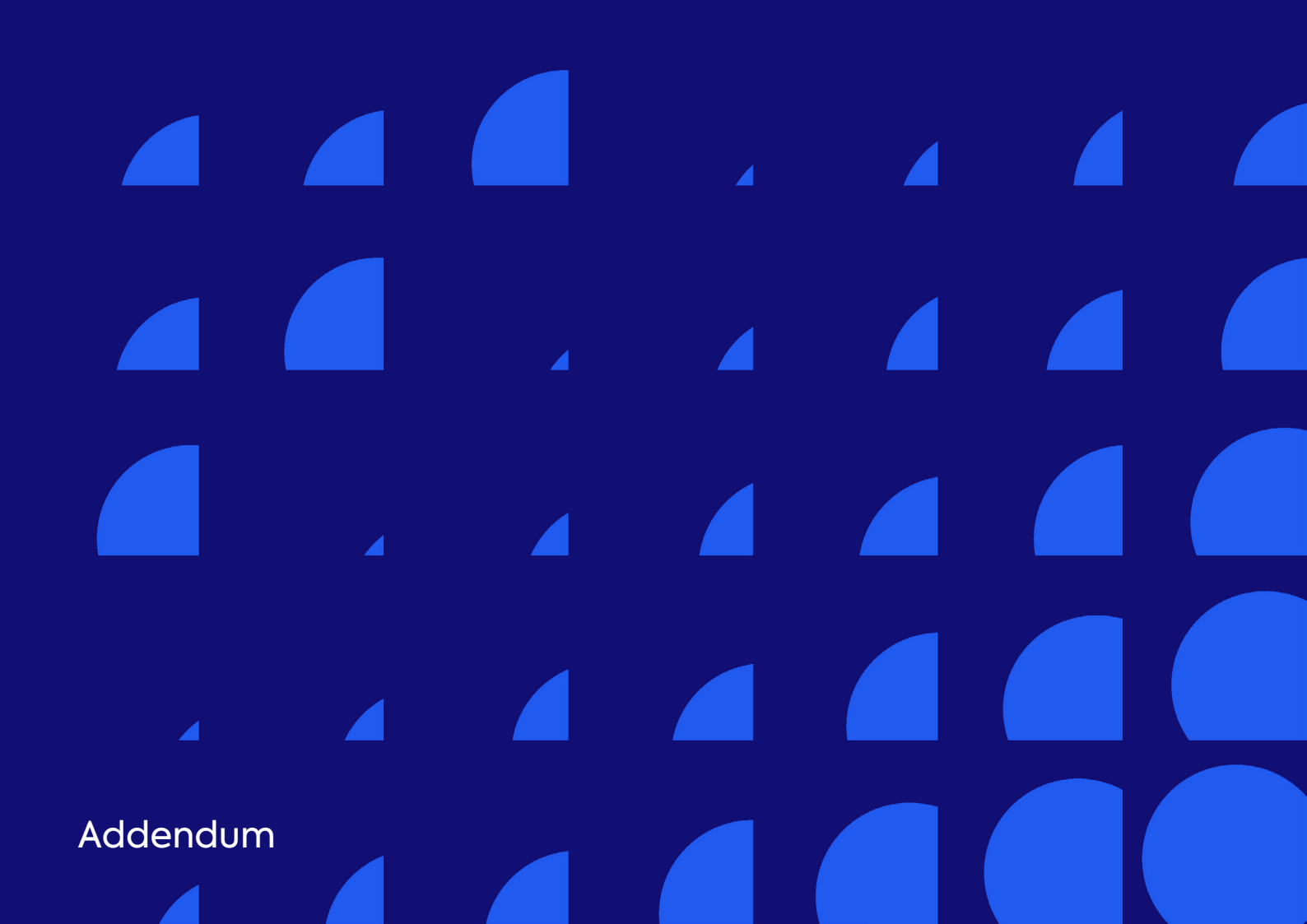


solution.

# Recruitment Services Combined Liability Addendum



# Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates the Insured’s reply.
- If there is insufficient space, please provide further details on the Insured’s letterhead.

## Insured details

Insured name:

Please indicate the recruitment or contract management services for which the Insured requires cover and advise the actual fees charged by the Insured for those services last financial year and estimated fees for the current financial year:

Recruitment and contract management services	Fees last year	Fees current year
Permanent placements		
Temporary placement of employees and contractors <i><b>Only include actual fees charged by the Insured. Please do not include wages paid for temporary placement of employees and contractors</b></i>		
Reference checking		
Human resource consulting		
Psychological testing		
Training and induction		
Group training, namely the provision of training courses and practical experience to apprentices and trainees		
Payroll management		
Contract management services		

Please advise the Insured’s fees for permanent placements, and their gross wages and fees (including trust distributions) paid or payable to temporary placement employees and contractors. Please provide actual amounts for the last financial year and estimates for the current financial year:

Placements	Fees for permanent placements		Gross wages payable to temporary employees		Gross wages payable to temporary contractors	
	Last year	Current year	Last year	Current year	Last year	Current year
Occupations/Industries						
Accountants						
Aircraft maintenance						
Architects						
Clerical & secretarial						
Engineers & draftspersons						
Hospitality						
Industrial						
IT consultants						
Labourers						
Medical (excl. Nurses)						
Nurses						
Security						
Underground mining						
Others						

## Contractor coverage

Does the Insured require cover for all of their contractors whilst in temporary placements? Yes  No

If **YES**, please advise the total number of the Insured's contractors: Current year (est.): \$

Last year (actual): \$

Does the Insured require cover for some of their contractors while in temporary placements? Yes  No

If **YES**, please complete the following for each selected contractor:

Contractor name	Occupation

## Further declaration to the Proposal after inquiry

**Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.**

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Information section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

**To be signed by the Insured for whom this insurance is intended for**

Signature:

Name:

Position:

Date (DD/MM/YY):  /

**solution.**

Next Level  
Underwriting™

*Any queries, please contact us*

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