

# Professional Indemnity

## Proposal Form Specific and Miscellaneous Professions

**Please complete the whole form to the best of your ability, clarifying any areas where necessary and continuing on a separate sheet if required.**

**A website, brochure or overview of the services you provide will assist underwriters when considering terms**

**New start-ups: Please use estimated values for fees, work breakdown etc and also provide a current CV or full summary of relevant qualifications and experience.**

Please return your completed form and any supporting documentation to:

Or Email: [underwriting@collegiate.co.uk](mailto:underwriting@collegiate.co.uk) (Preferred)

Or Fax: 020 7459 3455

Or Post: 18 Mansell Street  
London  
E1 8FE

### SPECIFIC AND MISCELLANEOUS PROFESSIONS

**Company name:**

**Contact details:**

Address:	Contact name:	
	Telephone:	Fax:
	Email:	
Post code:	Website:	

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

**Additional insured name and address:**

Postcode

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

**Additional liabilities:**

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Indemnity Insurance proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES  NO

If YES, please provide details:

**Date business established:**

**Total income:**

	Last complete financial year	Current year	Estimate next year
UK / work	£	£	£
Overseas work	£	£	£

For overseas work please state countries and applicable jurisdiction.

During the last financial year (estimate if new start-up)

Largest fee from any one client	Average fee from any one client
£	£

**Partner Directors**

Name	Qualifications (A CV will also assist underwriters)	No. of years experience

Please list all professional institutions the business is regulated by and/or a member of.

**This insurance is not suitable for:**

Accountants, estate agents, surveyors, architects, engineers, design and construction, marketing and communications, IT consultants, management consultants, recruitment consultants or employment agencies.

**Your business activity**

Please provide a description of your business activity. If you have a company brochure please attach a copy.

Please split your last completed financial year's income approximately between the following professional disciplines: If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

i)	Advertising site consultants	%
ii)	Adjudicator / Arbitrator / Expert Witness	%
iii)	Agricultural / Horticultural consultants (See specific work questions)	%
iv)	Arboricultural consultants / Tree Surgeons	%
	a) Do you undertake surgery / treatment	YES / NO
	b) Do you provide forest investment advice	YES / NO
v)	Landscape Architect	
	a) non-structural	%
	b) structural	%
	c) golf courses	%
vi)	Landscape Gardener / Landscape Designer / Garden Designer	%
vii)	Archaeological Surveyor / consultant	%
viii)	Auctioneer (on behalf of liquidators, banks, police only)	%
ix)	Bat consultant	%
x)	Business Training and Development consultant	%
xi)	Clerical Administration	%
xii)	Secretarial and Administration Services	%



xiii)	Debt Recovery	%
xiv)	Disability and Access Audit consultant	%
xv)	Disaster Recovery consultant	%
xvi)	Educational Guardian	%
xvii)	NVQ Assessor	%
xviii)	Ofsted Inspector / Education consultant	%
xix)	Energy consultants (advise how to save energy costs – no guarantees)	%
xx)	Utility consultant	%
xxi)	Telecommunications consultant	%
xxii)	Environmental consultant (see specific work questions)	%
xxiii)	Event / Exhibition Organiser	%
xxiv)	Facilities Manager	%
xxv)	Fashion Designer	%
xxvi)	Feng Shui consultant	%
xxvii)	Fire Trainer	%
xxviii)	Graphic Designer	%
xxix)	Draughtsman (no original design)	%
xxx)	Health & Safety consultant (see specific work questions)	%
xxxi)	Human Resources consultant	%
xxxii)	Inventory Clerk	%
xxxiii)	Stock Taker & Valuer	%
xxxiv)	Purchase & Supply consultant	%
xxxv)	Interior Designer	
	a) non-structural	%
	b) structural	%
xxxvi)	Insurance Fraud Investigator	%
xxxvii)	Law Costs Draughtsman	%
	a) average claim value	£
	b) largest claim value	£
xxxviii)	Licensing Consultant	%
xxxix)	Licensed Court Enforcement Officer	%
xl)	Local Search Company	%
xli)	Loss Assessor / Adjuster / Accident Investigator	%
	a) do you provide administration work for insurers?	YES / NO
xlii)	Market Research consultant	%
xlii)	Private Investigator / Enquiry Agent	%
xliii)	Tracing Agent	%
xliv)	Property Insurance Surveyor	%
xlv)	Quality Assessor	%
xlvi)	Regeneration consultant	%

xlvi)	Relocation consultant		%
xlvii)	Town Planner		%
xlix)	Trade Association (please attached articles of association)		%
		a) number of members?	
l)	Translator / Sign Language Interpreter		%
		a) medical / legal / financial / scientific / technical	%
		b) other	%
li)	Travel Agent		%
		a) do you sell any insurance based products? (if YES a separate questionnaire will be required)	YES/NO
lii)	Traffic Management		%
liii)	Non-Invasive Therapy (e.g. Aromatherapy, Massage)		%
liv)	Will Writer		%
lv)	Yacht Broker / Boat Agent		%
lvi)	Other – please give full details:		%

Have these activities altered substantially since establishment and/or are any changes anticipated in the next 12 months?  
If YES, please give full details:

YES  NO

**Contracts**

Please give details of the three largest contracts you have carried out in the past three years:

Start / End date	Name of client and nature of business	Services provided	Contract value	Fees earned

Please give details of the three largest contracts you have lined up for the forthcoming year:

Start / End date	Name of client and nature of business	Services provided	Contract value	Fees earned

**Sub-contractors**

Do you use sub-contractors? YES  NO

If YES:

a) What percentage of fees are paid to them?  %

b) What work do they carry out?

c) Do you ensure that they have their own PI insurance in force? YES  NO

**Specific work questions**

**Agricultural / Horticultural consultant:**

- a) Do you analyse the yields and financial returns of existing commercial horticultural operations? YES  NO
- b) Do you give advice regarding GM Crops? YES  NO
- c) Do you advise on quota share & single farm payments? YES  NO
- d) Are you involved with forestry work? YES  NO
- e) Do you provide environment advice? YES  NO

If YES to any of the above please provide details:

**Environmental consultant:**

Please split your fee income between the following areas:

- a) training, ecological studies or flora and fauna, feasibilities studies.  %
- b) conservation and efficiency, occupational health, noise pollution assessments, noise abatement consultancy, environmental impact assessments, landscaping, site developments.  %

**Health and Safety Consultant:**

Are you involved in the: Oil, gas, chemical, marine, aeronautical, nuclear or pharmaceutical industries? (please note we can not provide cover for this work.) YES  NO

Please describe any involvement you may have with: Food hygiene, mechanical equipment and machinery, safety critical areas.

Please note we may exclude this work.

Please describe any work you have undertaken in the following area, if none please state none:

Development of occupational health and safety management systems (OHSMS)

Have you ever bought Professional Indemnity Insurance in the past? YES  NO

If YES, please provide details:

Name of Insurer	Limit of indemnity	Excess	Premium	Renewal Date	No. of years continuously held

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£

**Please note that our policy will not provide vicarious liability cover, i.e. the policy will not cover you for the work of any personnel supplied by you to a client, unless you have breached a duty of care in supplying them.**

**You must complete this section.**

In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
- A complaint about your work or anything you have supplied which cannot be immediately resolved. YES  NO
- An escalating level of complaint on a particular project. YES  NO

A client withholding payment due to you after any complaint. YES  NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES  NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES  NO

Any matter which may give rise to a claim against you or your predecessors in business or any past partner, principal, director or employee. YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

3. Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES  NO

4. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? YES  NO

If the answer to 3. and/or 4. above is YES, please give full details below:

Date	Details



**You must complete this section.**

**DECLARATION**

Please read the declaration carefully and sign at the bottom.

**Insurance Act 2015 - Proposal Forms for non-consumer contracts - Duty of fair presentation**

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
  - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
  - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
  - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

**DATA PROTECTION**

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

By Submitting this proposal form, you indicate your consent to receiving relevant e-mail marketing communications from us. We will not pass your details to third parties for marketing purposes. If you do not wish to receive such messages, tick here

**DECLARATION**

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

Signature of Principal/Partner/Director

Date

Name \_\_\_\_\_  
(in capitals)

**A copy of this proposal should be retained for your records.**