

Professional Indemnity Proposal Form

GB UNDERWRITING PROPOSAL FORM: MISCELLANEOUS PROFESSIONAL INDEMNITY

The following basic information MUST be supplied and the declaration signed.

1.	Full name of Proposer (name or names you or your business trade under):						
2.	Full Business addre	!SS:					
			Postcode:				
3.	Website address:						
4.	Please provide a full description of your activities (with percentage breakdown by activity):						
5.	Are you a member	of any asso	ciation or professional body? Please list below.	Yes No			
6.	What date was the	business est	cablished:	DD/MM/YY			
	Or number of years	years					
7.	Please provide details of all partners, principals and directors:						
	Name		Professional Qualifications	Number of years' relevant experience			



8.	Please provide number of othe	r professionally o	рианпе д ѕтат:					
9.	Please provide your fee or turnover details for:							
	Your last financial year:	£						
	Your next financial year:		£					
10.	Please provide a percentage b	reak down of you	r fee or turnove	r by territory:				
	United Kingdom:		%					
	European Union:		%					
	USA / Canada:		%					
	Other Territories:		%					
11.	Please provide details of your	three largest con	tracts in the last	twelve months:				
	Client name and description of work	Total Contract Value (£)	Your Contract Value (£)	Start date (DD/MM/YY)	Comple (DD/MI	etion date M/YY)		
12					Yes			
	Do you always use letters of er Do your standard contract con			i activities:	Yes	No No		
13.	Do your standard contract con	dicions innic your	nability:		les	110		
14.	What Indemnity limit do you re	equire? £25	0,000 £5	00,000	1,000,000	Other		
15 .	Current insurance details:							
	Renewal date:							
	Insurer:							
	Limit and deductible:							
	Premium:				£			
16.	If you currently have Profession	nal Indemnity cove	er in force, please	e advise of the ret	ro date (if an	y):		
17 .	Have you had any Professional Indemnity claims within the last five years? Yes No							
	(This includes any claim, prosecution, proceedings or investigations against you whether successful or not)							



18.	If "Yes" please provide full details:							
	Date claim made	Details	Paid (£)	Outstanding amounts (£)	Date settled			
19.	circumstance or i	ntner, principal, director or employ ncident which may result in any clai nt partner, principal, director or em	im against your l					
	If "Yes" please prov	vide details:						
20.	PLEASE READ TH	HIS SECTION CARFULLY BEFORE	YOU SIGN THE	DECLARATION				
The information that you have provided to us forms the basis of your insurance policy. It is importated advise us of all material information, and immediately of any change in information. Please note is doubt whether or not any information is material, it should be disclosed. Failure to disclose information prejudice your rights in the event of a claim.								
		ne that is likely to influence an Under renewal of an existing policy, it should						
DE	CLARATION							
bee		statements and particulars given in t gree that this Proposal together with						
SIG	NATURE:							
PO	SITION:							
DAT	TE:							





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