

# Qdos UmbrellaSure

## 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).

### **What to expect next**

Qdos will review information provided in this form and prepare a quotation meeting your requirements. If additional information is required in order to provide a quotation, a member of our team will be in touch to provide details and request your feedback accordingly.

## SECTION 1 – Company Details

Please complete all relevant questions.

<b>Company Name</b>	
	Please provide details of any trading names and/or subsidiaries:
<b>Do you require cover for any business registered outside of the UK?</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide further details of an non-UK companies
<b>Please provide details of current insurance policies</b>	Insurer/Broker:
	Expiry Date:
	Premium:

## SECTION 2 – Cover Requirements

Please confirm your policy requirements				
<b>Professional Indemnity</b>	£			
<b>Public Liability</b>	£			
<b>Employers Liability</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Drivers Negligence</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, please confirm the maximum number of drivers engaged at any one time			
<b>Medical Malpractice</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Cyber</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Directors &amp; Officers</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Legal Expenses</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Personal Accident</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Travel Insurance</b>	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Business Contents</b>	<b>Tenants Improvements</b>	£	<b>Office Contents</b>	£
	<b>Computers</b>	£	<b>Portable Devices</b>	£
	<b>Business Interruption</b>	£		
<b>Do you require any insurances not listed above?</b>	Please provide details			

## SECTION 3 – Business Activities

<i>Please note Total Turnover should reflect gross income to your business, inclusive of payments to placed workers.</i>	Last Year	This Year	Next Year
Total turnover	£	£	£
Retained fee income	£	£	£
Internal Wageroll (own staff)	£	£	£
Average number of workers	£	£	£
<b>Please confirm the percentage of turnover derived from each of the following locations</b>			
UK (%)	£	£	£
North America (%)	£	£	£
Europe (%)	£	£	£
Rest of World (%)	£	£	£
<b>Do you ever enter into contracts that are not subject to UK/EU law?</b>			
Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details			
<b>Do you undertake any of the following activities</b>			
Accounting services	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tax and/or IR35 advice	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company formation	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contract drafting	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any other services (other than umbrella/payroll activities)	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>		

## SECTION 4 – Workers

What % of placed workers are employed (i.e. umbrella workers)	%
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What % of placed workers are self-employed	%
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Are you ever responsible (either contractually or in practice) for the supervision, direction, or control of any placed workers?	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do your standard terms of business make you responsible for:	
The acts, errors and omission of placed workers	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Health and Safety at locations where placed workers operate	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>

What % of your worker are engaged via non-standard/third party terms?

Do non-standard/third party terms make you responsible for:	
The acts, errors and omission of placed workers	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Health and Safety at locations where placed workers operate	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please advise % of workers engaged in the following activities:		
Activities	Umbrella Workers	Self-Employed Workers
IT/Professional/Technical	%	%
Teachers	%	%
Administrative and/or other non-manual activities	%	%
Medical/Nursing Careworkers	%	%
Pharmaceutical	%	%
Drivers	%	%
Rail	%	%
Warehouse/Industrial	%	%
Scaffolding/Roofing	%	%
General Construction	%	%
Offshore	%	%
Other (please provide details)	%	%

## SECTION 4 – Workers continued

Do placed workers carry out services involving the following:	
Legal services	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Accounting/Actuarial/Tax work	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Process engineering	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial advice	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Survey/valuation	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Architecture	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Asbestos	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Nuclear	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>
Aviation	Please select: Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION 5 – Claims History

**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?**

Please select: Yes  No

**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?**

Please select: Yes  No

**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?**

Please select: Yes  No

**Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you?**

**This includes:**

- A shortcoming known to you, but not your client, which you cannot reasonably put right
- A complaint from your client about your work or anything you have supplied which cannot be immediately resolved
- An escalating level of complaint from your client on a particular project
- A client withholding payment due to you after any complaint?

Please select: Yes  No

**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?**

Please select: Yes  No

*If yes to any of the above, please provide full details of dates, values and circumstances and/or a claims history provided by your current/previous insurer*

## SECTION 5 – Declaration

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.*

<b>Name</b>	
<b>Position held</b>	
<b>Signature</b>	
<b>Date</b>	