

Qdos

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)

| |
|--|
| |
|--|

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:

| | |
|------------------------|--|
| Current Insurer | |
| Renewal Date | |
| Premium | |

Business Activities

6. Turnover

| | Last Year | This Year | Next Year (est) |
|---------------------------|-----------|-----------|-----------------|
| Total Turnover | £ | £ | £ |
| Operating Profit | £ | £ | £ |
| Wageroll (own staff) | £ | £ | £ |
| Average number of workers | | | |

If your business is newly incorporated, please provide an indication of your anticipated first year's earnings.

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. Services

| | | |
|--|------------------------------|-----------------------------|
| Do you undertake any payments using loans, credit or investments payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

In addition to Umbrella services and/or the placement of CIS staff, do you provide:

- Tax and/or IR35 Advice Yes No
- Company Formation Yes No
- Contract Drafting Yes No
- Accountancy Services Yes No
- Any Other Services Yes No

If 'yes' to any questions in Section 8, please provide full details below:

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? | % |
|--|---|

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

| Non-Manual Workers | Manual Workers | Medical Workers |
|---|--|--|
| <p>Please confirm the % of your umbrella staff providing clerical, administrative, or professional services in a non-manual capacity, including IT workers and educational staff.</p> <p>Please exclude any staff providing medical services, and those not engaged as umbrella workers.</p> <p>If you have any workers in this category, please complete section 9a.</p> | <p>Please confirm the % of your umbrella staff carrying out manual work, including drivers and offshore workers.</p> <p>Please exclude any staff providing medical services, and those not engaged as umbrella workers.</p> <p>If you have any workers in this category, please complete section 9b.</p> | <p>Please confirm the % of your umbrella staff providing medical, nursing, domestic care, and other related services.</p> <p>If you have any workers in this category, please complete section 9c.</p> |
| % | % | % |

If you engage any workers who do not fit into the above categories, please provide full details below:

| | |
|--|---|
| | |
| | % |

| | | |
|---|------------------------------|-----------------------------|
| Do you accept vicarious liability for injury or loss caused by the actions of all umbrella workers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the end client responsible for ensuring that all umbrella workers adhere to their Health & Safety regulations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do all umbrella workers operate under the supervision, direction and control of the end user? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

| |
|--|
| |
|--|

9a. – Non-Manual Umbrella Workers

Please confirm the estimated % of **non-manual umbrella** staff working in the following sectors:

| Staff | Last Year | This Year | Next Year (est) |
|--|-----------|-----------|-----------------|
| IT | % | % | % |
| Business/Management Services/Consultancy | % | % | % |
| Financial/Accountancy | % | % | % |
| Engineering | % | % | % |
| Teaching/Educational | % | % | % |
| Other (please specify) | % | % | % |

If you have indicated that you provide staff in “Other” trades, please provide full details below:

Do you provide any non-manual umbrella staff in the following roles?

- Nuclear
- Aviation
- Actuaries/Independent Financial Advisors
- Survey/Valuation Work
- Lawyers/Solicitors/Barristers
- Pharmaceutical
- Process Engineering
- Architecture
- Accountancy and Tax work
- Legal services
- Rail
- Asbestos

Yes No

If ‘yes’, please provide full details:

9b. – Manual Umbrella Workers

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

Note - Please do not include Self Employed CIS Workers in the information below - please see Q10

| Staff | Last Year | This Year | Next Year (est) |
|------------------------|-----------|-----------|-----------------|
| Warehouse/industrial | % | % | % |
| Drivers | % | % | % |
| Rail* | % | % | % |
| Offshore** | % | % | % |
| Construction*** | % | % | % |
| Other (please specify) | % | % | % |

If you have indicated that you provide staff in “Other” trades, please provide full details below:

Do you provide any manual umbrella staff in the following roles?

- Nuclear
- Pharmaceutical
- Aviation
- Asbestos

Yes No

If 'yes', please provide full details, including the number or % of workers in those roles:

*** If you provide Umbrella Workers in the Rail Sector, please confirm if the carry out services which involve:**

- Work in Red Zones
- Work which may impact the provision of power, or connections to rails or signals
- Laying tracks

Yes No

Please leave blank if you do not provide any Umbrella Workers in the Rail Sector

9b. – Manual Umbrella Workers - *Continued*

**** If you provide Umbrella Workers in the Offshore Sector, please confirm the maximum number of workers operating on a single rig at any one time**

| |
|--|
| |
|--|

*****If you provide Umbrella Workers in the Construction Sector, please confirm the estimated % of staff in the following sectors:**

| Staff | Last Year | This Year | Next Year (est) |
|---------------------------------------|------------------|------------------|------------------------|
| Builders/Labourers/Bricklayers | % | % | % |
| Scaffolding/Roofing | % | % | % |
| Plumbing/Heating | % | % | % |
| Groundwork | % | % | % |
| Electrical | % | % | % |
| Carpenters/Joiners | % | % | % |
| Painters/Decorators | % | % | % |
| Glazing | % | % | % |
| Air Conditioning/Ductworkers | % | % | % |
| Other (please specify) | % | % | % |

PLEASE NOTE - If all Construction Workers are engaged on a self-employed basis, please leave this section blank and go to Question 10

If you have indicated that you provide staff in “Other” trades, please provide full details below:

| |
|--|
| |
|--|

9c. Medical Workers

Please note that no claims arising from work carried out by Medical Contractors will be covered by your Professional Indemnity or Public Liability policies.

Would you like to arrange a separate quotation for Medical Malpractice insurance to cover claims relating to the services provided by your medical contractors?

Yes No

If 'Yes', do you have measures in place to ensure all contract staff are independently insured via membership of NHS, trade union, regulatory body, or other similar scheme, or via independently arranged Medical Malpractice insurance policies?

Yes No

Please confirm the average number of umbrella staff engaged in the following sectors:

| | |
|---------------------------------|--|
| Anaesthetists | |
| Audiologists | |
| Beauty therapists | |
| Care staff | |
| Chiropodists/podiatrists | |
| Chiropractors/osteopaths | |
| Clinical scientists/specialists | |
| Complementary therapists | |
| Dentists | |
| Dental care practitioners | |
| Dieticians/nutritionists | |
| General Practitioners | |
| General surgeons | |
| Gynaecologists | |
| Laboratory technicians | |
| Midwives | |
| Nurse anaesthetists | |
| Nurse practitioners | |
| Nurses – general | |

| | |
|---------------------------------|--|
| Obstetricians | |
| Occupational therapists | |
| Ophthalmologists | |
| Optometrists | |
| Orthopaedic surgeons | |
| Paramedics/first aiders | |
| Pharmacists | |
| Physicians | |
| Physiotherapists | |
| Plastic/cosmetic surgeons | |
| Prosthetists/orthotists | |
| Psychologists | |
| Psychiatrists | |
| Radiographers | |
| Radiologists | |
| Resident medical officers (RMO) | |
| Speech and language therapists | |
| Surgeons – other | |
| Other (please provide detail) | |

10. CIS Workers

Please provide the following information in respect of income derived from staff who engaged on a **self-employed** basis within the construction 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 | % |
|---|---|

| | | |
|---|------------------------------|-----------------------------|
| Do all workers operate without the supervision, direction and control of the end client? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are all workers required to adhere to the Health & Safety regulations applied at the end client's site? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

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

| Staff | Last Year | This Year | Next Year (est) |
|---------------------------------------|-----------|-----------|-----------------|
| Builders/Labourers/Bricklayers | % | % | % |
| Scaffolding/Roofing | % | % | % |
| Plumbing/Heating | % | % | % |
| Groundwork | % | % | % |
| Electrical | % | % | % |
| Carpenters/Joiners | % | % | % |
| Painters/Decorators | % | % | % |
| Glazing | % | % | % |
| Air Conditioning/Ductworkers | % | % | % |
| Other (please specify) | % | % | % |

If you have indicated that you provide staff in "Other" trades, please provide full details below:

10. CIS Workers – Continued

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.

| | | |
|---|------------------------------|-----------------------------|
| Do you require your policy to cover the actions of your CIS workers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do any CIS workers provide professional and/or qualified advice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do any CIS workers handle asbestos or provide any asbestos related services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Do any CIS workers carry their own insurance policies in respect of the services provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do any CIS workers provide services at or in Rail, Aviation, or Nuclear facilities, or Offshore? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answer 'yes' 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

If Yes, please provide your PAYE reference number/ERN: _____

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.

| | |
|-------------------|--|
| Signature | |
| Print Name | |
| Position | |
| Date | |