

## ORGANISATION DETAILS

<b>CLIENT ORGANISATION NAME (incl T/A)</b> Kings Hill Parish Council		<b>Main Telephone</b> 01732 870382	
<b>Main Address</b> Kings Hill Community Centre 70 Gibson Drive Kings Hill Kent		<b>Registration No.</b> 	
<b>Post Code</b> ME19 4LG		<b>Sector</b> Parish Council	
<b>Website</b> 		<b>Business Activity</b> 	
		<b>Annual Turnover</b> 	
		New Client <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>	

EMPLOYEES AND PAYROLL	Non Directors	Employed Directors & Salaried Partners	Total
Number of employees			14
Total annual payroll (inc. overtime, commission, bonuses, employer NI, drawings, profit share)			
Included in Legal Expenses Insurance (if applicable)? (Y/N)			Y

CONTACTS *Continue in Additional Notes on the last page if necessary*

<b>MAIN DECISION MAKER</b> Emp Law Main Contact <input type="checkbox"/> H&S Main Contact <input type="checkbox"/>		<b>Position</b>	
Julie Miller		Clerk & Responsible Financial Officer	
email clerk@kingshillparish.gov.uk		Phone 01732 870 382	
ACCESS: Emp Law Advice <input checked="" type="checkbox"/> Emp Law My EW only <input checked="" type="checkbox"/> H&S Advice <input checked="" type="checkbox"/> H&S My EW only <input checked="" type="checkbox"/> EW HR admin <input type="checkbox"/> e-learning admin <input checked="" type="checkbox"/>			
<b>ADDITIONAL CONTACT</b> Emp Law Main Contact <input type="checkbox"/> H&S Main Contact <input type="checkbox"/>			
email		Phone	
ACCESS: Emp Law Advice <input type="checkbox"/> Emp Law My EW only <input type="checkbox"/> H&S Advice <input type="checkbox"/> H&S My EW only <input type="checkbox"/> EW HR admin <input type="checkbox"/> e-learning admin <input type="checkbox"/>			
<b>ADDITIONAL CONTACT</b> Emp Law Main Contact <input type="checkbox"/> H&S Main Contact <input type="checkbox"/>		<b>Position</b>	
email		Phone	
ACCESS: Emp Law Advice <input type="checkbox"/> Emp Law My EW only <input type="checkbox"/> H&S Advice <input type="checkbox"/> H&S My EW only <input type="checkbox"/> EW HR admin <input type="checkbox"/> e-learning admin <input type="checkbox"/>			
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email		Phone	
ACCESS: Emp Law Advice <input type="checkbox"/> Emp Law My EW only <input type="checkbox"/> H&S Advice <input type="checkbox"/> H&S My EW only <input type="checkbox"/> EW HR admin <input type="checkbox"/> e-learning admin <input type="checkbox"/>			

Internal Use Only

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## ASSOCIATED ORGANISATIONS / ADDITIONAL SITES TO BE COVERED

Continue in Additional Notes on the last page if necessary

<b>ORGANISATION NAME</b> <input type="text"/>	Address <input type="text"/>
Telephone <input type="text"/>	
Associated Organisation <input type="checkbox"/>	Additional Site <input type="checkbox"/>
Post Code	<input type="text"/>

<b>ORGANISATION NAME</b> <input type="text"/>	Address <input type="text"/>
Telephone <input type="text"/>	
Associated Organisation <input type="checkbox"/>	Additional Site <input type="checkbox"/>
Post Code	<input type="text"/>

<b>ORGANISATION NAME</b> <input type="text"/>	Address <input type="text"/>
Telephone <input type="text"/>	
Associated Organisation <input type="checkbox"/>	Additional Site <input type="checkbox"/>
Post Code	<input type="text"/>

## LEGAL EXPENSES INSURANCE *(if applicable)*

Employment Claims & Pursuit Cover

Health & Safety Prosecution Indemnity Cover

Please give details of any employment dispute / legal action / claims / tribunals / health and safety criminal prosecution in the last 3 years involving current or former workers. (Continue on a separate sheet if necessary.)

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Please give details of any circumstances that might give rise to a claim under legal expenses insurance. (See FCA & Service Agreement Terms.) (Continue on a separate sheet if necessary.)

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**FEES**

Fixed Period Start Date	<input type="text" value="14.02.2021"/>	Fixed Period End Date	<input type="text" value="14.02.2024"/>	Years	<input type="text" value="3"/>	Months	<input type="text" value="0"/>
Transitional Period Start Date (if applicable, as described in the Company's Service Proposal)							<input type="text"/>

If the Transitional Period has been utilised, this Agreement begins on the Transitional Period Start Date and ends on the Fixed Period End Date. The Transitional Period does not include Commercial Legal Helpline.

<b>FIXED FEE UNLIMITED SUPPORT SERVICES</b>	<b>Annual Fee (£)</b> (excluding VAT)
Combined (Employment Law & HR and Health & Safety)	<b>4,275.00</b>
Employment Law & HR only	
Health & Safety only	
Other (specify)	

<b>ADDITIONAL SERVICES</b>	<b>Annual Fee (£)</b> (excluding VAT)	<b>Single Fee (£)</b> (excluding VAT)
e-learning*: <input type="text"/> individual licences / site licence for <input type="text" value="11-15"/> users	<b>657.00</b>	<b>FREE 1ST YR</b>
HR Management Software Yes <input type="checkbox"/> No <input type="checkbox"/>		
Health & Safety Consultancy <input type="text"/> Additional Days		
Legal Expenses Insurance Administration Fee	<b>55.00</b>	
HR Consultancy		
Other (specify)		
<b>TOTAL FEE FOR SERVICES</b>	<b>4,987.00</b>	
<b>VAT</b>	<b>997.40</b>	
<b>TOTAL FEE INCLUDING VAT</b>	<b>5,984.40</b>	

<b>LEGAL EXPENSES INSURANCE (LEI) <sup>2</sup></b>	<b>Insurance Premium (£)</b> (inc. IPT)
Employment Claims LEI @ £ <input type="text" value="11.10"/> per person including Insurance Premium Tax (IPT)	<b>155.40</b>
Health & Safety Prosecution LEI @ £ <input type="text" value="4.44"/> per person including Insurance Premium Tax (IPT)	<b>62.16</b>
<b>TOTAL PREMIUM FOR LEI INCLUDING IPT</b>	<b>217.56</b>

**PAYMENT TERMS**

- Total Service Agreement fee (inc. VAT) in full on receipt of invoice.<sup>1</sup> Fee conditional upon payment being received within 14 day terms stated below, otherwise an additional 5% charge will be payable.
- Total Annual fee (inc. VAT) in full on receipt of invoice.<sup>1</sup> Fee conditional upon payment being received within 14 day terms stated below, otherwise an additional 5% charge will be payable.
- Total Annual Fee (inc. VAT) by four equal consecutive instalments in first four months of each contractual year.
- Total Single Fee (inc. VAT) in full on receipt of invoice.<sup>1</sup>
- Total Annual fee (inc. VAT) paid in 12 consecutive monthly instalments for each contractual year.<sup>3</sup>

<sup>1</sup> Payment to be received within 14 days of receipt of invoice.

<sup>2</sup> Legal Expenses Insurance (if applicable) is invoiced separately in accordance with FCA & Service Agreement Terms and to be paid within 14 days of receipt of invoice. The premium charged is per employee per annum and so will vary annually as employee numbers decrease / increase. The premium includes Insurance Premium Tax (IPT).

<sup>3</sup> The monthly payment facility is provided through an agreement with Premium Credit Limited. Please provide the following details which will allow Premium Credit to contact you after signing this agreement to complete your credit agreement paperwork.

Account Name	<input type="text"/>
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Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registered Address

Postcode

**FINANCE CONTACT**

Name

Position

email

Phone

**ANY OTHER INSTRUCTIONS**

\* e-Learning is to be provided free of charge for the first 12 months of the agreement. After this the fee of £657.00 + VAT will become chargeable. However, if you do not wish to continue with this beyond the free 12 month period you can cancel the e-learning element by giving not less than 1 month's notice in writing to [elarning@elliswhittam.com](mailto:elarning@elliswhittam.com) before the first anniversary of the contract.


**SIGNATURES AND LEGAL EXPENSES INSURANCE DECLARATION** *(if applicable)*

By signing this agreement, you accept the services as described in Ellis Whittam's Service Proposal dated:

In the event that any of the details in this Service Agreement vary from those in the Service Proposal then the Service Agreement shall take precedence.

I/we acknowledge receipt of the Company's FCA & Service Agreement Terms. I/we accept that the Services are provided by the Company subject to the terms set out in the Company's FCA and Service Agreement Terms.

<b>IF TAKING LEGAL EXPENSES INSURANCE:</b>	<b>Please circle</b>
I/we are domiciled in the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>
To the best of my/our knowledge and belief I am/we are not aware of any existing circumstances <b>save for those listed above</b> which have resulted or could result in a dispute which might give rise to a claim under the legal expenses insurance referred to herein.	Yes <input type="checkbox"/> No <input type="checkbox"/>
No insurer has declined or refused to renew or cancelled a legal expenses insurance policy for me/us.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
I/we acknowledge that we have read and understood the terms of the policy of insurance	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

**IMPORTANT NOTICE:** IT IS A CONDITION OF LEGAL EXPENSES INSURANCE (IF APPLICABLE) THAT ADVICE IS TAKEN FROM ELLIS WHITTAM (TELEPHONE 0345 226 8393) BEFORE YOU TAKE ANY ACTION THAT MIGHT RESULT IN A DISPUTE UNDER THE INSURANCE COVER. FAILURE TO DO SO WILL JEOPARDISE YOUR INSURANCE COVER.

**Signed for and on behalf of the CLIENT and each ASSOCIATED ORGANISATION**

Print Name

Signature

DocuSigned by:



Position

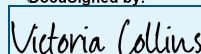
Date of Signature

**Signed for and on behalf of the ELLIS WHITTAM (the "Company")**

Print Name

Signature

DocuSigned by:



Position

Date of Signature

## HEALTH & SAFETY VISIT SCHEDULE *(if applicable)*

The table below shows the number of visits you will receive and in which year of your agreement.

Visit Type	Number of Visits per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL VISITS
Visit Schedule	2	2	2			6
Additional Days Consultancy						
<b>TOTAL VISITS</b>	<b>2</b>	<b>2</b>	<b>2</b>			<b>6</b>

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Fire Risk Assessment (if applicable)						

The distribution of any Additional Consultancy Days may be varied over the term of your agreement, subject to discussion with and advice from your Ellis Whittam Health & Safety Consultant.

### ADDITIONAL NOTES

Use this space to record any other relevant details or instructions, for example, additional contacts or sites.

Number of Health & Safety Software licenses