

## Management Consultants Professional Liability Proposal Form

Proposer Details			
Name of insured Firm(s) (including predecessors)			
Principal Address line one			
Principal Address line two			
City and postcode			
Telephone number			
Website			
Date Firm Established			
Please provide a clear description of the activities of the Firm(s)			
Please provide details of any subsidiary companies which are to be included under this insurance:	Subsidiary/T	rading Name	Country
Is coverage required for any Partner, Director or Principal for any former firm for which they were a Partner?  If 'Yes', please provide details on see	Yes eparate sheet.	No	
Please give details of all Principals,		rm(s):	
Name	Relevant Qualifications	Date Qualified	No of years as a Principal / Director / Partner?
Does the Firm(s) have any branch offices?	Yes	No	
If 'Yes', please provide details reque	ested below:		
Locatio	n	Partner	Responsible

Is the Partner responsible based in the branch office?	Yes	No
If 'No', please provide full details in respect of the supervision of the office		
Please categorise staff other than P	artners, Directors or Principals	and provide brief details in respect of the nature of their work:
Categories of Staff	Number	Nature of Work
Claims		
Is any partner, director or principal, after inquiry, aware of any claims ever having been made against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?	Yes	□ No
Is any partner, director or principal, after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?	Yes	□ No
quotation can be considered. \	We must remind you that it	s, full details of each matter must be advised before is imperative to answer these questions correctly. S, if subsequently a claim should arise.
Fraud and Dishonesty		
Has the Firm(s) sustained any loss through the fraud or dishonesty of any person? Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partners, Director or employee?	Yes	□ No
Is any employee allowed to sign cheques on his/her signature alone for values exceeding £25,000?	Yes	□ No
If 'Yes' to either question provide de	etails on a separate sheet.	

#### **Professional Services**

Please state your Gross fees for the last five complete financial years and estimate for the next financial year:

Year Ending	UK	USA/Canada	Elsewhere	lotal
//20				
//20				
/20				
//20				
Last completed year				
Estimate next year				
Please provide an estimate of the %	split of total annual fe	es for the last complete	e financial year from th	e following categories:
Company Development	%	Computer Consultant	су	%
Production	%	Locum Management		%
Marketing / Sales	%	Quality Assurance Sy	rstems	%
Finance / Accounting	%	Mergers/Acquisitions		%
Personnel Management	%	Training		%
Other – please specify				%
Please split the Firm(s) business am	nongst the following ma	arket sectors		
			Current Year	Forthcoming 12 Months
Government Work			%	%
Government Work Finance Houses			%	%
Finance Houses			%	%
Finance Houses Commercial Firms			%	%
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms			% % %	% %
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms  Construction / Engineering			% % %	% % %
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms  Construction / Engineering  Trade Wholesale / Retail			% % % %	% % % %
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms  Construction / Engineering  Trade Wholesale / Retail  Aerospace Industry			% % % % %	% % % % %
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms  Construction / Engineering  Trade Wholesale / Retail  Aerospace Industry  Healthcare / Medical	Yes	□ No	% % % % %	% % % % %
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms  Construction / Engineering  Trade Wholesale / Retail  Aerospace Industry  Healthcare / Medical  Other – Please Specify  Is the business split representative of the firm(s) business over the	Yes	□ No	% % % % %	% % % % %
Finance Houses  Commercial Firms  Manufacturing / Industrial Firms  Construction / Engineering  Trade Wholesale / Retail  Aerospace Industry  Healthcare / Medical  Other – Please Specify  Is the business split representative of the firm(s) business over the previous three years?	☐ Yes	□ No	% % % % %	% % % % %

Does the Firm(s) have any subsidiary or assets within the USA or Canada?	Yes	No	
If 'Yes', please provide details			
Is the Firm(s) or any partner, director or principal a Member of a consortium?	Yes	No	
If 'Yes', please provide details			
Does any partner, director or principal hold a partnership/ directorship or have any other financial interest in any other Firm?	Yes	No	
If 'Yes', please provide details			
Is cover required for your Firm(s) in respect of this work?	Yes	No	
If 'Yes', please provide details			
Is any work undertaken by the Firm(s) for any associated company, subsidiary or parent company(ies)?	Yes	No	
If 'Yes', please provide details			
If 'Yes' to above question what perc	entage of total fee income is a	ttributable to such work?	%
Please list on the ATTACHED PAPE	ER, with a brief description of e	each:	
<ul><li>details of the 5 largest jobs under</li><li>any contracts from which income</li></ul>			
Does the Firm(s) use independent sub-contractors?	Yes	No	
If 'Yes', please answer the following	:		
Please state what proportion of the others?	Firm's business involves the s	ubcontracting of work to	%
Does the Firm(s) insist that subcontractors maintain their own Professional Indemnity cover?	Yes	No	
What services does the Firm(s) use independent subcontractors for?			
How does the Firm(s) select and manage independent subcontractors?			

If the answer is	<b>YES</b> to any of the fo	llowing then full details should	be provided.		
Does the Firm u	ndertake:				
Any investment defined by the F Market Act 2000	inancial Services	Yes	No		
Any safety, envi		Yes	No		
engineering wor	or condition surveys	Yes	No		
Any design, maintenance of	nufacture, supply or any product?	Yes	No		
	e, supply, manufacture of any are or hardware?	Yes	No		
Please provide	a copy of the Standa	ard Contract Terms, or letter of	engagement used I	by the Firm(s).	
If Standard Con these circumsta		er of engagement are not used	d or are amended pl	ease state whether l	egal advice is take in
Is the Firm or ar member of any Association suc Management Co	Professional h as the Institute of	Yes	No		
If 'Yes', please p	provide details				
Do you operate Assurance Syst		Yes	No		
If 'Yes', please p	provide details				
Do you have sta for regular revie contracts interna clients?		Yes	No		
If 'Yes', please p	provide details				
Previous co		essional Indemnity Insurance o		/ears	
Policy Period		Insurer	Limit of Indemnity	Excess	Premium
Indemnity Insura behalf of the Fir predecessors in present partners	m(s) or any the business, or s/directors/ peen declined or nce ever been wal refused or	Yes	No		

If 'Yes', please advise reasons Please specify the limit(s) of GBP **GBP** GBP indemnity for which quotations are required **GBP GBP** Please specify the excess you GBP **GBP GBP** would be prepared to carry GBP GBP

#### **Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance

Signed	
Title	
Firm(s)	
Date	

#### **AIG Europe Limited**

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# AIG

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