

Employment Practices Liability Insurance

Exclusively for members of EEF

Underwritten by Travelers

Cover arranged through RK Harrison

Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper. Whilst we ask for your website address this in no way derogates from your duty of utmost good faith in answering this proposal form. Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information. The completion and signature of this proposal does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

Proposer

Registered Company Number *(if applicable)*

Address

Postcode

1. Total number of persons currently employed by the Proposer

2. (a) Is the Proposer currently a member of the EEF and subscribes to the Tribunals & Settlements Service? Yes No

If Yes, please confirm the date membership commenced and the membership reference number and proceed to Question 3

Date Membership No:

(b) Is the Proposer considering upgrading their membership package to include the Tribunal and Settlements option? Yes No

(c) Is the Proposer considering joining the EEF as a member, including the Tribunal and Settlements option? Yes No

Please note this insurance is only available if you are able to tick yes to one of the three options above and in respect of options (b) and (c) the cover can only be incepted once your application to EEF has been accepted

3. Is there an internal Human Resources (HR) department? Yes No

If No, how is the HR function performed?

- Company director / manager with HR qualification
- Other

If Other, please provide details

4. Does the Proposer have a written HR procedures manual in place and is it regularly reviewed/updated? Yes No

If Yes, does the Proposer issue a copy of the written HR procedures manual to all managerial/supervisory staff? Yes No

5. Does the Proposer issue a written employee handbook to all employees containing information on your HR policies and procedures? Yes No

If No, please provide details of how HR policies and procedures are communicated to all employees

6. Please review the following list of employee-related matters which can potentially cause disputes:

- Recruitment process
- Sex or other legally prohibited discrimination
- Redundancy, termination of employment and early retirement
- Compliance with employment and related laws
- Employee disciplinary actions (including grievance procedures)
- Medical examinations
- Employee out-placement services
- Employee appraisals and reviews

Please confirm that it is the Proposer's management policy to ensure that decisions in these areas are referred to:

Internal HR department Yes No

Company director / manager with HR qualification Yes No

Other Yes No

If Other, please provide details

7. Does the Proposer have any acquisition, tender offer or merger pending or under consideration? Yes No

If Yes, please provide details

8. Is the Proposer aware of any proposal relating to its acquisition by another entity? Yes No

If Yes, please provide details

9. Please list the percentage of employees with salaries greater than £50,000 %

10. How many directors, officers and other employees have resigned, had their employment terminated (with or without cause) or have taken early retirement within the last 24 months?

Directors and Officers Other Employees

11. Is the Proposer currently undergoing any redundancies or early retirements, or has announced any for the coming twelve months? Yes No

If Yes, please provide details

12. Has any insurer, in respect of the proposed cover, ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes No

If Yes, please provide details

13. Please state the date from which the Proposer first purchased Employment Practices Liability insurance and whether there has ever been a gap in cover.

If this application is the first purchase then state 'N/A'.

Claims Information

1. Have any claims ever been made against the Proposer in respect of the proposed covers in the last five years? Yes No
If Yes, please provide details

2. Is the Proposer aware, after enquiry, of any circumstance or incident which may give rise to a claim? Yes No
If Yes, please provide details

Important

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

Declaration

Must be signed by a Director or Company Secretary

I/we declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/we agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/we also declare that if any information on this proposal has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/we agree that this proposal and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

Data Protection Act

Personal information which you supply to us may be used in a number of ways, for example: - when considering an application; - in conducting our relationship with you; - underwriting insurance coverage; - managing any policy issued; - preventing and detecting fraud; - providing risk management advice; and - administering claims.

We may pass the information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents for these and other lawful purposes or as required by law, including providing the information to government or regulatory authorities. This may involve its transfer to countries which do not have data protection laws equivalent to those in the United Kingdom in which case we shall ensure that the information is appropriately protected. We may also share the information with, and obtain information about you and/or your employees or agents from, credit reference agencies and/or fraud prevention agencies.

For further information on how the information is used, how we maintain security of the information, and your rights to access information we hold on you and/or your employees and/or agents, please contact the Company Secretary at Exchequer Court, 33 St Mary Axe, London EC3A 8AG or see our Privacy Policy at www.travelers.co.uk.

By making an application for insurance you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.

Signature

(Director or Company Secretary)

Date

Name of the Signatory *(Print)*

For and on behalf of

(Insert name of Proposer)

Email address

Telephone number

PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY. PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS

This completed form should be returned to EEF Insurance, Woodlands, Manton Lane, Bedford MK41 7LW.

A copy of the policy wording for this cover is available from EEF Insurance, Woodlands, Manton Lane, Bedford MK41 7LW.

Please use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully, clearly identifying the question number in each case.

[Empty response box]



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