



The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Company name: _____

Primary address (Address, City, Postcode, Country): _____

Website: _____

1.2 Date company was established: (DD/MM/YYYY) _____

1.3 Please briefly describe below the nature of your business activities:

1.4 Please provide the proportion of your business activities performed in the following categories:

Temporary placement:	_____	%
Permanent placement:	_____	%
Consultancy services (please provide details):	_____	%
Employee leasing:	_____	%
Other:	_____	%

If 'other', please provide details:

1.5 a) How many directors / officers / partners are there in the company? _____

b) Please show the details of all partners and directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c) Please state the number of employees (own staff):

d) Please state the average and maximum number of temporary placed personnel supplied at any one time:

Average:

Maximum:

1.6 Please provide the following financial information:

Last complete financial year:

Estimate for current financial year:

Gross revenue:

Own staff wage roll:

Payments to temporary placed personnel:

Date of financial year end:

Currency:

If any of your revenue is derived from overseas activity, please state the amount below:

Last complete
financial year:

Estimate for currency
financial year:

Estimate for next
financial year:

USA revenue:

Other territory revenue:

1.7 If temporary personnel are placed by you, are terms of business used? Yes No

If 'yes':

a) do they contain a 'hold harmless' agreement in your favour? Yes No

b) is the supervision, direction and control of placed personnel always the responsibility of your client? Yes No

If 'no', please provide details below:

Name of client

Category of workers supplied
(see category list in question 1.8)

Contract value for this client

1.8 Are you GST Registered? Yes No

If "yes", please state your ABN:

1.9 For Stamp Duty purposes please provide a percentage breakdown of your estimated revenue by State or Territory:

NSW %

VIC %

QLD %

SA %

WA %

TAS %

NT %

ACT %

O'seas

Total

1.10 Please provide a breakdown of placed personnel in the following categories:

	Permanent Placements	Temporary Placements
Clerical (white collar activities):	%	%
IT: consultancy/data entry:	%	%
IT: hardware installation/maintenance:	%	%
Medical or nursing:	%	%
Light manual (warehouse or light industrial):	%	%
Heavy manual (construction or heavy industrial) ¹ :	%	%
Drivers:	%	%
Domiciliary care:	%	%
Safety critical rail:	%	%
Offshore (oil rigs and platforms):	%	%
Care plan or independant living support:	%	%
Other:	%	%

If 'other', please provide details:

¹"Heavy manual" occupations include, but are not limited to, height work in excess of 5 metres, groundworks in excess of 2 metres depth, use of heat, lifting weights in excess of 55 pounds, use of tools, machinery and vehicles designed for use principally off public roadways (i.e. pneumatic drills, diggers, bulldozers, cement mixers, agricultural equipment etc.), a requirement for the use of protective clothing.

If 'Medical or nursing', 'Domiciliary care' and/or 'Care plan or independent living support' are populated, please:

a) state the types of healthcare facilities placed personnel are placed:

b) state the types of healthcare professionals you place:

1.11 Do you belong to any association related to these activities? Yes No

If 'yes', please list these associations below:

Section 2: Property & Business Interruption Insurance

Only complete this section if you require this cover.

2.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address:

Postal code:

Premises 2

Address:

Postal code:

Please continue on a separate sheet if more than 2 premises are to be insured.

2.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy:

Name of party:

Interest of party:

Address:

Postal code:

2.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No

d) In a good state of repair? Yes No

e) Self contained with a lockable entrance door? Yes No

f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

j) Fitted with sprinklers, either fully or partially? Yes No

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions, then please give further details:

- 2.4 Please detail the amounts to be insured below for each premises (complete only if you require property cover).

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount insured Premises 1	Amount insured Premises 2
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Main Building:

Landlord's fixtures & fittings and tenant improvements:

All contents wherever located:

Please list any alternative locations in question 3.1

- 2.5 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items:

Please also state the approximate percentage of the time that these items are away from your premises:

- 2.6 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents:

Please also state the approximate percentage of the time that these contents are away from your premises:

- 2.7 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover).

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount insured	Indemnity period
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Business interruption cover ('Flexible First Loss'):

Section 3: Claims Experience & Insurance Requirements

- 3.1 a) Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
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Employers' liability

Public liability:

Professional Indemnity:

*Placed personnel dishonesty (fidelity bonding):

Drivers' Negligence:

Cyber & Privacy Liability:

*Placed Personnel Dishonesty (fidelity bonding) only available when Professional Indemnity is being purchased.

b) If you have requested Placed Personnel (fidelity bonding) and are supplying drivers or warehousemen, please provide the following details:

Client name	Type of goods handled	Indemnity required	Contract value

3.2 Regarding all of the types of insurance to which this proposal form relates, AFTER FULL INQUIRY:

a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or

b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or

c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or

d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or

e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above: Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers and, the dates of all developments and payments.

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:

Position:

Signature:

Date: (DD/MM/YYYY)



Recruitment employment & staffing

Insurance application form

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Additional Information: