

# Professional Indemnity Insurance

All Companies – Miscellaneous

## Proposal Form

### IMPORTANT NOTICE TO THE PROPOSER

To apply for Professional Indemnity Insurance, please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the Proposal Form applies to the "Proposer" which includes all person(s) or businesses applying for insurance. This Proposal Form does not bind the Proposer or the Insurers to any insurance but will form part of any subsequent insurance policy issued.

This Proposal Form is not suitable for Accountants, Architects, Design and Construct Contractors, Engineers, Estate Agents, Insurance Brokers, IFA's, Printers, Publishers, Solicitors, Surveyors, Technology Companies, Tour Operators and certain other occupations. If you are unsure whether this Proposal is suitable for your business seek advice from your insurance broker before completion.

### SECTION 1 – ABOUT THE PROPOSER (Please write in block capitals or cross the appropriate boxes as required)

1 – Proposer(s) name: \_\_\_\_\_

2 – Principal address: (Also include any other office locations) \_\_\_\_\_  
\_\_\_\_\_

3 – Date established: \_\_\_\_\_

4 – Website & contact email address: \_\_\_\_\_  
\_\_\_\_\_

5 – Professional or Trade Association membership: \_\_\_\_\_

6 – Person to contact about insurance and contact telephone number(s): \_\_\_\_\_

7 – Company registration number: \_\_\_\_\_

8 – Provide a description of the principal sectors the Proposer operates in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 – Proposed inception date for policy: \_\_\_\_\_  
(12 month policy period assumed)

## SECTION 2 – SELECT LIMITS OF INSURANCE AND EXCESS

Select the limits of insurance sought:

£250,000  £500,000  £1,000,000  £2,000,000   
 £3,000,000  £5,000,000  OTHER £ \_\_\_\_\_

Select the excess sought:

£500  £1,000  £2,500  £5,000   
 £10,000  OTHER £ \_\_\_\_\_

## SECTION 3 – ABOUT THE BUSINESS

**10** – During the past 6 years (or since the Proposer commenced trading, if less) has the Proposer’s name been changed, has any other business been purchased or has any merger or consolidation taken place? YES  NO   
*If Yes, please provide full details in Section 7 Additional Information.*

**11** – Is the Proposer connected or associated (financially or otherwise) with any other entity? YES  NO   
*If Yes, please answer the following:*

Is cover required for any work undertaken for any associated entity? YES  NO   
*If Yes, provide name, nature of the work undertaken and income derived from the associated entity in Section 7 Additional Information.*

**12** – List all partners, principals, directors and consultants under a contract of service: (use separate sheet if necessary)

Name	Qualifications	Date(s) Qualified*	Years Experience
1.			
2.			
3.			
4.			
5.			

\*Attach a CV where any individual has no relevant qualifications.

**13** – List total number of employees split between the following: (include part time employees)

Principals and Senior Qualified	Other Technical	Administrative	Total

## SECTION 3 – ABOUT THE BUSINESS – CONTINUED

- 14** – Provide the Proposer’s turnover in each of the financial periods derived from clients based in the territories below:

Territory	Last Financial Year Ended ____/____/20__	Current Financial Year Ending ____/____/20__	Estimate for Next Financial Year
UK £			
EU – £ equivalent			
USA/CAN – £ equivalent			
Elsewhere* – £ equivalent			
Total £			

\* Provide details of turnover designated as elsewhere in Section 7 Additional Information

- 15** – Please allocate below, as a percentage to a total of 100%, the split in turnover of the services provided in the last complete financial year:

Description of Services / Activities	UK	EU	Elsewhere	Total
a)				
b)				
c)				
d)				
e)				

\* Provide full details in Section 7 Additional Information

- 16** – Does the Proposer require coverage for any other activity, now ceased or which is planned or due to commence, which is different to the description of the Proposer’s business given in question 15? YES  NO   
*If Yes, please provide full details in Section 7 Additional Information.*

- 17** – Does the Proposer require coverage for any consortium, joint venture or single project partnership the Proposer has entered into in the past or is planning to in the future? YES  NO   
*If Yes, please provide full details in Section 7 Additional Information.*

- 18** – What percentage of turnover on average over the last 3 years has been paid to outside or sub consultants or third parties? \_\_\_\_\_ %

If fees are paid to outside or sub consultants are they engaged in a binding contract accepting responsibility for their own neglect, error or omission for the work they undertake? YES  NO   
*If No, please provide full details in Section 7 Additional Information including nature of work and projects undertaken.*

- 19** – Has the Proposer ever failed to complete a piece of work or project? YES  NO   
*If Yes, please explain the reason and type of project in Section 7 Additional Information.*

- 20** – Is all the Proposer’s work undertaken using well-established techniques and practices? YES  NO   
*If No, please explain any new techniques or practices used or planning to be used in Section 7 Additional Information.*

## SECTION 4 – RISK MANAGEMENT

- 21 – Does the Proposer have written procedures or checklists for the services performed? YES  NO
- 22 – Are all of the Proposer's contracts and terms of engagement in writing? YES  NO
- 23 – Are changes to work orders or specifications always confirmed in writing? YES  NO
- 24 – Does the Proposer always obtain satisfactory written references when engaging employees? YES  NO
- If the answer to any of the questions 21 to 24 is No please provide full details of alternative procedures in place in Section 7 Additional Information.*

## SECTION 5 – PREVIOUS INSURANCE

- 25 – Has any Proposal for Professional Indemnity Insurance (or similar insurance) made by or on behalf of the Proposer or its business or other activity, or any predecessors of the Proposer or its business or other activity or any principal, partner or director of the Proposer been declined in the past or has such insurance been cancelled, renewal refused or has any special terms been imposed on them? YES  NO
- 26 – Does the Proposer currently purchase Professional Indemnity Insurance? YES  NO
- If Yes, please answer the following:*
- a) Does the expiring policy have a retroactive date? YES  NO   
(If the answer is No, retroactive coverage will be from the date that the Professional Indemnity Insurance is or was first purchased and continually renewed).
- b) If the Proposer has answered Yes to 26a above please enter the:
- i) retroactive date \_\_\_\_\_
- ii) the current Insurer(s) \_\_\_\_\_

## SECTION 6 – PREVIOUS EXPERIENCE

- 27 – After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person? YES  NO
- 28 – 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
- 29 – 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
- 30 – 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? (This includes but is not limited to any client currently withholding payment for work or any escalating level of complaint on a particular project). YES  NO

*If the answer to any of the questions 27 to 30 is Yes, please provide full details and explanations in Section 7 Additional Information.*



Similar to other professional insurances, the Angel Professional Indemnity Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurers during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Proposer ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Underwriting Limited is regulated by the Financial Services Authority (FSA). Further information about the FSA can be found on their website at [www.fsa.gov.uk](http://www.fsa.gov.uk) and [www.moneymadeclear.fsa.gov.uk](http://www.moneymadeclear.fsa.gov.uk). Information about Angel Underwriting Ltd can be found at [www.angelunderwriting.com](http://www.angelunderwriting.com).

**DATA PROTECTION**

By signing this Proposal Form the Proposer consents to the Insurer or its representatives using the information Insurers may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Insured where this is necessary in compliance with the provisions of the Data Protection Act 1998. This may necessitate providing such information to third parties.

**MATERIAL FACTS**

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by Insurers. If the Proposer is in any doubt as to what constitutes a material fact they should consult their insurance broker.

**DECLARATION**

The Proposer warrants to the best of his or her knowledge and belief that all the information contained in this Proposal Form is true and includes all material information. The Proposer warrants that if the information supplied herein changes between the date of this Proposal and the inception date of the Policy, the Proposer will immediately notify the Insurers of such change, and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal on behalf of the Proposer.

- More information is attached to this Proposal Form
- I would like my broker to contact me before completing my Policy

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Your Broker's Details:**