



MISCELLANEOUS PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER TO COMPLETION OF THIS PROPOSAL FORM

1) Disclosure

- Any "material fact" must be disclosed to Insurers.
- A "material fact" is any information which may alter the judgement of an Insurer in assessing the risk.
- Any "material change" must be disclosed to Insurers.
- A "material change" is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2) Presentation

- This Proposal Form must be completed in ink by an authorised individual, a partner, principal or director of the proposer.
- All questions must be answered.
- If there is insufficient space to provide answers additional information should be provided on the proposer's letter headed paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3) Guidance

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in 1) Disclosure and/or 2) Presentation advice should be sought from an insurance advisor in the first instance.

SECTION 1 – GENERAL DETAILS

1) Please provide the following details:

Name of proposer(s) to be covered	Date Established

2) Main address of the proposer and any overseas addresses (specifying the name and position of the individual responsible at each location including web and e mail addresses):

E mail address

Web address

3) Individual, partner, principal, director, consultants under a contract of service details:

Name	Age	Qualifications	Date (s) Qualified

Attach CV where the proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

4) Number of employees split between the following:

Qualified

Administrative

Other (specify)

5) Is the proposer connected or associated (financially or otherwise) with any other entity? Yes/No

5.1) If yes is cover required for any work undertaken for any associated entity? Yes/No

5.2) If yes please provide full details including nature of the work undertaken and income derived.

6) During the past 6 years has the proposer’s name been changed, has any other business been purchased and/or has any merger or consolidation taken place? Yes/No

If yes please provide details.

SECTION 2 – CLAIMS INFORMATION

1) After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person? Yes/No

If yes please provide details.

2) After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes/No

If yes please provide details.

3) After full enquiry has any claim been made against the proposer's business or any principal, partner, director or employee whilst in this or any other business? Yes/No

If yes please provide details.

4) After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director or employee of this or any other business? Yes/No

If yes please provide details.

SECTION 3 – THE BUSINESS:WORK UNDERTAKEN

1) Please provide the proposer’s fees/income in each of the financial periods derived from clients based in:

	Last Financial Year Ended --/--	Current Financial Year Ending --/--	Coming Financial Year Ending --/--
UK			
Elsewhere			
Total			

If fees/income are/is declared as derived from clients based in “Elsewhere” please provide details including territories involved and income derived.

2) Please provide a full description of the activities undertaken by the proposer.

If fees/income are/is derived by activities regulated under the Financial Services Act 1986, Financial Services and Markets Act 2000 and/or supplementary amendments (including Pensions, Endowments, Mortgages, FSAVC’s and or Split Capital Investment Trusts/Zero Dividend Preference Shares) please complete the **Financial Services Supplementary Questionnaire**.

3) Is cover required for any other activity, now ceased, which is different to those declared in (3) above? Yes/No

If yes please provide details.

4) Is the proposer aware of any change in activity/structure that will occur in the coming financial year? Yes/No

If yes please provide details.

5) What is the proposer’s largest fee earned from one client and the average fee per client in the last year?

Largest Average

6) What percentage of fees over the last three years have been paid to outside consultants?

6.1) If fees are paid to outside consultants is cover required for the work undertaken by the outside consultants? Yes/No

6.2) If yes please provide full details including nature of the work, projects undertaken and names of consultants?

7) Please list the proposer's three largest contract assignments undertaken in the last three years.

Type of Service and Country	Fee	Contract Value	Date Commenced	Date Completed

8) Is the proposer a member of a consortium or has the proposer entered into a joint venture agreement? Yes/No

If yes please provide details.

SECTION 4 – THE BUSINESS:RISK MANAGEMENT

1) Is the proposer admitted to any Association or accredited to any quality systems? such as the ISO9000 Yes/No

If yes please provide details.

2) What are the proposer's procedures in operating a diary system?

3) If the proposer is a sole practitioner, please provide details of arrangements to maintain service and standards in the event of sickness or holiday?

4) Does the proposer have written procedures or checklists for the service performed? Yes/ No

If yes please provide details.

5) What records are kept by the proposer of telephone conversations and attendance at meetings?

6) Does the proposer subscribe to any form of Continuing Professional Development? Yes/No

If yes please provide details.

7) What are the proposer's procedures, such as letters of engagement, to ensure that a clients requirements are clearly identified and can be met?

8) How often does the proposer undertake a review of working procedures?

9) What are the proposer's procedures in reviewing the work undertaken by staff and partners?

10) Does the proposer always obtain satisfactory written references when engaging employees? Yes/No

If no please provide details.

11) Does the proposer ensure that any outside consultants engaged carry their own Professional Indemnity Insurance Yes/No

SECTION 5 – INSURANCE COVERAGE

1) Does the proposer currently have Professional Indemnity Insurance in force? Yes/No

If yes please provide the following details.

1.1) Insurer

1.2) Limit

1.3) Excess

1.4) Renewal date

1.5) Number of years cover has been continuously in force

2) What is the amount of indemnity now required?

3) Has any Proposal for similar insurance made on behalf of the proposer's business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? Yes/No

If yes please provide details.

SECTION 6 – DECLARATION

I/We declare that the statements and particulars contained in the 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 Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

Signature of authorised individual/partner/principal/director

Date
