

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees 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 underwriters 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).

Recruitment / Employment Consultants

Please complete this proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.

- 1) **NAME/S** (including trading names) of the Proposers/s:
Use a separate sheet if necessary

Name	Date Commenced

Website Address:

Email:

- 2) **ADDRESS/ES** of Proposer/s
All addresses must be shown together with the Principal responsible for the work at each office.

Address	Principal in charge

- 3) Is cover required for predecessor practices of the Proposer/s?

YES		NO	
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If **YES**, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

- 4)

Name in full of Principals	Qualifications	Date Qualified	How long as a Principal with Proposer/s

Recruitment / Employment Consultants

5) Is cover required for the previous business activities of any Principal?

YES		NO	
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If **YES**, please state:

Name of Principal			
Name of Previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for Last 3 Years	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
Reason for Leaving			
Position in Firm			
Is there separate insurance covering the activities of this Firm for the Period stated above?			

6) Please state total numbers of:

Principals	
Qualified Staff	
Others	

7) **DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC DIVERSIFIED FINANCIAL PRODUCTS LTD.**

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

8) (a) Please provide a full description of all your activities:

PLEASE PROVIDE A BROCHURE, IF AVAILABLE

