



## SRS Recruitment Services Proposal Form

### IMPORTANT NOTICES

Please read these notices before completing the Proposal.

#### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

#### Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

#### Claims Made Policy

Sections Two and Three of the Policy are issued by SRS on a claims made and notified basis. This means that the Policy only covers the Insured for claims first made against the Insured during the Period of Insurance and notified to Underwriters during the Period of Insurance.

Section 40(3) of the Insurance Contracts Act 1984 may provide additional rights at law. That section provides that where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but during the period of insurance, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance.

#### Retroactive Date

Sections Two and Three of the Policy are limited by a Retroactive Date. This means that the Policy excludes cover for acts committed or alleged to have been committed prior to the Retroactive Date.

#### Privacy Statement

SRS handles your personal information with care in accordance with the Privacy Act. SRS collects information about you to provide you with insurance products and a claims service. SRS only provides your personal information to Underwriters (who may be located overseas), assessors, claims adjusters, legal advisers, and others appointed by SRS or Underwriters to assist in providing relevant products and services, or as required or permitted by law. You may elect not to supply SRS with personal information; however, SRS may then not be able to provide you with insurance products and a claims service. Where you provide SRS with personal information about others, SRS relies upon you to have made them aware of that disclosure and of the SRS Privacy Policy and to obtain their consent. You can ask SRS to update this information at any time and access it unless a legal exception applies. For further information about how SRS treats your personal information, ask for a copy of the SRS Privacy Policy or visit [www.srs.com.au](http://www.srs.com.au).

#### General Insurance Code of Practice

SRS and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au), or from SRS upon request.

#### Further Information

Your insurance broker will arrange this insurance for you, on your behalf. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to SRS through your insurance broker, as he is your agent for this insurance.

**MELBOURNE** Level 10, 520 Collins Street, Melb VIC 3000    PO Box 230, Collins Street West VIC 8007    Ph: +61 3 9810 0600 Fax: +61 3 9810 0650  
**BRISBANE** Level 6, 200 Mary Street, Brisbane QLD 4000    GPO Box 1635, Brisbane QLD 4001    Ph: +61 7 3002 3000 Fax: +61 7 3002 3077  
**SYDNEY** Level 3, 77 King Street, Sydney NSW 2000    GPO Box 4431, Sydney NSW 2001    Ph: +61 2 9323 5000 Fax: +61 2 9323 5077

WEBSITE: [www.srs.com.au](http://www.srs.com.au) EMAIL: [info@srs.com.au](mailto:info@srs.com.au)

SRS Underwriting Agency Pty Ltd ABN 89 113 929 516 AFSL 290518



**IMPORTANT NOTICE**

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

**1. Applicant Details**

1.1 Name of all entities or person(s) to be insured:

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1.2 Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

1.3 Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

1.4 Address of Principal Office: \_\_\_\_\_  
 \_\_\_\_\_

1.5 Date Business Established: \_\_\_\_\_

1.6 Particulars of all Principals:

Name of Principals, Partners or Directors	Age	Qualifications	Years Practising as Principal		Name of Previous Business Practice
			This Practice	Previous Practice	

1.7 Staff Numbers:

Staff	Numbers	Staff	Numbers
Principals		On-hired Employees	
Internal Employees		On-hired Contractors:	
Consultants working on behalf of the Applicant		<b>TOTAL STAFF:</b>	



1.8 Are you a member of any professional association? Yes  No

If Yes, please state which association(s):

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1.9 (a) Has your business name ever changed? Yes  No

(b) Have you ever carried on your business under a prior corporate entity? Yes  No

(c) Has any other business or practice amalgamated or merged with your business? Yes  No

If Yes to any of above please provide full details

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**2. Revenue, Assets and Liabilities, Fees and Wages**

**2.1 Gross Revenue:**

Current Year	Previous Year	Estimated Next 12 Months
\$	\$	\$

**2.2 Assets, Liabilities, Profit and Loss**

	Most Recent Financial Year End	Previous Financial Year End
Total Assets	\$	\$
Total Liabilities	\$	\$
Net Assets	\$	\$
Net Profit (Loss)	\$	\$

**2.3 Split of Business Activities:**

Please indicate the actual revenue received from the provision of these services for the last year and estimated revenue for the current year:

Recruitment Services	Revenue for Last Year	Estimated Revenue for the Current Year
Permanent Placements		
Temporary Placements of Employees & Contractors		
Reference Checking		
Human Resource Consulting		
Psychological Testing		
Training and Induction		
Group Training of Apprentices and Trainees		
Payroll Management		
Contract Management Services		
Outplacement Services		
<b>TOTAL REVENUE</b>		



2.4 Please advise your **fees** for placing permanents, and your **gross wages and fees** (including trust distributions) payable to on-hired Employees and on-hired Contractors. Please provide actual amounts for last year and estimates for the current year:

Activities: Occupations	Fees for Permanent Placements		Gross Wages Payable to On-Hired Employees		Gross Fees Payable to On-Hired Contractors	
	Last Year	This Year	Last Year	This Year	Last Year	This Year
<b>Professionals:</b>						
Accountants						
Aircraft Engineers						
*Allied Health (details)						
Architects						
Engineers & Draftpersons						
IT Consultants						
Legal Practitioners						
Midwives						
Nurses						
*Other Professional (details)						
<b>Other White Collar:</b>						
Clerical/Secretarial						
*Hospitality (details)						
Childcare Workers						
Attendant Carers						
*Other White Collar (details)						
<b>Blue Collar:</b>						
Aircraft Maintenance Workers						
Construction						
Industrial						
Labourers						
Mining – above ground						
Mining – below ground						
Scaffolders & Riggers						
Welders						
*Other Blue Collar (details)						

\*Please provide details of activities/occupations of categories marked “\*\*”

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**3. Your Business**

3.1 Do you envisage any substantial changes in your business or activities in the next 12 months? Yes  No

If Yes to (a) or (b), please provide full details:

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3.2 Is any principal aware of facts or circumstances which might affect the ability of the Applicant to meet all its debts as and when they fall due? Yes  No

3.3 Do you use terms of business which incorporate disclaimers and/or limitations of liability in your business? Yes  No

3.4 Please attach a copy of your terms business  
What percentage of on-hiring is carried out subject to these terms of business? \_\_\_\_\_ %

3.5 Please provide the approximate percentages of your revenue applicable to each State, Territory & Overseas:

ACT	%	NSW	%	NT	%	QLD	%	SA	%
TAS	%	VIC	%	WA	%	OS	%	Total	%

If overseas activities are carried out please provide countries and percentage breakdown:

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**4. Claims and Circumstances**

4.1 During the past 10 years has any Claim been made for the insurances that are being proposed, or has negligence been alleged, against any entity or individual to be Applicant by this insurance (including any prior corporate entity and any of the present or former principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

If Yes, please provide details. Yes  No

Year	Insurer	Brief description	Is it finalised?	Total Amount Paid or Reserved
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

4.2 What action has been taken to prevent a recurrence of the situation which gave rise to each claim at question 4.1?

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4.3 After making enquiries, is any principal, employee or consultant aware of any circumstance which may give rise to a claim against any entity or individual to be covered by this insurance (including any prior corporate entity and any of the present or former principals), that is not referred to in answer to question 4.1?

If Yes, please provide details Yes  No

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**4.4** After making enquiries, has any principal, employee or consultant ever been subject to external disciplinary proceedings or has any director or executive officer of the company been declared or entered into a deed of assignment, composition or a scheme of arrangement with creditors?

If Yes, please provide details

Yes  No

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**5. Insurance History**

**5.1** Are you currently insured for Professional Indemnity and/or General Liability and/or Management Liability? Yes  No

If Yes, please provide details

Policy Type	Insurer	Expiry	Sum Insured	Excess	Premium
General Liability					
Professional Indemnity					
Management Liability					

**5.2** In respect of the business or any principal, has any Insurer:

- (a) Declined a proposal? Yes  No
- (b) Imposed special terms? Yes  No
- (c) Declined to continue your insurance? Yes  No
- (d) Cancelled your insurance? Yes  No

If Yes to any of above please provide details

**6. Cover Required**

**6.1** Please advise limit(s) required:

**Professional Indemnity**

- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$10,000,000
- Other: \_\_\_\_\_

**General Liability**

- \$5,000,000
- \$10,000,000
- \$20,000,000
- Other: \_\_\_\_\_

**Management Liability**

- \$500,000
- \$1,000,000
- \$2,000,000
- \$5,000,000
- Other: \_\_\_\_\_

**6.2** Please advise excess(es) required:

**Professional Indemnity**

- \$2,000
- \$5,000
- \$10,000
- Other: \_\_\_\_\_

**General Liability**

- \$500
- \$1,000
- \$5,000
- Other: \_\_\_\_\_

**Management Liability**

- \$2,000
- \$5,000
- \$10,000
- Other: \_\_\_\_\_

- 6.3 a)** Do you require your General Liability cover to extend to your On-Hired Contractors? Yes  No
- b)** Do you require your Professional Indemnity cover to extend to your On-Hired Contractors? Yes  No



6.4 Do you require a Fidelity extension? Yes  No 
If Yes, please complete a Fidelity Addendum

6.6 Do you require Previous Business cover? Yes  No 
If Yes, please complete a Previous Business addendum

6.7 Do you require Trustees Liability for a Superannuation Fund established for the benefit of the Employees of the Applicant (other than other industry, master or self-managed fund)? Yes  No 
If Yes, please state the full name of the superannuation fund

6.8 Do you require a quotation for Employment Practices Liability? Yes  No 
If yes, please complete the following:
How many employees left the Applicant's business in the last 12 months? \_\_\_\_\_

Does the Applicant anticipate any retrenchments or layoffs in the next 12 months Yes  No 
If Yes, how many \_\_\_\_\_

Does the applicant have written employment procedures that are available to each employee? Yes  No

Declaration:

I/We the undersigned duly authorised person(s) declare that:

- I am/we are authorised by each of the Applicant to sign this proposal form
The above statements are accurate, correct and complete
No information pertinent to this proposal form has been withheld
I/we have read the important notices which are in this proposal form and I/we understand the advice given in relation to the duty of disclosure
I/we have conscientiously made all necessary and comprehensive enquiries in order to comply with the duty of disclosure
I/we understand that no insurance is in place until such time as the insurer has confirmed acceptance of the proposed insurance
I/we undertake to notify the insurer of any material alteration to these facts occurring prior to completion of the contract of insurance
I/we acknowledge that the insurer relies on the information and representations in this proposal form and otherwise made by me/us in relation to this insurance
Except where indicated to the contrary, I/we understand that any statement made in this proposal form will be treated by the insurer as a statement made by all persons to be Applicant
I/we have read SRS Underwriting Agency's Privacy Statement on this proposal form, and give permission to the use, disclosure and obtaining of personal information about the Applicant for the intention shown in the Privacy Statement

Name of Applicant: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_