



PROPOSAL FORM

RECRUITMENT & EMPLOYMENT AGENCIES / BUSINESSES

Employers Liability
Public & Products Liability
Professional Indemnity
Medical Malpractice
Drivers Negligence

JMM Insurance (Ireland) Limited is authorised by the Central Bank of Ireland.

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Introduction

The purpose of this proposal form is for us to establish who you are and obtain information relevant to the cover provided by this policy. The information you provide in this form must be complete, accurate and not misleading. It also means you must tell us all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it had never existed.

Please supply a current copy of you standard Terms of Business.

Proposers Name

Insured Company

Contact Name

Address

Country

Email

Telephone

Website

Please state when your business was established

Please state your Irish Employer Reference Number



Subsidiary Companies

Please provide the following details for all subsidiary companies to be insured:

Name	Country	Employer Reference No.
Company Name	Name of Country	Number
Company Name	Name of Country	Number
Company Name	Name of Country	Number
Company Name	Name of Country	Number
Company Name	Name of Country	Number

Associated Companies

Please provide the following details for all subsidiary companies to be insured:

Name	Country	Employer Reference No.
Company Name	Name of Country	Number
Company Name	Name of Country	Number
Company Name	Name of Country	Number
Company Name	Name of Country	Number
Company Name	Name of Country	Number

Trade Memberships & Accreditations



Business Description to appear in your Policy Schedule

Include any activities outside of the standard business descriptions stated in the box below.
For example: Training Services, Payroll Services, Rail Contracting, Domiciliary Care.

Details

Cover Start Date

Date

Cover Required

Employers Liability:

Indemnity Limit

€Amount

any one claim

Public Liability:

Indemnity Limit

€Amount

any one claim

Professional Indemnity

Indemnity Limit

€Amount

in the annual aggregate/
any one claim

Estimates

For the next 12 months from the Cover start date:

Payroll

Your own staff including Directors/Partners

€Amount

Temporary assignments

€Amount

Director contract work (e.g. building, rail, contracting)

€Amount

Fees

Consulting (e.g. payroll, training)

€Amount



Permanent placements

€Amount

Other

Turnover

€Amount

Average number of Temporary Personnel

Number

Actual Turnover for your last Financial Year

€Amount

Types of Temporary Personnel & Contractual Basis of Supply

Please indicate as a percentage of the estimated temporary assignment payroll the following categories split between standard and non standard contracts.

Standard Contract = Terms of business that contain and agreement that persons placed by you are under the supervision, direction and control of your client so far as concerns responsibility for legal liability.

Non-Standard = Without the above agreement e.g. usually your client's terms of business.
*Include the HSE as standard for item 4 below.

	Standard	Non-Standard
1. Clerical / Administration / Managerial	-%	-%
2. Information Technology	-%	-%
3. Professions / Technical (non-manual)	-%	-%
4. Medical / Nursing / Care (non-domiciliary) *	-%	-%
5. Domiciliary Care or Independent Living Support	-%	-%
6. Manual (e.g. warehouse / light industrial)	-%	-%
7. Manual (e.g. construction / heavy industrial)	-%	-%
8. Rail Infrastructure	-%	-%
9. Rail on Track	-%	-%
10. Drivers	-%	-%
11. Offshore (e.g. oil rigs / platforms)	-%	-%
12. Other (please give details below)	-%	-%



Total:

Please provide an estimate of the temporary assignments payroll where the person placed is employed by you as opposed to engage on a contract for services

Please provide an estimate of temporary assignments payroll where the person placed is engaged via a management / umbrella company

Will you trade in any of the following areas?

- Aviation
- Offshore
- Petrochemical
- Nuclear
- Asbestos

If so, please provide details

Details

Will you trade outside of Ireland

- Yes
- No

If so, please provide details

Details



Medical Malpractice

ONLY COMPLETE THIS SECTION IF YOU REQUIRE THIS COVER

Do you presently have this cover? Yes
No

If so, what is your retroactive date?

What indemnity limit do you require? in the annual aggregate

What percentage of your supply is to the HSE?

Additional information for any direct work of your own outside of supply to businesses involved in the healthcare industry

	Number	Estimated Payroll (€)
Domiciliary care workers	No.	€Amount
Independent living support		
(i) Nurses	No.	€Amount
(ii) Care Workers	No.	€Amount
(iii) Number of individual/family care units to whom you are providing the service	No.	€Amount

Any other, please advise below
Details



Drivers Negligence

ONLY COMPLETE THIS SECTION IF YOU REQUIRE THIS COVER

Standard cover is €10,000 any one claim / €50,000 in the annual aggregate

Estimated maximum number of drivers to be supplied in any one day

No. of drivers

Please provide the names of clients below that require cover:

Client Name	Estimated number of drivers
Name	Number
Name	Number
Name	Number
Name	Number
Name	Number



Declaration

Please expand on any answers in the additional information page.

- a. Have any claims been made against you in the last 3 years in respect of the risks for which quotations have been requested in this proposal Yes No
- b. After enquiry, are any of the Partners/Directors aware of any circumstances which are likely to give rise to a claim against the firm or their predecessors in business or any of the present or former Partner/Directors? Yes No
- c. Have you, the Proposer, or any Principal, Director or Partner under a current or previous trading title:
- (i) Been declared bankrupt or insolvent? Yes No
- (ii) Been convicted of arson or any other criminal offence (other than motoring offences) or is any prosecution pending? Yes No

In respect of any of the risks against which you now wish to insure:

- (iii) Has any insurer declined to accept, cancelled, refused to continue only on special terms any insurance for the Proposer? Yes No

If yes to any of the above questions, please provide details on a separate sheet.

- d. I/We declare that the above statements and particulars are true to the best of my/our knowledge and I/we have not suppressed or misstated any material facts.
- e. I/We agree that this declaration including any supporting information shall form part of the contract between me/us and the insurers and if the risk is accepted agree to pay the premium when called upon to do so.
- f. I/we understand that my/our information may also be disclosed to the Financial Conduct Services and other regulatory bodies for the purposes of the monitoring and/or enforcing the insurers' compliance with any regulatory rules/codes.

Signed

Dated

Print Name

Position

PLEASE REMEMBER TO ATTACH A COPY OF YOUR CURRENT STANDARD TERMS OF BUSINESS



Additional Information

Details