



**PROPOSAL FORM
FOR PRODUCT MANUFACTURERS AND SUPPLIERS
PROFESSIONAL INDEMNITY INSURANCE**

BROKER / INSURANCE AGENT

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED, PLEASE REFER TO YOUR BROKER/INSURANCE AGENT.

PLEASE NOTE this Proposal Form is used for indemnification on a CLAIMS MADE BASIS. This policy only responds to "Claims" made against the Applicant and notified to Underwriters during the period of insurance.

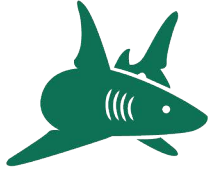
- This proposal must be typed or completed in ink, and signed and dated by such person (The Applicant) who must be of legal capacity and authorized by the Applicant to seek a quotation for Professional Indemnify Insurance and any additional coverage that may be provided by the Underwriters. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- Please submit, with the proposal, all relevant information including Financial Reports and Accounts, Brochures, etc.
- Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.
- It is the duty of the Applicant to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.
- For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a "material fact" shall be deemed to be one that would be likely to influence an Underwriter's judgment and acceptance of your Proposal.
 - Upon acceptance of the Underwriters terms and conditions and payment of the premium, all information provided by the Applicant together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Applicant.

Copies of the Proposal Forms should be retained for your own records.

**SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE APPLICANT OR UNDERWRITERS
TO COMPLETE A CONTRACT OF INSURANCE**

NOTICE TO THE APPLICANT

If the Applicant of this Contract of Insurance is a resident of the EU, the parties completing this Contract are free to choose the law applicable to this Contract. However, unless it is specifically agreed to the contrary, the Contract shall be subject to the law of the Country stipulated in the applicable EC Insurances pre-contractually required in accordance with the Third Eu Non-Life Directive.



CHUTTER

UNDERWRITING SERVICES

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 applicant or underwriters to complete a contract of insurance.

1. a) Full Name of Applicant
- b) Head office address

2. Names of other parties to be included:

Name	Equity Interest of Main Applicant	Reason for Inclusion*
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*e.g. Subsidiary/management control/joint venture partner etc.

3. Date Applicant established:

4. a) Has any change by way of merger, take-over or change of name occurred in the last 10 years?

Yes No

If YES, please give details with relevant dates:

- b) Is the Applicant financially associated with any other firm, other than in reply to question 4.a) above?

Yes No

If YES, please give details with relevant dates:

5. Please state the Applicant's:

Home Overseas USA Total
(Ex. USA)

- a) Total turnover for the last financial year
- b) Total turnover for the current financial year
- c) Total turnover for the next financial year
- d) Financial year end date

6. Please provide a general description of the company's business activities and attach the latest copy of your published accounts.

7. Please provide a breakdown of the Applicant's turnover for the last financial year as below.

- a) Turnover where the Applicant designs, manufactures and supplies the product _____
 - b) Turnover from the sale of products designed and manufactured by others where
 - (i) the Applicant gives advice in connection with the product _____
 - (ii) the Applicant does not give advice in connection with the product _____
 - c) Fees from professional consultancy advice or services _____
 - d) Other turnover _____
- Total _____

e) If a turnover has been declared in question 7.d), please describe the business activities below.

f) If fees have been declared in question 7.c), please indicate where professional advice, design or service is provided:

7. f) (i)

Professional Services	No. of Directors & Employees	Consultancy Fees or Commissions	
		Last Financial Year	Estimated Next Financial Year
Architecture			
Construction Management			
Computing & I.T.			
Engineering			
Insurance			
Legal			

Medical & Healthcare			
Project Management			
Property Agency / Management Surveying			
Shipping / forwarding			
Other (please specify)			
Other (please specify)			

7. f) (ii) Please provide a general description of each of the professional services indicated in question 7.(f)(i) above.

8. Does the Applicant provide design and build services for construction contracts?

Yes No

If YES, please state the applicable turnover:

9. Does the Applicant manufacture or provide advice, design or services for or in connection with prototypes or innovative products?

Yes No

If YES, please provide details:

10. Please provide the following information regarding the five largest contracts, relevant to the proposed insurance, in recent years:

	Description of Contract	Territory	Date	Turnover/Fee/Commission
a.				
b.				
c.				
d.				
e.				

11. a) Are full rights of recourse maintained against sub-contractors, consultants and product suppliers?

Yes No

If NO, please provide details:

b) Does the Applicant ensure that all sub-contractors, consultants and product suppliers carry their own Professional Indemnity insurance?

Yes No

12. Are all directors and employees providing the professional advice, design or services declared in question 7(f)(i), and, design, formulation or specification of products, suitably qualified by examination?

Yes No

If "No", please provide information regarding the experience of those directors and employees who are not qualified by examination.

13. a) Please list the main countries to which products are exported, and state the approximate turnover for each country.

b) Are products exported to the USA?

Yes No

If "Yes", please advise the type of products being exported and the applicable turnover.

14. a) Does the Applicant belong to any Trade Association or Professional bodies?

Yes No

If YES, please give details:

b) Has the Applicant achieved ISO qualification or similar?

Yes No

If YES, please give details:

15. Where the Applicant designs and manufactures or supplies products, advice, design or consultancy services to other companies, do you always:

a) effect a written contract with your customer before the products, advice, design or consultancy services are provided?

Yes No

b) obtain legal advice before contracts are signed?

Yes No

c) exclude liability for consequential loss?

Yes No

If NO to any of the above please provide details:

Previous Insurance History

16. Does the Applicant effect and maintain public and products liability insurance?

Yes No

If YES, please indicate whether the policy provides cover for professional advice and services where fees or commissions:

a) Are earned and third party injury or damage occurs

Yes No

b) Are not earned and third party injury or damage occurs

Yes No

c) Are not earned and a third party incurs financial loss without injury or damage occurring

Yes No

17. Has the Applicant previously insured for professional indemnity?

Yes No

If YES, please provide the:

a) Name of insurer

Date the Policy expires:

b) Indemnity Limit

Excess:

c) Basis of cover (claims made or loss occurring)

d) Retroactive Date:

18. Has any insurer ever:

a) Declined a proposal or a renewal for this insurance?

Yes No

b) Imposed special terms or increased premiums other than standard market increases?

Yes No

c) Cancelled the insurance?

Yes No

If YES to any of the above please provide details:

19. Please state amount of indemnity required:

20. Please state the amount of Excess the Applicant is willing to carry, if available, as uninsured in respect of each and every claim (which includes associated Defense Costs):

Previous Claims History

21.

a) Has any claim that would have been covered by the proposed insurance ever been made against the Applicant or any of its directors or employees during the last 10 years?

Yes No

If "Yes", please provide details including the amount claimed:

b) Has the Applicant been involved in any dispute or arbitration concerning professional fees, advice or services to others during the last 10 years?

Yes No

If "Yes", please provide details:

22. Do any of the directors or employees, AFTER ENQUIRY, have any grounds for suspecting, or are they aware of any **circumstances which might give rise to a claim** against the Applicant or against any of the present or former directors during the last 10 years?

Yes No

If "Yes", please provide details including the potential costs:

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between me/us and Underwriters upon acceptance by me/us and of the quotation afforded by Underwriters.

Signed on behalf of:

Applicant _____ Name _____

Position _____ Date _____ / _____ / _____
(MO) (DAY) (YEAR)