



# Specified Professions Liability Proposal Form

## Proposer Details

Name of Firm(s)

Principal Address of Company line one

Principal Address of Company 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/Trading Name	Country
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is coverage required for any Partner, Director or Principal for any former firm for which they were a Partner?  Yes  No

If 'Yes', please provide details on separate sheet.

Please give details of all Principals, Partners or Directors of the Firm(s):

Name	Relevant Qualifications	Date Qualified	How long a Principal / Director / Partner?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Firm(s) have any branch offices?  Yes  No

If 'Yes', please provide details requested below:

Location	Partner, Director or Principle Responsible
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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 Partners, 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

**If you have answered YES to either of the above questions, full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, 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 details on a separate sheet

**Professional Service**

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	Total
___/___/20___				
___/___/20___				
___/___/20___				
___/___/20___				
Last completed year				
Estimate next year				

Please provide an estimate of the percentage of total annual fees for the last complete financial year from the following categories:

	%
	%
	%
	%
	%
	%
	%
	%

Please split the Firm(s) business between the following market sectors:

Government	%	Finance	%
Manufacturing/Industrial	%	Commercial	%
Construction/Engineering	%	Aerospace	%
Trade Wholesale/Retail	%	Rail	%
Healthcare/ Medical	%	Other	%

Is this business split representative of the Firm(s) business over the previous three years?

Yes  No

If 'No', please provide details

Are any substantial changes in the % amounts shown above likely during the next 12 months?

Yes  No

If 'Yes', please provide details

Does the Firm(s) have any contracts which emanate from the USA or Canada?

Yes  No

If 'Yes', please provide details on ATTACHED PAPER.

If there were a failure of any of the Firm(s) products or services could this failure result in any of the following outcomes:

- Loss of Life or Injury to Others  Yes  No
- Destruction or Damage to Physical Property  Yes  No
- Immediate and Large Financial Loss  Yes  No
- Significant Cumulative Financial Loss  Yes  No
- Insignificant Financial Loss  Yes  No

If the Firm(s) have answered **YES** to any of the above, please provide on ATTACHED SHEET.

Please provide details of the five largest contracts undertaken in the past three years or for a new business in the forthcoming year:

Name of Client	Business of Client	Nature of Contract	Total Value	Income to Firm

**Risk Management**

Does the firm(s) always use standard written contract conditions?  Yes  No

If 'No'

What percentage of contracts are in a non-standard form?   %

What is the procedure for the sign-off of non-standard contracts?  

In respect of all contracts the Firm(s) enters into, do they always include:

- (i) An outline of the scope of services to be provided?  Yes  No
- (ii) Limitation of Liabilities?  Yes  No
- (iii) Direct, Consequential and Economic Loss Exclusion  Yes  No
- (iv) Indirect, Consequential and Economic Loss Exclusion  Yes  No
- (v) Force Majeure  Yes  No
- (vi) Guarantees  Yes  No
- (vii) Warranty Disclaimers  Yes  No
- (viii) Hold Harmless Agreements  Yes  No

(ix) Arbitration Agreement  Yes  No

Does the customer always sign the contract?  Yes  No

Does the Firm(s) have standard procedures for regular review of ongoing contracts internally and with clients?  Yes  No

Does the Firm(s) provide advice or services which fall outside the scope of the contract?  Yes  No

Does the Firm(s) operate any Quality Assurance Systems?  Yes  No

If 'Yes', please specify

Does the firm offer and promote continuing training?  Yes  No

If 'Yes', please advise nature of the training

**Previous coverage**

Please give details of previous Professional Indemnity Insurance carried for past two years

Policy Period	Insurer	Limit of Indemnity	Excess	Premium

Has any proposal for Professional Indemnity Insurance made on behalf of the Firm (s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled, renewal refused or special terms imposed?  Yes  No

If 'Yes', please advise reasons

Please specify the limit (s) of indemnity for which quotations are required	GBP	GBP	GBP
	GBP	GBP	

Please specify the excess you would be prepared to carry	GBP	GBP	GBP
	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**

The AIG Building  
58 Fenchurch Street  
London EC3M 4AB  
Tel: 020 7954 7000  
Fax: 020 7954 8334

Please use this space to disclose any further relevant information of if there is insufficient available to answer any of the questions fully, clearly identifying the question number in each case



**Bring on tomorrow**

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