 12 months:

	Rest of world	Europe	UK (if required)
Number of person trips per annum			
Average duration			
Maximum duration			

Is the travel pattern for the next 12 months expected to vary significantly from this?

YES NO

If YES, please provide full details:

You must complete this section.

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

In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES NO

A client withholding payment due to you after any complaint.

YES NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES NO

If you answered YES to any of the above, please provide full details:

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

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?

YES NO

2. 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 judgement debt?

YES NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Professional Indemnity

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES NO

In respect of the following insurance covers:

Internet & Email, Property Buildings, Property Contents, Property Loss of Income, Group Travel, Personal Accident & Illness, General Liability - Public & Products, Employers Liability, Employment Practices Liability

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

YES NO

CLAIMS

If YES, please provide full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

In respect of the following insurance cover:

Employment Practices Liability

Is there any reason to believe that there are any current facts or circumstances which may result in an employment practices claim being made against you?

YES NO

In respect of the following insurance cover:

Employers Liability

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim?

If YES, please provide full details:

YES NO

In respect of the following insurance cover:

Directors & Officers Liability

Have any claims ever been made against any past or present director or officer of the company or its subsidiaries?

YES NO

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 YES, please provide full details:

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES NO

If YES, please provide details:

Date	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.

DATA PROTECTION

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

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 Hiscox Insurance Company Limited 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.

Signature of Principal/Partner/Director

Date

A copy of this proposal should be retained for your records.

COMPLAINTS

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Limited, 1 Great St Helen's, London EC3A 6HX.

Professional Indemnity for Recruitment Consultants

Proposer Details

1. a. Name(s) of Firm(s):

Name

Date commenced

EMRC Ltd T/43 RM RECRUITMENT 09/07/04

Website address

1. b. Address(es) – all addresses must be shown together with the Principal in charge of each location:

Address

Principal in charge

10-104 UPPER RICHMOND ROAD PUTNEY GEORGE WILLIS
SW15 2SP

1. c. Please give the following details for all Partners/Directors/Principals of the Firm(s):

Name

Qualifications

Date qualified

Age

How long as a Partner/Director/Principal

GEORGE WILLIS
MARK FOXWELL

09/07/04 41 5 yrs
09/07/04 33 5 yrs

1. d. Is Cover required for predecessor practices to the Proposer(s)?

yes

no

If 'yes' please provide full details:

Name of predecessor

Date commenced

Date ceased

Reason for cessation

2. a. Please state total number of:

Principals/Directors

2

Trained Staff

5

Qualified Staff

Other

8

2. b. Please state the name of any Professional body or Trade Association of which the proposer is a member:

Professional body

Trade Association

REC

3. a. Please provide a full description of all your activities:

RECRUITMENT AND EMPLOYMENT OF
PERM. TEMP & CONTRACT STAFF INTO THE
CONSTRUCTION AND RELATED INDUSTRIES.

3. b. Please state gross turnover (£) in the columns provided for the last 5 complete financial years.

Year end	DEC/08	DEC/07	DEC/06	DEC/05
UK work	2.3M	2.74M	1.71M	943K
USA/Canada	—	—	—	—
Other overseas	—	—	—	—
Total	2.3M	2.74M	1.71M	943K
Financial year end date	31 DECEMBER			



3. c. What was the largest contract value received from a single client during the last complete financial year? £

3. d. What is the average contract value received for the last complete Financial year? £

4. Do you supply temporary/contract workers? yes no

If 'yes' please complete table below

	Standard terms of business	Non-standard terms of business
Drivers and/or persons whose duties include responsibility for money or goods	—	—
Executive, technical, specialist and professional staff	—	—
Clerical non-professional staff	—	—
Medical Staff	—	—
IT staff	—	—
Other (please give details)	CONSTRUCTION	

5. Total turnover for professional placements £

6. Approximate total package value for personnel placed:
 Average £390 p/week - Temp workers -
 Largest £1200 p/week.

7. Do any of your contracts involve:
 i. Work off shore? yes no

ii. Aviation? yes no

iii. Nuclear power? yes no

iv. General/petrochemical industries? yes no

8. Are you responsible for interviewing proposed staff? yes no

9. Do you select, choose or place staff for clients without referral? yes no

10. Are you responsible for checking references and qualifications? yes no

If 'yes', are gaps in references always checked? yes no

11. Has any insurer ever cancelled, declined, refused to renew or required an increased rate or special conditions in respect of your own or your predecessor(s)'s firm(s)'s insurance? yes no

If 'yes' please give full details:

12. Do you currently buy professional indemnity Insurance? yes no

If 'yes' please provide the following details:

Renewal Date

1st August 2009.

Limit of Indemnity

£500,000 — 00

Excess

£750 — 00

Premium

£1000 — 00

Current Insurer

Hiscox.

13. Please specify:

a. The limit(s) of indemnity you require quotations for:

£500K £ £ £ £

b. Please state the excess you are prepared to carry:

£750 — 00 £ £ £ £

14. Have any claims, whether successful or not been made against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors? yes no

15. Is any Partner, Principal, Director or employee after inquiry, aware of any circumstance or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors? yes no

If 'yes' to question 14 or 15 please provide full details:

Declaration

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of Insurance, I/we undertake to inform Underwriters.

Signature of Principal



Date

23/07/2009