

Professional Indemnity

Proposal Form Business and Management Consultants

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

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

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.

Please return your completed form and any supporting documentation to:

Email: underwriting@collegiate.co.uk

Fax: 020 7459 3455

Post: 18 Mansell Street, London, E1 1FE

BUSINESS AND MANAGEMENT CONSULTANTS.

1. Company name:

2. 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.

3. 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

4. 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:

5. Date business established:

6. Total income:

Territory income derived from	Last completed Financial year	Current year	Estimate next year
UK	£	£	£
EU	£	£	£
USA / Canada	£	£	£
Other , please advise where	£	£	£

Is overseas work subject to UK Jurisdiction?

YES / NO

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

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

7. Number of employees:

Last year	Current year	Estimate next year

8. Partners and directors:

Name	Qualifications	No. of years experience

Where a partner or director has been in their profession for less than five years, please send us their brief CV along with this proposal form

Do you undertake any work in relation to the following: the law (other than generic advice on employment law), investment of client funds, audit, accountancy, tax, insolvency, liquidation, receivership, disposals, mergers, acquisitions, pollution, turnaround management or do you have responsibility to your clients for: the procurement of goods or services on their behalf, pricing policy, legally binding them in other ways?

If YES, please provide full details.

YES NO

9. Your business activity

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:

- a) Strategic consultancy %
- b) Organisation, design and development consultancy %
- c) Quality management %
- d) Manufacturing systems consultancy %
- e) Financial management - consultancy only %
- f) Project management %
- g) Human resources consultancy %
- h) Recruitment consultancy:
 - i) Permanent staff %
 - ii) Temporary staff %
- i) Marketing consultancy %
- j) Telecommunications consultancy %
- k) Computer and IT consultancy %

If over 30% please complete the IT form in addition to this.

- | | | |
|--|----------------------|---|
| l) Outsourcing and facilities management consultancy | <input type="text"/> | % |
| m) Design and creativity consultancy | <input type="text"/> | % |
| n) Quality assurance consultancy | <input type="text"/> | % |
| o) Health and safety and fire consultancy | <input type="text"/> | % |
| p) Interim/locum management | <input type="text"/> | % |
| q) Training services | <input type="text"/> | % |
| r) Other - please supply full details below: | <input type="text"/> | % |

10. Contracts

Please give details of the three largest contracts carried out in the past three years (or coming year if a new venture):

Name of client	Nature of their business	Service provided by you	Total value of contract	Income to you from the contract

11. Project Management

If you have stated any income under Project Management:

i) Please provide brief details of a typical project:

Type of work	Your fees	Contract value	Start/end date	Name of client

ii) Are you responsible for the direct appointment of any advisory or professional consultants?

YES NO

Please note that it is a condition of this insurance that any advisory professional consultant appointed by you must carry their own PI insurance to an equivalent level.

12. Outsourcing and facilities management consultancy

If you have declared any income under Outsourcing and facilities management consultancy:

Do you become involved in any contractual negotiations? YES NO

If YES, please give full details:

13. Design and creativity consultancy

If you have declared any income under Design and creativity consultancy please advise what you design and what your client will do with your completed design:

14. Interim management

If you have stated any income under Interim/locum:

i) What position(s) do you undertake and what are your responsibilities?

ii) What is the reason for your employment in this position?

iii) What level of decision making do you accept without referral to higher level management?

a) Day to day management YES NO

b) Strategic management with budgetary responsibility YES NO

15. Financial management

If you have declared any income under Financial management, please confirm:

Do you accept responsibility for strategic/budgetary decisions? YES NO

If YES, do you obtain sign off by senior management/board? YES NO

Do you give advice in relation to:
Audit, accountancy, tax, insolvencies, liquidations, receiverships, mergers, acquisitions, disposals, procurement of goods or services or pricing policy? If YES please provide details. YES NO

16. Health and safety and fire consultancy

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 have to 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)

If you carry out a quality assurance role, do you always ensure that any health and safety recommendations have been implemented by your client and that written sign off procedures are in place?

YES NO

If NO, please explain why:

17. Recruitment Consultancy

Do you recruit / place medical / care / manual / engineering / driving staff?

YES NO

If YES please provide details:

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. If vicarious liability cover is required please advise us with an explanation for why/what it is required for.



18. Sub-contractors

Do you use independent sub-contractors?

YES NO

If YES:

a) What approximate percentage of your turnover is paid to sub-contractors?

%

b) For which work are they used?

c) Do you ensure they have their own PI insurance?

YES NO

19. Current cover

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	Retro active date	No. of years continuously held

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

Option	Limit	Excess
A	£	£
B	£	£

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:

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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

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 _____ A copy of this proposal should be retained for your records.
(in capitals)

Marketing

Collegiate would like the opportunity to send you relevant information which may be of interest to your business, including product and industry news. By ticking the boxes below, you are consenting to the use of your data for the purpose of marketing activities only. The data will be used only by Collegiate and will never be sold or passed onto third party companies for marketing purposes.

Please let us know if you would like us to contact you by any of the below means:

Yes, I would like to receive Marketing Communications by:

Post Email Phone SMS

Your consent and preference options can be updated or withdrawn anytime by clicking the unsubscribe link on our communications

Data Protection

Collegiate Management Services Ltd (the Data Controller) are committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation. Below is a summary of the main ways in which we process your personal data, for more information please visit our website at www.collegiate.co.uk

We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes, for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, fraud detection agencies, loss adjusters, solicitors/barristers, accountants, regulatory authorities, and as may be required by law.

We may transfer your personal data to destinations outside the European Economic Area ("EEA"), and we will ensure that it is treated securely and in accordance with the Legislation.

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict processing, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases, the retention period will be for maximum period of 7 years following the expiry of our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.