



Proposal Form

ALP Insurance Service

The ALP Insurance Service portfolio is designed to meet the needs of Labour Providers

Please complete and return to:

ALP Insurance Scheme
Administered by Lockton Affinity
A Division of Lockton Companies International Limited
Lockton House
6 Bevis Marks
London
EC3A 7AF

Should you have any questions, please contact us at:
0845 604 1264



General Information

Company Name:

Establishment date:

Primary Contact Name, Telephone, E-mail:

Premises Address:

Number of Employees:

Expiring Premium:

Renewal Date:

Please indicate the insurance cover you require:

Our standard cover provides limits as shown, please indicate in the relevant box should you require increased limits, which are available on most sections.

Property Insurance

	Standard Limit	Increased Limit
1. Fixtures & Fittings, Tenants Improvements and All Other Contents	£ 10,000	<input type="text"/>
2. Computers and Electronic Business Equipment	£ 5,000	<input type="text"/>
3. Does your portable equipment value exceed (within above)	£ 1,000	<input type="text"/>
4. Do you require cover for Buildings?	£ NIL	<input type="text"/>
5. Is cover required for any other property	£ NIL	<input type="text"/>

Business Interruption

6. Increased Costs of Working	£ 15,000	<input type="text"/>
7. Indemnity Period	3 months	<input type="text"/>
8. Do you require cover for loss of gross revenue? o Includes denial of access at customers premises o Includes notifiable disease extension at customers premises o Includes Public Utilities extension at customers premises	£ NIL	<input type="text"/>

Money

9. Money in transit, on the premises during working hours
or in bank night safe £ 2,500

Employers Liability

10. Limit of Indemnity £10,000,000

Please complete the table below with your annual waggeroll figures

	Previous Year	Current Year	Estimate Next Year
Own Employees	£	£	£
Placements as below			
Clerical/Admin	£	£	£
Medical/nursing/Care	£	£	£
Food & Drink Processing/Packing	£	£	£
Fisheries	£	£	£
Industrial (give details)	£	£	£
Drivers	£	£	£
Warehousemen	£	£	£
BlueCollar/Manufacturing	£	£	£
Construction Manual	£	£	£
Shell Fish Gathering	£	£	£
Agriculture	£	£	£
Horticulture	£	£	£
Other (give details)	£	£	£
TOTAL	£	£	£

Public Liability

11. Limit of Indemnity

£ 1,000,000

Please complete the table below with your turnover

Previous Year	Current Year	Estimate Next Year
£	£	£

Professional Indemnity

12. Limit of Indemnity

£ 250,000

Management Liability

The Scheme can provide preferential rates for:

**Directors and Officer Liability
Employment Practices Liability**Would you like us to provide you with terms for these covers?
Separate declarations will be required.

YES/NO

GENERAL QUESTIONS

13. Do your Principals have at least 5 years relevant experience?

YES/NO

If NO, please provide CV's for all principles

14. Do you agree to non standard contracts

YES/NO

If YES, please describe the type of activity and the percentage of total income

15. Do your non standard contracts exclude liability for Employers and Public Liability

YES/NO

16. Is the labour user responsible for EL and PL covers whilst the individual(s)
is in their care and control?

YES/NO

17. Do your non standard contracts make the labour user responsible for EL and PL
covers whilst the individual is in their care and control?"

YES/NO

Please supply a copy of your Standard Terms of Business and highlight limitation of liability

20. Is the labour user in charge of all Health and Safety matter?

YES/NO

21. What percentage of your placements are permanent placements?

%

22. What proportion of your business is in the licensed sector?

%

23. Do you undertake any work outside the UK?

YES/NO

If YES, please provide details.

In all cases the contract will be based on the following statement of fact. You MUST let us know if your circumstances differ in any way. If in doubt please ask.

All of the buildings constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal.

All of the buildings 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.

All of the buildings in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters.

All the buildings heated by a conventional electric, gas, oil or solid fuel central heating system.

The electrical installation inspected at least every five years by a qualified electrician and any defect remedied.

All lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?

The premises protected by an intruder alarm ARC and transmitted by BT Redcare. (For increased limits of where we specify)

Your premises shall comply with the following **Minimum Security Requirements**

You confirm the following statements to be true:

- The final exit door is secured by means of either a mortise deadlock or rimlock conforming to or superior to BS3621, or a key operated multi-point locking system having at least three locking bolts.
- All other external doors, and internal doors providing access to any part of the building not occupied by you, are secured by means of either a locking device specified in the above, or by two key operated security bolts to engage the door frame.
- Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or a mortise 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.
- 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 are secured by means of a key operated locking device or permanently screwed shut.
- The building is constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal.

Claims

Mandatory – Please complete this section

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

- | | |
|--|--------|
| A shortcoming known to you which you cannot reasonably put right. | YES/NO |
| A complaint about your work or anything you have supplied which cannot be immediately resolved | YES/NO |
| 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

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

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

If YES, please provide full details:

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim? YES/NO

If YES, please provide full details:

Have you ever had any claim or incident that is uninsured for loss of or damage to property? YES/NO

If YES, please provide full details:

DECLARATION

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/we have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information I/we provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We hereby consent to the use and disclosure of information including personal data for the purposes of and as set out in the above paragraph entitled "Data Protection"

I/We understand that if my/our Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

Signature of Partner/Director/Proprietor:

Date:

Name of Signatory: