



Miscellaneous Proposal Form

IMPORTANT:

In this application:

"You / Your" refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

"Firm" means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

"Principal" means any Director, Partner, Member or Sole Trader.

"Senior Management" includes all individuals who play significant roles in the making of decisions about how **Your** activities are to be managed or organised.

"Fair Presentation" means a presentation that:

- Clearly discloses every material circumstance that is known or ought to be known by **Your Senior Management** and those persons responsible for **Your** insurance or which is sufficient to prompt the insurer/s to ask appropriate questions. A circumstance is material if it would influence an insurer's judgement in determining whether to take the risk and, if so, on what terms.
- Discloses information in a manner that is reasonably clear and accessible; "data dumping" of large quantities of information with important matters hard to identify amongst the volume would not fulfil this requirement.
- Contains statements and facts that are true, accurate and given after undertaking a reasonable search, including consulting with **Senior Management** and those persons responsible for **Your** insurance.

"MUM" means Pen Underwriting Limited trading as Manchester Underwriting Management ("MUM").

You owe a duty of disclosure to **Your** insurer/s. This includes a duty to make a **Fair Presentation** of the risk. **You** must disclose all material circumstances known to **Your Senior Management** and those persons responsible for **Your** insurance.

Your presentation and the answers to the questions in this form should relate to all work and for all firms for which cover is required - past, present and future. **You** should complete all sections of this form. Where a question is not relevant to **Your** business, please respond 'N/A'. The Application Form must be signed and dated by a **Principal** once completed. If you are in any doubt as to whether to disclose something then it is normally better to disclose it but **You** should consult your broker if **You** have any questions as to the presentation.

You must also disclose any changes to the presentation that occur prior to commencement of insurance, when it is renewed and at any time that it is varied.

Failure to make a **Fair Presentation** may lead to:

- The voidance of any insurance effected, resulting in no claims being met; or
- Different terms being imposed, which might mean an increased premium, excess or reduced cover; or
- The reduction of the amount of a claim payment.

How does MUM maintain Your privacy?

MUM is the data controller of any personal data **You** provide to **MUM**. **MUM** collects and processes personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop its products and services and to comply with its legal and regulatory obligations. This may involve sharing information with and obtaining information from **MUM's** group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies.

MUM may record telephone calls to help it to monitor and improve the service provided as well as for regulatory purposes.

Please see **MUM's** Privacy Notice for further information on how **Your** personal data is used, shared, disclosed and retained, **Your** rights in relation to **Your** personal data and how to contact **MUM's** Data Protection Officer. **MUM's** Privacy Notice can be found at <https://www.penunderwriting.co.uk/Privacy-Policy>. **MUM** may make important updates to its Privacy Notice from time to time and these may in turn affect the way **MUM** uses and handles **Your** data. Please ensure **You** review **MUM's** Privacy Notice periodically to ensure **You** are aware of any changes.

If **You** are providing data in the course of **Your** business, or as a charity, for charitable purposes and providing information on other individuals to **MUM**, for example **Your** employees and/or any other party that would be covered under the insurance or services that **MUM** may provide to **You**, **You** shall ensure that individuals whose personal data **You** are providing to **MUM** have been provided with fair processing notices that are sufficient in scope and purpose, and that **You** have obtained all appropriate consents, where required, or are otherwise authorised, to transfer the personal data to **MUM** and enable **MUM** to use the personal data and process the personal data for the purposes of this agreement and as set forth in **MUM's** Privacy Notice. **You** must not share personal data with **MUM** that is not necessary for **MUM** to offer, provide or administer its services.

1) Please provide full trading names of all **Firms** to be insured under this arrangement (**You/Your**):

Name(s)	Date Established

2) Please provide **Your** website address:

3) Please provide all addresses:

4) If cover is required for **Your** previous business (predecessor practices), please provide full details below:

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the **Principals** require cover for any previous professional business activity not covered elsewhere, please provide details below:

Name of Principal to be covered						
Name of previous Firm						
Period at previous Firm	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous Firm						
Reason for leaving						

6) Do **You** have any association with or financial interest in any other **Firm**?

Yes No

If YES, please provide full details below of the nature of the association and the name and business of the third party:

7) Please supply details of all Principals:

Name	Age	Qualifications	Date Qualified	Date of Engagement

8) Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others

9) Has any Principal ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? Yes No

If YES, please provide full details below:

10) Please provide full details if any Principal has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of Your current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:	
Date	

12) Please provide a breakdown of turnover/fees generated for each of the last 5 financial years and an estimate for the current/next Financial Year.

Year End	/ /	/ /	/ /	/ /	Last complete year / /	N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

13) Please provide a full description of all services provided.

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14) Please provide a breakdown of **Your** activities described above, and percentage of income generated for each discipline (must equal 100%) in the last complete financial year:

Details of Service	%
	%
	%
	%
	%
	%

15) Do **You** anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, give full details below.

Yes No

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16) Are **You** involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design consultancy capacity? If YES, give full details below

Yes No

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17) Do **You** engage the services of sub-contractors?

Yes No

If **YES**, please provide answers to the following, otherwise skip to the next question.

What percentage of fees/turnover was paid to sub-contractors during the last financial year?	%
Do You always require Your sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please confirm the minimum limit You require them to maintain:	£

18) Please provide details of **Your** 5 largest contracts that have been completed in the past 6 years

Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

19) Please provide details of Your 5 largest contracts currently in hand.

Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

20) Do You undertake any projects where work is outside the United Kingdom?

Yes No

If YES, please provide details of 3 largest projects below:

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date
				£	£	
				£	£	
				£	£	

21) Have You at any time entered into a contract that is subject to the laws of countries outside the United Kingdom? If YES, please provide details of 3 largest contracts below:

Yes No

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date
				£	£	
				£	£	
				£	£	

22) Have You at all times used written agreements for each contract undertaken which clearly outline the services to be provided and have all changes always been confirmed in writing?

Yes No

If NO, please give full details below.

23) Other than by Sub-contracting, have You ever entered into contracts where You may incur liability for the services provided by others (such as a consortium involving joint and several liability)?

Yes No

If YES please provide full details below:

24) Have **You** ever entered into contracts on behalf of clients? Yes No

If YES is written sign off for the contract terms always obtained from **Your** client prior to doing so? Yes No

25) Please select the limit of Indemnity **You** require quotations for:

26) Please select the level of excess **You** require quotations for:

27) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below: Yes No

Date of Claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

28) Are **You** aware of any of the following?

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? Yes No

Any matter which might otherwise affect the consideration of this proposal? Yes No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms? Yes No

If the answer to any of the above is YES, please provide full details below:

DECLARATION

I, being a signatory to this form, declare that the information in this form, together with any other information supplied, is a **Fair Presentation**. If the proposer is an organisation such as a company or Limited Liability Partnership, I make the declaration for and on behalf of the organisation (and I declare that I am duly authorised to do so).

If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform Underwriters.

SIGNATURE

Signed:

Printed Name:

Date: