

**Once completed, please either: Post to -**

**Charles Insurance,**

**29 Hickman Road, Penarth,  
Vale of Glamorgan  
CF64 2AL**

**OR fax to -**

**029 2071 2919**

**OR scan and e-mail to**

**[chris@pro-indemnity.co.uk](mailto:chris@pro-indemnity.co.uk)**

**In case of difficulty with these forms, please ring**

**029 2070 2333**

**for assistance**

# Supplementary Questionnaire for Employment Agency

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## Attaching to and forming part of the Professional Indemnity Proposal Form

1. Please give the following information:

Percentage of fee income/revenue relating to the supply of:

(a) Temporary staff \_\_\_\_\_% (b) Permanent staff \_\_\_\_\_%

Please provide a further breakdown of fee income/revenue by the categories below:

	Temporary Staff %	Permanent Staff %
(a) Computer personnel*		
(b) Drivers		
(c) Persons responsible for or with access to money/goods		
(d) Executive, technical, specialist or professional personnel		
(e) Medical personnel		
(f) Social services personnel (including home helps)		
(g) Scientific consultants (including environmental specialists)		
(h) All other personnel (please give details)		

\* Have any personnel supplied given specialist advice in respect of "Year 2000"/data recognition solutions? Yes/No

**If Yes, please give details:**

2. (a) Does the applicant have formalised vetting procedures? Yes/No
- (b) Are written references always obtained? Yes/No
- (c) Does the applicant have a formal policy for ensuring client confidentiality? Yes/No

**If No please give details of how these issues are handled:**

### Declaration & Signature

The undersigned declares on behalf of all applicants that to the best of his/her knowledge and belief the statements set forth herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares that this supplementary questionnaire together with the proposal form and any other information supplied shall form the basis of this contract and undertakes to inform the Company of any material alteration to those facts occurring before the issuance of this contract of insurance.

Signed \_\_\_\_\_

(To be signed by the Policyholder or the person authorised by the Policyholder)

Name \_\_\_\_\_

Title \_\_\_\_\_

Policyholder \_\_\_\_\_

Date \_\_\_\_\_