



MISCELLANEOUS PROFESSIONAL INDEMNITY INSURANCE

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely to enable a quotation to be given. Please do not leave any question unanswered. If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

Please type or clearly print your answers to assist Underwriters' consideration of the proposal.

Please provide a brochure, if possible, and any standard contract terms, conditions, agreements, or letters of appointment which you have with your clients.

This proposal form must be completed in ink by a Partner, Principal, or Director of the firm or company. The completion and signature of this proposal does not bind the proposers or underwriters to complete a contract of insurance.

1. a. Name of Individual or Firm(s) and date established (including subsidiary firms requiring cover):

- b. Address(es) of the Firm(s) (specifying which Partner, Principal or Director is responsible at each location):

- c. Names of any previous firms requiring cover and the dates on which they ceased business:

- | | | | | |
|-------|---|----------------|----------------|---|
| 2. a. | Names of all Partners,
Directors or Principals | Qualifications | Date Qualified | Years as Partner,
Director or Principal of
the Firm |
|-------|---|----------------|----------------|---|

If less than 5 years' experience in this occupation, give details of previous occupations.

- b. Please list those Partners, Directors or Principals of the Firm for whom cover is required

3. Please state the total number of:

(a) Partners, Directors or Principals

(b) Qualified staff

(c) Other technical staff (excluding administrative staff)

(d) Administrative and all other staff

Total

4. Are you a sole practitioner?

(a) Is this a part-time occupation? If yes, please give brief details of your present full-time occupation.

(b) What arrangements have you made for the running of the firm in the event of sickness or holidays?

5. Please provide a full and clear description of the activities of the Firm(s) declared in Question 1:

6. Please list the activities declared in Question 5 and state the approximate percentage of work carried out in each instance:

%
%
%
%
%
%

100%

7. (a) Have any major changes in the Firm's activities/structure taken place in the past 12 months?

Yes No

If YES, please give full details.

(b) Are any major changes in the Firm's activities/structure anticipated in the next 12 months?

Yes No

If YES, please give full details.

(c) Is cover required for any previous activity, now ceased, which is different from that declared in Question 5?

Yes No

If YES, please give full details.

(d) Is the firm or any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice, company or organization?

Yes No

If YES, please give details.

8. Please state the gross income/fees received for each of the last three financial years and an estimate for the next financial year in respect of income/fees billed to clients based in the following territories.

Year	Canada	USA	Overseas
20 ____			
20 ____			
20 ____			

Financial Year Ending: _____

9. a. Please list the Firm's three largest contracts in the last three years:

Type of Service and Country	Fee	Value	Commenced	Finished
1.				
2.				
3.				

b. What is the largest annual income/fee earned from a single client in the last 12 months?

10. a. What percentage of the Firm's fees are paid to sub-contractors?

b. Please give details of the work undertaken by sub-contractors.

11. a. Does the Firm or any Partner, Director or Principal act on behalf of, or undertaken work for, any firm, company or organization in which the Firm or any Partner, Director, or Principal has any financial interest?

Yes No

If yes, please give full details.

b. What percentage of income/fees is derived from work carried out for such firm, company or organisation?

c. Is cover required for this work?

12. Is the Firm or any Partner, Director or Principal a member of a consortium or joint venture?

Yes No

If YES, please give:

- a. Name of consortium
- b. Type of service being provided
- c. Annual income/fees for this contract

13. Which of the following extensions are required, if available?

- a. Libel and Slander
- b. Loss of documents
- c. Unintentional breach of copyright
- d. Unintentional breach of confidentiality
- e. Legal liability arising out of dishonesty of Partners, Directors, Principals or Employees
- f. Proposer's own losses arising out of dishonesty of Partners, Directors or Principals or Employees.

14. Is the Firm currently insured or has it been insured previously?

Yes No

If YES, please give the following details:

- a. Name of Insurers
- b. Indemnity limit
- c. Excess
- d. Date of expiry of coverage
- e. Number of years the Firm has been insured

15. Has any Insurer ever:

- a. Declined to offer Insurance for this Firm or any Partner, Director or Principal?
- b. Imposed any special terms for this Firm or any Partner, Director or Principal?
- c. Cancelled or voided an Insurance for this Firm or any Partner, Director or Principal?

16. a. What Limit of indemnity is required?

b. What self-insured excess (each and every claim) is the Firm prepared to carry?

17. Has any claim whether successful or not, ever been made against the Firm(s) or its predecessors in business or any past or present Partner, Director, Principal or Employee?

Yes No

If YES, please provide full details (it is important that a full answer is given to this question, i.e. year, amount, brief details of the nature of the claim and whether it has been paid or is still outstanding)

18. Are any of the Partners, Directors, Principals or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against the Firm, its predecessors in business or any past or present Partner, Director, Principal or Employee?

Yes No

If YES, please give full details.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to underwriters. A material fact is one which may influence an underwriter's judgement in his consideration of your proposal.

If your proposal is a renewal, it is likely that any change in facts previously advised to underwriters will be material and such changes should therefore normally be notified. If you are in any doubt whether a fact is material, you should normally disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow underwriters to void the policy.

I/We declare that the statements and particulars in this proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Dated _____ day of _____, 20_____

Signature of Partner/Director/Principal

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.