

# Miscellaneous Professions Renewal Proposal



1.	NAME(S) OF FIRM (Please include any predecessor	ors for whom cover is required):	
2.	ADRESSES OF THE PRINCIP (Please list all other locations location. Please provide an ap	by Town, or County if overseas, and identify the supervi	ising Partner/Director at each
	ALL OTHER ADDRESSES BY	TOWN/COUNTRY	
	Principle Contact:		
	Telephone Number:		
	Fax Number:		
	E-Mail:		
	Web-site Address:		
3.	DATE OF COMMENCEMENT O	OF CURRENT BUSINESS	
	<b>DATE OF COMMENCEMENT C</b> (If applicable)	OF AND CESSATION OF FORMER BUSINESS	
	REASON FOR CESSATION O	F FORMER BUSINESS	
4.	FULL DESCRIPTION OF BU	SINESS ACTIVITIES	
	(Please attach brochure(s)	if available):	



#### **5. RECENT CHANGES**

During the last six years, has the name(s) of the Insured/Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners (i.e. departed, retired or deceased etc...):

Yes No
If "Yes", please give details below:

### 6. NEW ACTIVITIES

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...

Yes	No			
If "Yes",	please give detail	ls below:		

#### 7. GROSS FEE INCOME

Please advise (for new insured(s)/proposer(s) start up's, please estimate the expected fee income):

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK in £	£	£	£
USA or Canada in £	£	£	£
Elsewhere excluding USA or Canada in £	£	£	£
Total in £	£	£	£
Largest total fees from any one client in £	£	£	£
PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END			



Limit of Indemnity	£	£	£
Excess(es)	£	£	£

PLEASE NOTE, IT IS IMPERATIVE THAT SECTION (a), (b) AND (c) OF QUESTION 8 ARE ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

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o.	CLAIMS	AND/UK	CIRCUMSTANCES

Where necessary, please provide details on an appendix sheet.

a) Claims

During the last ten years, have any claims, or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?

Yes No

If "Yes", please advise full details including amounts involved and settlement dates, where appropriate, below:

Claims Paid		
Claims Outstanding		

#### b) Circumstances

Are any of the Partners/Directors	, after enquiry, a	ware of any circ	cumstances which	n may give rise to	a claim
against the Firm(s) or its predece	ssors in business	or its/their pres	sent or former Pa	rtners/Directors?	

Yes No

If "Yes", please advise full details including amounts involved below:



c)	Fide	lity		
	(i)	Has the firm sustained any loss through fraud or dishonesty of any person?	Yes	No
	(ii)	Does the firm know of any fraud or dishonesty of any present or forme Partner/ Director or employee?	Yes	No
	If "Y	es", please advise details and explain the precautions taken to prevent recurrence below:		
lm	por	tant		
ac la	lmin ws. T	ersonal data may be processed and held by us in our capacity as data controllers in ordister your policy and to assist in the claims handling process in accordance with applic to read our data privacy policy in full and for more information about your data protect bsite at: https://www.barbicanprotect.com/cookies-privacy-policy/.	able data pı	rotection
DE	CLA	RATION		
		eby declare that to the best of our knowledge and belief the foregoing particulars and state sentation of the risk we are seeking to insure.	ements repre	esent a
		eby undertake to declare any material alterations or amendments to the foregoing particu occur prior to the commencement of the contract of insurance.	lars and stat	tements
Si	gnec	l:		
Fc	r an	d on behalf of:		
Da	ate:			



**DISCIPLINE PROFILE** - Please categorise 1. Firm's business activities and advise approximate percentage breakdown of U.K **USA OR CANADA ELSEWHERE** gross income/fees against each category during the **LAST** financial year **Accident Investigation** % % % Agricultural/Forestry/Horticultural % % % Consultants % Conference/Exhibition Organisers % % Consulting/Analytical Chemists % % % Direct Mail Marketing % % % Draughtsmen % % % % % % **Ecologists Employment Agency** a) % a) % a) % Note 1 a) Permanent Placements % b) b) % b) b) Temporary Placements **Environmental Consultants** % % % Expert Witness, Arbitration % % % % Food Industry/Food Hygiene Consultants % % **Forensic Scientists** % % % **Graphic Designers** % Health & Safety Consultants % % % Interim/Locum Managers % % % **Interior Designers** % % % Internet Service Provider, Web Site % Hosting Law Costs Draughtsmen % % % % % % Loss Adjusters/Loss Assessors Note 2 % **Management Consultants** % % % % % Marine Surveyors



**DISCIPLINE PROFILE** - Please categorise 1. Firm's business activities and advise approximate percentage breakdown of U.K **USA OR CANADA ELSEWHERE** gross income/fees against each category during the **LAST** financial year Marketing Consultants (excluding direct % % % mail marketing) Market Research Consultants % % % % **Notaries Public** Non-Destructive Testing % % % Personnel, Human Resource, Training/ % % % Careers Advisors **Public Relations Consultants** % % Property/Facilities Management % % % % Publishers/Authors/ Broadcasters % % Quality Control/Assurance Consultants % % % Safety Consultants % % **Telecommunications Consultants** % % %

TOTAL	100%	100%	100
Other (please provide details below):	%	%	Ç
Travel Agents	%	%	(
Transportation and Distribution Consultants	%	%	
Translators	%	%	
Training/Educational Services	%	%	
Trade/Professional Association	%	%	
Town Planners	%	%	
Tour Operators	%	%	

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## 2. PROJECT PROFILE

Please list the three largest projects during the last three years:

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date
		£	£	
		£	£	