

Miscellaneous Professions
Professional Indemnity Insurance
Proposal Form

IMPORTANT

**Please state your Professional Indemnity Insurance
Renewal Date:**

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Miscellaneous Professions Professional Indemnity Insurance

Instructions

- Please provide a full answer to every question.
- A Partner/Director/Principal must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.
- In the first instance please use supplementary sheet for additional information or extended answers.
- Please include with this form a sheet of your current **HEADED NOTEPAPER**, which can also be used to supplement areas where you may have insufficient space to answer a question.

1. Name and Address Details

Company / Firm Name		Date Established	
<input type="text"/>		<input type="text"/>	
Main Office Address			
<input type="text"/>			
Postcode	<input type="text"/>	Firm Website	www. <input type="text"/>
Main Office Telephone No.	<input type="text"/>	Main Office Fax No.	<input type="text"/>
Contact Name	<input type="text"/>	Contact Email	<input type="text"/>

1.1) Please provide details of any other trading titles, including predecessor firm(s) for which cover is required (use a separate sheet if necessary). All addresses must be shown with the partner(s), director(s) or principal(s) responsible for the work at each office. If there is no resident Partner/Director/Principal at any of these offices, please identify the office concerned and explain how the office is supervised.

Company/Firm Name		Date Established		Trading Title or Predecessor	<input type="text"/>
Tel	Fax	Web			
Profession (state all services provided)				Date of succession	_____
Partner(s)/Directors(s)/Principal(s)				(if applicable)	

Company/Firm Name		Date Established		Trading Title or Predecessor	<input type="text"/>
Tel	Fax	Web			
Profession (state all services provided)				Date of succession	_____
Partner(s)/Directors(s)/Principal(s)				(if applicable)	

2. Employee Details

2.1) Please give details of numbers of staff:

i) Partners/Directors/Principals	<input type="text"/>	iii) Other staff (excl. administrative)	<input type="text"/>
ii) Qualified Staff	<input type="text"/>	iv) Administrative staff (typists, etc)	<input type="text"/>

2.2) Please give details of all partners, directors or principals of the firm(s) (continue on a separate sheet if necessary). Please provide a full CV in respect of those who do not hold relevant institute/academic qualifications.

Title Mr/ Mrs	Full Name	Date of birth	Status Partner/ Director/ Principal	Full/Part Time (F or P)	Period of time as Partner/Director/ Principal	Qualifications	Date Qualified

3. Firm/Company Details

3.1) If sole director or principal, please answer the following:

i) Is this a part-time occupation? Yes No ii) If Yes, please give brief details of present full-time occupation:

.....

iii) Are your full-time employers aware of all these activities? Yes No

3.2) Is/are the firm(s) or any partners/directors/principals, consultants or employees in any way connected or associated (financially or otherwise) with any other firm, company or organisation? Yes No

3.3) Please provide a full description of all your business activities/profession (continue on a separate sheet if necessary). Please also attach copies of brochures or other promotional literature to this application.

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3.4) Please categorise the activities outlined above, and indicate the approximate percentage of the gross income/fees this represents:

Category	UK	Elsewhere	(please specify)
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	

3.5) Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes No
 If Yes, please provide full details

3.6) Are you or the firm(s) involved in any process of manufacture, construction, alteration, repair, installation or sale of products, other than in a pure consultancy capacity? Yes No
 If Yes, please provide full details including the percentage of fees relating to such work

3.7) Are you or the firm(s) a member of any trade or professional body, or registered with any self-regulating organisation? If Yes, please give details Yes No

3.8) Has membership for such body or organisation ever been suspended, withdrawn, amended or declined? If Yes, please give details Yes No

4. Fees

N.B. Fee income should be disclosed net of VAT and additional disbursements such as air fares, hotel bills, etc and should include any fees earned by all the entities to be covered under the insurance policy. Insurers calculate the premium required by applying a rate per cent to the fee income and split of activities as declared in Questions 3 and 4.1. Various reductions in rate can be negotiated should you be able to identify low risk areas. Do not hesitate to use an additional sheet to show a more detailed split in your fee income should you feel that this would provide Insurers with a more accurate profile of your practice.

4.1) Please state the Gross Fees received for the past two financial years and estimates for current and forthcoming years:

	PAST YEAR	PAST YEAR	CURRENT YEAR Estimate	FORTHCOMING YEAR Estimate
Year ending:/...../...../...../...../...../...../...../.....
UK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elsewhere (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2) Please state:

i) the largest fee generated by any one client £ _____ ii) the average fee generated for any one client £ _____

5. Contracts and Projects

5.1) Please give the following details of the 3 largest contracts which have commenced during the last 3 years.

1. Client	Start date	Approximate completion date	Professional services provided	Total contract value	Fees earned
				£	£
2. Client	Start date	Approximate completion date	Professional services provided	Total contract value	Fees earned
				£	£
3. Client	Start date	Approximate completion date	Professional services provided	Total contract value	Fees earned
				£	£

5.2) Please give the following details of the largest projects which are likely to commence in the coming 12 months.

1. Client	Approximate start date	Approximate completion date	Professional services provided	Total contract value	Fees earned
				£	£
2. Client	Approximate start date	Approximate completion date	Professional services provided	Total contract value	Fees earned
				£	£
3. Client	Approximate start date	Approximate completion date	Professional services provided	Total contract value	Fees earned
				£	£

5.3) i) Do you work other than from your UK offices? Yes No

ii) Do you accept liability other than under the jurisdictions of the UK courts? Yes No

If Yes, to any of the above, full details are required (i.e. list the jurisdictions, the work undertaken and amount of work there from)

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5.4) Do you use a standard form of contract, agreement or letter of appointment? Yes No

If Yes, please attach a sample copy

5.5) Is work out to sub-contractors/sub-consultants? Yes No

If Yes:

i) Please state the type of work sub-contracted

.....

.....

ii) Do you require sub-contractors/sub-consultants to carry professional indemnity insurance? Yes No

If Yes, for what limit(s)? £ _____ £ _____

iii) What percentage of your fees are paid to sub-contractors/sub-consultants? _____%

N.B. Underwriters retain rights or recourse against sub-contractors unless specifically agreed otherwise

6. Claims and Circumstances

6.1) The purpose of this question is to establish details of all claim(s) and/or notifications made against the firm(s), regardless of whether or not said claim(s)/notifications were successful, or whether dealt with by Insurers or yourselves.

After full enquiry have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors, principals or employees, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not?

Yes No

If Yes, please provide full details which should include:

- date of notification
- claimant
- details of work undertaken relating to the claim
- details of the claim itself
- amount claimed
- If settled, provide information regarding date settled and the outcome including details of payments made.

6.2) When answering this question you should specify all circumstances, complaints (including fee disputes) or events that may lead to a claim whether or not you feel that such a claim may be successful. You should also include details of any further developments relating to disclosures now considered closed by Insurers or indeed any circumstances not accepted by Insurers for any reason.

After full enquiry, are any of the partners, directors, principals or employees aware of any pending complaints and/or circumstances existing which may give rise to a claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principals/employees?

Yes No

PLEASE NOTE: It is very important that suitable enquiries are made in order that all circumstances which may give rise to claims being made against you/the firm(s) are now notified to your current Insurers before the expiry of your current policy.

7. Cover

7.1) Please provide your current Insurance details:

Insurer	Broker	Limit of Indemnity	Excess	Premium
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

7.2) What limit of indemnity is required?

£100,000 £250,000 £500,000 £1,000,000 £2,000,000 Other £

7.3) What is the amount of uninsured excess that your Company/Firm would be prepared to carry in respect of each claim?

Minimum £1,000 £2,000 £3,000 £5,000 Other £

7.4) Has any previous insurer ever

- Declined proposal or renewal for the firm(s) or any partner, director or principal? Yes No
- Required an increased premium or imposed special terms? Yes No
- Cancelled an insurance? Yes No

If Yes to any of the questions in 6.4, please provide full details

7.5) Is cover required for any previous, now ceased, activity which is different from that declared within this proposal form? If Yes, please provide full details

Yes No

7.6) Do you require cover for any partner, director, consultant or employee for liability arising out of a previous business? If Yes, please provide full details including names of person(s) and previous business(es) and the date of leaving previous business(es)

Yes No

7.7) Do you require cover in respect of past work for any partner, director, consultant or employee who has left, retired or died? If Yes, please provide full details including the name(s) of the person(s), their professional qualifications and their number of years as partner/director/principal or consultant/employee of the firm(s).

Yes No

7.8) Have the firm or any partner/director/principal, consultant or employee ever been refused similar insurance or had special terms imposed? If Yes, please give full details

Yes No

8. Significant Change

Do you expect there to be any significant change to or in your Company/Firm in the next 12 months?
If Yes, please provide full details on a separate sheet

Yes No

9. Other Material Information

Is there any other material information that may be relevant to this application?
If Yes, please provide full details on a separate sheet

Yes No

10. Data Protection and Insurance Administration

The Insurer, its associated companies and agents, re-insurers and your intermediary, may use information you supply for the purposes of insurance administration. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing the claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Credit Searches and Accounting

In assessing your application, the insurer may search files made available to it by credit reference agencies who may keep a record of the search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where the insurer uses automatic credit scoring computations, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent, and, where sensitive data relates to third parties, that you have been given the requisite consent to such information being processed by the insurer or its agents.

11. Declaration

We declare that to the best of our knowledge or belief the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.

We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of our insurance. We understand that failure to do so could prejudice our rights to recover in the event of a claim and/or allow Underwriters to void the policy. We accept that if we are in doubt as to whether any fact may influence the Insurer we should disclose it.

We agree that we have a continuing obligation to notify Insurers of any material matters during currency of policy.

We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to relevant regulatory bodies.

Signature of Partner/Director:

Date:

Print Name:

For and on behalf of:

Specimen copies of policy wordings are available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

12. Document Checklist

Before submitting your proposal, please ensure that you have included the following documents:

- This form; fully completed, signed and dated by a Partner/Director.
- Any additional information sheets relevant to this application (if applicable), signed and dated by a Partner/Director.



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