

**Employer Protection Insurance
Insurance Protection for Employment Tribunal Costs and
Awards**

**Proposal and Referral Form
(For new and renewing clients)**

Disclosure

Important – please read carefully

Regarding the completion of this proposal form the Insured warrants that:

- a) full enquiries have been made by the directors and senior managers to ensure full and frank disclosure of material information. **Failure to give this information will give the Insurers the right to reject any claims made and/or to void any insurance provided. If there is any doubt about whether a particular fact is material it should be disclosed.** Material information includes but is not limited to:
 - (i) anything that is likely to or may influence the acceptance of this Proposal or the premium and/or;
 - (ii) all causes, events or circumstances which may give rise to a claim being made under this insurance and/or;
 - (iii) any other terms imposed.
- b) All the answers are given to the best of the Insured's knowledge and belief. The statements and particulars contained in this proposal and any other information provided to Temple is true and any material facts have not been withheld, suppressed or misstated.

Claims resulting from circumstances known to you or which ought reasonably to have been known to you prior to the inception of insurance will not be covered

Notwithstanding the above, you should seek advice from the Professional Representative in relation to any such matters

Following the completion of this proposal form, the Proposer:

- a) shall inform Temple Legal Protection of any material alterations/changes and
- b) Hereby, authorises Temple Legal Protection Limited to inspect all documents and records at any reasonable time and on reasonable notice, not to be limited to circumstances arising at the point of making a claim under the policy.

3.

a) Approximate Total Turnover for Last 12 Months:	£
b) Estimated Turnover for Next 12 Months:	£
c) Total Annual Wageroll during Last 12 Months: <i>(inclusive of Employers NI, the costs paid to Workers, Bonuses and Salaries paid to Directors)</i>	£
d) Estimated Wageroll, calculated as above, for next 12 Months <i>(inclusive of Employers NI, the costs paid to Workers, Bonuses and Salaries paid to Directors)</i>	£
e) Full Time Employees:	
Part Time Employees and workers:	

4.

a) Do all employees enter into and sign written Contracts of Employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Do you have written disciplinary rules and procedures which apply to all employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Do you agree to adopt new procedures recommended to you by your Professional Representative? (including but not limited to having signed written Contracts of Employment, written disciplinary rules and procedures which apply to all employees) recommended to the Insured by the Professional Representative)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Do you agree to appoint and use: Dawson Hart LLP for the following: i) to take advice in relation to any matters ii) to appoint in the event of any claim that may be made under this insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Do you have an existing insurance policy with Temple?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) If no, do you have insurance through another provider? If yes, please state:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.

<p>a) Are any redundancies currently under review or consideration or may any be within the next 12 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please provide details, including: Name(s), date of planned redundancies, length of service of employee(s)</p>	<p><i>(Continue on a separate sheet if necessary)</i></p>
<p>b) Have you issued a final written warning in respect of any of your employees during the last 12 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please provide details, including: Name(s), date of warning, length of service of employee(s), reason for warning</p>	<p><i>(Continue on a separate sheet if necessary)</i></p>
<p>c) Have any of your employees lodged a formal grievance or made a complaint of discrimination in the last 12 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please provide details, including: Name(s), date of grievance, length of service of employee(s), reason for grievance</p>	<p><i>(Continue on a separate sheet if necessary)</i></p>
<p>d) Have you dismissed any employees in the last 6 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please provide details, including: Name(s), date of dismissal, length of service of employee(s), reason for dismissal</p>	<p><i>(Continue on a separate sheet if necessary)</i></p>

6.

Has any insurer ever refused you legal expenses insurance, imposed special conditions, cancelled or declined to renew a legal expenses insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	(Continue on a separate sheet if necessary)

7.

Have you been involved in any Tribunal proceedings regarding employment issues during the last 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please supply full details, which must include the names of third parties, relevant dates, total legal cost incurred including VAT and disbursements, details of settlements or awards and the result of such	(Continue on a separate sheet if necessary)

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a) Regarding the completion of this proposal form have full enquiries been made by the directors and senior managers to ensure full and frank disclosure under this Proposal Form?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) After such enquires can you confirm that there are no causes, events or circumstances, which may give rise to a claim being made under this insurance?	Yes, I confirm there are no such circumstances <input type="checkbox"/> No, please see below <input type="checkbox"/>
If no, please provide details:	(Continue on a separate sheet if necessary)

DECLARATION

I/We warrant that after full enquiry the statements and particulars contained in this proposal and any other information provided to Temple is true and that I/we have not withheld, suppressed or misstated any material facts.

I/We hereby agree that this declaration shall form, subject to my/our acceptance of the quotation, the basis of the contract between me/us and Temple.

I/We have read and understood this declaration and the requirements for disclosure (as detailed on page 2), and am authorised to sign this declaration on behalf of the Insured.

Signature:

Position:

Date: