

Waldrons Advanced Membership

Benefits of membership include

- ✓ Telephone advice service during office hours
- ✓ A free copy of Waldrons HR and Employment Guide
- ✓ Insurance to cover legal costs from Temple (subject to terms and conditions)
- ✓ An initial diagnostic employment health check
- ✓ Annual audit of contracts and staff handbook
- ✓ Basic statements of terms of employment
- ✓ Monthly email bulletin
- ✓ Automatic invitation to Waldrons Seminars
- ✓ A basic staff handbook including
 - Disciplinary
 - Anti bullying and harassment
 - Grievance
 - Sickness absence
 - Flexible working
 - Maternity rights
 - Health and safety
 - Paternity rights
 - Capability procedure
 - Redundancy
 - Retirement

The cost of advanced membership is dependent on the number of employees. For more information on Advanced Membership call Hannah Scott on 01384 811 811 or email h.scott@waldrons.co.uk.

Employment Disputes Insurance
Insurance Protection for Employment Tribunal Costs and Awards

Proposal and Referral Form (for new and renewing clients)

IMPORTANT – PLEASE READ CAREFULLY

*Please remember that the insurers must be provided with all material information. Material information is anything that is likely to or may influence the acceptance of this Proposal or the premium and other terms imposed. **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.***

You may request a full copy of the insurance contract from your Professional Representative or from the Insurer before confirming your wish to proceed with this insurance.

All the answers given must be to the best of your knowledge and belief. You are under a duty to make full enquiries of your directors and senior managers. If you are unsure how to answer a specific question please indicate this in the Proposal Form.

We advise you to keep a copy of this Proposal Form and a copy of all other information supplied to Temple for the purpose of obtaining this insurance. All information provided to Temple will be treated as confidential.

1. Name (Please include all subsidiaries requiring cover): _____ Date Established: _____

Address: _____

Post Code: _____

tel: _____ fax: _____

Please list all your business activities:
(the **Insured Business Activity**)

2. a) Have any companies or any business activities been bought, sold or set up by you during the last 6 months, or are any currently under consideration for the next 12 months, which may affect any employees? Yes No

If yes, please give full details:

b) Have any internal restructuring or reorganisations, which might adversely affect any employees, taken place during the last 6 months, or are any under consideration for the next 12 months ? Yes No

If yes, please give full details:

3. a) Approximate Total Turnover for Last 12 Months: £
- b) Estimated Turnover for Next 12 Months: £
- c) Total Annual Wageroll during Last 12 Months (inclusive of Employers NI, the costs paid to Workers, Bonuses and Salaries paid to Directors): £
- d) Estimated Wageroll, calculated as above, for next 12 Months: £
- e) Please state the current number of:
- | | |
|----------------------|----------------------|
| Full Time Employees: | Part Time Employees: |
| Workers: | |

4. a) Do all employees enter into and sign written Contracts of Employment?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- b) Do you have written disciplinary rules and procedures which apply to all employees?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- c) Do you agree to adopt new procedures recommended to you by your Professional Representative?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
5. a) Are any redundancies currently under review or consideration, or may any be within the next 12 months?
If yes, please provide details.
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- b) Have you issued a final written warning in respect of any of your employees during the last 12 months?
If yes, please provide details.
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- c) Have any of your employees lodged a formal grievance or made a complaint of discrimination in the last 12 months?
If yes, please provide details.
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- d) Have you dismissed any employees in the last 6 months?
If yes, please provide details
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

Please note that any 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 and you are required to make full enquiry as reasonably required to make full and frank disclosure under this Proposal Form.

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

6. Has any insurer ever refused you legal expenses insurance, imposed special conditions, cancelled or declined to renew a legal expenses insurance policy?
If yes, please give details
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

7. Have you been involved in any Tribunal proceedings regarding employment issues during the last 2 years ? Yes No

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

8. 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 No

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 No

If you have answered No, to 8 a) or 8 b), please supply full details, which must include the names of third parties, relevant dates, nature of dispute and estimated fees.

9. Please confirm your choice of the Professional Representative that you agree to take advice from and appoint in the event of any claim that may be made under this insurance. (Your choice of Professional Representative will be the basis of the terms and conditions that may be offered to you) Please add your signature next to your response.

I / We confirm our agreement to appoint and use Waldrons Solicitors

I / We agree

I / We do not agree

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 confirm that Temple Legal Protection Ltd will be informed of any material alterations.

I/We hereby irrevocably authorise Temple 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.

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.

Signature:

Position:

Date:

Signing this proposal form will not commit you or the Insurers to entering into any contract of insurance.

Please return this form to
Hannah Scott,
Waldrons Solicitors,
Wychbury Court,
Two Woods Lane,
Merry Hill DY5 1TA