



Miscellaneous Professional Indemnity Proposal Form

Please answer all questions leaving no blank spaces. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Partner, Director or Principal of the Proposer.

Insurance cover is not effective until the Insurers have accepted this proposal form.

Duty to disclose material facts: Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated.

This Proposal Form shall be relied upon by Underwriters in deciding whether or not to enter into the Policy and on what terms, including premium and conditions.

If you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

Insurance Act 2015

The Insurance Act 2015 ('the Act') applies to this Proposal Form and any subsequent Policy. The terms of any such Policy will in most cases be no less advantageous to the insured than the Act would otherwise provide; in the event of any apparent conflict between the terms of this Policy and the Act, the Act will prevail. There could be, however, certain terms which, while capable of being more advantageous to the insured than the Act would otherwise provide, may in certain cases be less advantageous to the insured than the Act would provide. All terms such as this will be clearly referenced in the Policy.

Proposer Details

1.	Name of Proposer(s) including Subsidiaries and Predecessors	
2.	Principal Address	3. Website
4.	Date Established	
5. a)	Location of any offices outside the UK	
	b) Is there a Partner, Director or Principal based at each overseas office?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	If No, please advise how the office is supervised	

Proposer Details Continued

6. Please give the following details in respect of all Partners, Directors or Principals:

Name	Position	Relevant qualifications	Date qualified	Number of years in this position

7. Please state the number of individuals engaged by the Proposer, split as follows

Partners, Directors and Principals	
Qualified staff	
All other staff	
Consultants	

Proposer Fees

8. a) Please state the Proposer's gross fee income for the last complete financial year and estimate for the next financial year split between clients domiciled in the following territories:

	Last fully completed financial year (GBP)	Estimate for next financial year (GBP)
a) United Kingdom excluding Northern Ireland		
b) Ireland		
c) Europe		
d) USA/Canada		
e) Elsewhere		
f) Total		

b) Please advise the date of the financial year end:

c) If any income has been declared in respect of clients domiciled outside the UK, please provide the following details:

Country	
Applicable law	
Client	
Type of work undertaken	
Contract value	
Fees	
Start and end dates	

Proposer Fees Continued

9. Please state the Proposer's gross fee income payable to subcontractors as follows:

Last complete financial year GBP Estimate for the next financial year GBP

10. Do total fees from any one client in the last complete financial year or estimated for the next financial year exceed 50% of the total gross fees for that year? Yes No

If Yes, please provide details

11. Does the Proposer provide services for any client who has a controlling interest in the Proposer or in which the Proposer has a controlling interest? Yes No

If Yes, please provide details

Proposer's Professional Services

12. Please provide full details of the activities undertaken in the last complete financial year split as appropriate where more than one activity is undertaken:

Type of work	% of Fees

13. Is the business split provided in question 12 representative of the Proposer's activities:

a) over the past 5 years? Yes No

b) expected over the next year? Yes No

If No to either a) or b) please provide details

Proposer's Professional Services Continued

14. Please give details of the 5 largest projects the Proposer has undertaken during the past 5 years as follows:

Client	Type of contract	Fees earned	Total contract value	Start and End Dates

15. Please give details of the 3 largest projects the Proposer is expecting to undertake during the next year as follows:

Client	Type of contract	Fees earned	Total contract value	Start and End Dates

16. Has any work been undertaken or is any work expected to be undertaken for celebrity or high profile clients? Yes No

If Yes, please provide details.

17. Does the Proposer undertake any contract which involves

a) Sale or supply of products, materials or equipment? Yes No

b) Manufacture, construction, installation, maintenance, alteration, repair or treatment? Yes No

If Yes, please provide details

Dishonesty

18. a) Does the Proposer have authority to handle client monies?

If Yes, please provide details of the procedures adopted to ensure their security

Dishonesty Continued

- b) Is any person allowed to sign cheques without a counter- signature? Yes No
- c) Are bank statements, receipts, counterfoils and supporting documentation independently checked at least monthly against the cash book entries and bank statements of the employee making the entries or paying into the bank? Yes No
- d) Are all cheques and cash paid into the bank daily? Yes No

If No to b), c), or d) please give details as to the system used

Risk Management

- 19. a) Are all current projects running on time and within budget? Yes No
- b) Does the Proposer have in place a procedure to ensure that client requirements are understood and can be met by them before taking on a new piece of work? Yes No
- c) Does the Proposer always ask the client to sign standard contract conditions, which have been vetted by a legal professional and clearly outline the scope of services to be provided, and only provide those services which fall within that scope? Yes No
- d) Does the Proposer regularly review contracts internally and with the client? Yes No
- e) Does the Proposer have systems in place for ensuring that critical deadlines are met? Yes No
- f) Are subcontractors subject to a standard written agreement with the Proposer? Yes No
- g) Does the Proposer ensure that all sub-contractors hold their own Professional Indemnity insurance at the same limit as that now being requested? Yes No
- h) Where specialist professionals are required to provide services outside the usual scope of the Proposer, does the Proposer always ensure that they are appointed directly by the client? Yes No
- i) Does the Proposer always require written references and check that qualifications are properly held when engaging employees or subcontractors? Yes No
- j) Where the Proposer is a sole practitioner, do they ensure that there are arrangements in place to deal with absence? Yes No

If No to any of the above please provide details

Current and Previous Coverage

20. Please provide details of the Proposer's current Professional Indemnity insurance as follows:

Limit of Indemnity	
Premium	
Excess	
Insurer	
Renewal Date	
Retroactive Date	

21. Has the Proposer ever had any Professional Indemnity insurance cancelled, voided or declined at renewal by an Insurer?

Yes No

If Yes, please give details

Coverage Required

22. Please provide details of the quotation required:

Limit(s) of Indemnity	
Excess(es)	

Claims and Circumstances

23. a) Has any claim or complaint been made, or disciplinary proceedings been brought by any Regulatory Body against the Proposer or any of its current or former Partners, Directors or Principals in relation to the risks to be insured over the past 5 years?

Yes No

b) Has any loss or expense been incurred by the Proposer over the past 5 years which might have been insured under this policy?

Yes No

If Yes to a) or b) above, please provide the following:

Date of claim/complaint/disciplinary proceedings/loss	
Name of claimant/complainant/disciplinary body (if applicable)	
Brief details of allegations/ complaint/ disciplinary matter/loss	
Amount claimed for/lost including costs and expenses (if applicable)	
Insurer payment (if applicable)	
Insurer reserve (if applicable)	
What action has been taken to prevent a re-occurrence?	

Claims and Circumstances Continued

c) Is any Partner, Director or Principal aware, after enquiry, of any circumstances which might give rise to a claim or request for indemnity under this policy?

Yes No

If Yes, please provide the following:

Date	
Brief details	
Amount claimed for/lost including costs and expenses (if applicable)	

Declaration

I/We declare that the above answers, statements, particulars and additional information are true to the very best of our knowledge and belief and that after full enquiry, I/We have disclosed all information and material facts that may affect the Insurer's assessment of the risk.

Signature of Partner/Director/Principal:

For and/on behalf of the Proposer:

Name in capital letters (Printed):

Date:

Additional Notes

A large rectangular area with a thin blue border, containing horizontal lines for writing notes.