



## **Umbrella Company Proposal Form**

### **Important Notice**

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

**Umbrella Company Proposal Form**

**General Information**

**1. Please provide the business name (including any trading names and/or subsidiaries)**

Name	Established

**2. Address(es)**

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**3. Please provide details of all directors/partners/principals:**

Name	Qualifications	Length of Service

**4. Is cover required for the previous business activities of any directors/partners/principals?**

Yes  No

If 'yes' please provide full details on separate sheet.

**5. Do you currently have insurance in place**

Yes  No

If 'yes', please confirm:

<b>Current Insurer</b>	
<b>Renewal Date</b>	
<b>Premium</b>	

**Business Activities**

**6. Turnover**

	Last Year	This Year	Next Year (est)
Total Turnover	£	£	£
Operating Profit	£	£	£
Wageroll (own staff)	£	£	£

**7. Overseas work**

Do you ever enter into contracts that are not subject to UK/EU law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any income in relation to work carried out in US or Canada, not subject to US/Canadian Law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any income in relation to work carried out in US or Canada, subject to US/Canadian Law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any income derived from work elsewhere in the world?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'yes' to any of the above questions, please provide full details on a separate sheet.

**8. Do you derive any income from sources other than the provision of Umbrella services and/or the placement of CIS staff?**

Yes  No

If 'yes' please provide full details on separate sheet.

## 9. Umbrella Workers

Please provide the following information in respect of income derived from Umbrella staff only.

Please confirm the % of your total income derived from Umbrella staff?	%
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Please confirm the estimated % of staff working in the following sectors:

Staff	Last Year	This Year	Next Year (est)
IT	%	%	%
Business/Management Services/Consultancy	%	%	%
Medical	%	%	%
Energy Sector	%	%	%
Rail/Aviation	%	%	%
Legal	%	%	%
Construction	%	%	%
Other Manual	%	%	%
Other Non-Manual	%	%	%

Do you use standard terms of business for all clients? If 'yes' please provide copies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If have answered 'no' to the above question, are all contract reviewed by legally qualified persons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you accept vicarious liability for injury or loss caused by the actions of the umbrella workers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the end client responsible for ensuring that umbrella workers adhere to their Health & Safety regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answer 'no' to any of the above questions, please provide details below:

## 10. CIS Workers

Please provide the following information in respect of income derived from staff who engaged on a **self-employed** basis within the CIS industry. If you do not derive any income of this nature, please leave blank.

Please confirm the % of your total income derived from self-employed CIS staff	%
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Please confirm if you are inserted into the contract chain – i.e. do you enter into an agreement to provide construction services, rather than staff?

Yes  No

Please confirm the estimated % of staff working in the following sectors:

Staff	Last Year	This Year	Next Year (est)
General Construction	%	%	%
Scaffolding/Roofing	%	%	%
Plumbing/Heating	%	%	%
Asbestos	%	%	%
Rail	%	%	%
Work at Nuclear sites	%	%	%
Other (please specify)	%	%	%

Do you use standard terms of business for all clients? If 'yes' please provide copies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If have answered 'no' to the above question, are all contract reviewed by legally qualified persons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your standard terms specify that workers will <b>not</b> be under the supervision, direction and control of the end client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your standard terms require all staff to adhere to the Health & Safety regulations applied at the end client's site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your standard terms remove your vicarious liability for injury or loss caused by the workers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered 'yes' to the above question, do you require your contractor source their own insurance? (if you require your policy to cover vicarious liabilities, please tick 'no')	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answer 'no' to any of the above questions, please provide details below:

## Claims History

**11. In respect of any of the risks to which this proposal relates, has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?**

Yes  No

**12. In respect of any of the risks to which this proposal relates, has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?**

Yes  No

If you have answered 'yes' to either of the above questions, please provide details of the dates, values, and circumstances of every claim or loss, as well as details of any steps taken to prevent a reoccurrence.

**13. Are you, after full enquiry, aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?**

Yes  No

**14. Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes:**

- a) A shortcoming known to you, but not your client, which you cannot reasonably put right?
- b) A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
- c) An escalating level of complaint from your client on a particular project?
- d) A client withholding payment due to you after any complaint?

Yes  No

**15. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?**

Yes  No

If you have answered 'yes' to any of the above questions, please provide full details on a separate sheet.

**Cover Requirements**

**Please select the level of Professional Indemnity Insurance required:**

£250,000

£500,000

£1,000,000

£2,000,000

£5,000,000

Other (please specify) \_\_\_\_\_

**Please select the level of Public Liability Insurance required:**

£1,000,000

£2,000,000

£5,000,000

Other (please specify) \_\_\_\_\_

**Do you require Employers Liability Insurance?**

Yes

No

**Please read this paragraph carefully before signing the declaration**

It is essential that every Proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**Declaration**

On behalf of the Proposer/s, 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. 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 the Insurer.

<b>Signature</b>	
<b>Print Name</b>	
<b>Position</b>	
<b>Date</b>	