

PROFESSIONAL INDEMNITY INSURANCE

MISCELLANEOUS

PROPOSAL FORM

GUIDANCE NOTES

This proposal must be completed in ink by a Partner or Director of the Proposer.

Please use your headed notepaper to provide full answers.

Please enclose your Company brochure (if applicable). Note, you must fully disclose all material facts. Failure to do so may result in avoidance of the policy and/or repudiation of liability.

A material fact is one which influences the Insurer's assessment of the risk. If you have any doubt whether something is a material fact, disclose it.

The completion and signature of this form does not bind either the Proposer or the Insurer to complete a contract of insurance.

Please retain a copy of the form for your records.

1 Name(s) under which business is conducted

2 Date of establishment

3 Principal Address

4 (a) Has the name of the business changed or have any mergers or acquisitions taken place during the past five years? **YES**
NO

If 'YES' please give details

(b) Is cover required for the above predecessor firms? **YES NO**

5 Give details of all partners/directors

Name	Age	Qualifications	Date Qualified	How Long Practising as a Partner/Director

IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE

6 Please state number of other staff

7 a) Please advise the date of your Financial Year end _____

b) Please state the total gross income for:

PAST YEAR ENDED	CURRENT YEAR ENDING	FORTHCOMING YEAR
£	£	£

c) Please state the largest total fee from any one claim or group

8 Please provide a clear description of the current activities of the Firm:

9 Division of Work

Please categorise those activities described above by indicating the percentage that each represents. Please state whether this is a percentage of fees, payroll or turnover, etc.

		Approximate Percentage
1		%
2		%
3		%
4		%
5		%
6		%
7		%
		100%

10 (a) Is the Firm or any Partner or Principal a member of a Consortium or Joint Venture?

YES NO

If **“YES”**, please state in which capacity and give the names of other members and their capacities in each Consortium or Joint Venture

Name	Capacity	Details of Job

(b) Is cover required for the Firm in respect of this work? **YES NO**

11 (a) Please detail on your headed paper:

- (i) the five largest jobs undertaken; and
- (ii) five jobs that are typical for the Firm

providing a short description plus start and finish dates of your involvement

(b) What work is undertaken on your behalf by Sub-Contractors?

(i) Please confirm whether you always require Sub-Contractors to carry Professional Indemnity Insurance **YES**

NO

If **“YES”**, for what limit _____

(ii) What percentage of your income is paid to Sub-Contractors?
 _____%

NOTE:Underwriters will retain rights of recourse against Sub-Contractors unless specifically agreed otherwise

12 Do you envisage any material changes in the activities as described above in the next twelve months? **YES NO**

If **“YES”** please give details:-

13 (a) Has the business sustained any loss during the past six years as a result of the fraud or dishonesty of any partner, director or employee of the business?

YES NO

If **'YES'** please give details

of (b) Is any individual authorised to sign cheques as a sole signatory on behalf either the business or clients' accounts?

NO

YES

If **'YES'** please give details, specifying limit

and/or (c) How often are entries in cash books reconciled with bank statements by a partner/director or company secretary (other than the head cashier chief bookkeeper)?

Weekly

Monthly

Quarterly

(d) Is there a complete annual audit by a firm of professional accountants?

YES NO

from (e) Are clients' funds kept in properly designated clients accounts separate the accounts of the business?

YES NO

14 Please give details of the firm's current professional indemnity insurance

Limit of Indemnity	Excess	Premium	Name of Insurer	Expiry Date
£	£	£		

15 (a) What limit of indemnity is required?

(b) What excess do you wish to carry?

16 In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? **YES NO**

If **'YES'** please give details

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17 **Claims History**

(a) Has any claim been made against the business or an employee of the business or any partner, director or consultant or their predecessors in business during the last six years in respect of the type of liabilities to which this proposal relates? **YES NO**

If **'YES'** please give details

Date of Claim	Brief Details	Amount Paid £	Reserves Outstanding £

(b) Has any action been taken to prevent a recurrence of a claim? **YES NO**

If **'YES'** please give details

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(c) After enquiry, are any of the business partners or directors aware of any claim pending or any circumstance which might give rise to a claim against the business or any of the present or previous partners or directors of the business? **YES**

NO

If **'YES'** please give details

IMPORTANT REMINDER: ALL CLAIMS/COMPLAINTS AND CIRCUMSTANCES (i.e. POTENTIAL CLAIMS) MUST BE IMMEDIATELY REPORTED TO YOUR EXISTING INSURER PRIOR TO EXPIRY OF YOUR CURRENT POLICY.

Please advise any matters or circumstances which we might wish to take into account in determining whether to offer you insurance cover

DECLARATION

I/We declare that the above statements and particulars are true, full enquiry having been made and I/We have not suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact

I/We agree that this declaration together with any other information shall be the basis of any contract between me/us and the Insurer

SIGNATURE OF PROPOSER (PARTNER/DIRECTOR)

NAME

FOR AND ON BEHALF OF

(Insert Name of Business/Firm)

DATE

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