

Proposal Form



Professional Indemnity Insurance ALL COMPANIES - MISCELLANEOUS

IMPORTANT NOTICE TO THE PROPOSER

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 questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Proposer, and if so, on what terms. The Proposal Form applies to the "Proposer" which includes all person(s) or businesses applying for insurance.

This Proposal Form is not suitable for Accountants, Architects, Design and Construct Contractors, Engineers, Estate Agents, 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 (*Company/Trading Name*):

2. Principle Address (Also include any other office locations):

3. Date Established:

4. Website & Contact Email Address:

5. Person to contact about insurance and contact telephone number(s):

6. Professional or Trade Association Membership:

7. Company Registration Number:

8. Proposer's business or industry sector:

9. Proposed inception date for policy: _____
(12 month policy period assumed)

SECTION 2 – SELECT LIMITS OF INSURANCE AND EXCESS

Select the Limits of Insurance required:

£100,000 £250,000 £500,000 £1,000,000
 £2,000,000 £3,000,000 £5,000,000 OTHER £ _____

Select the Excess required:

£250 £500 £1,000 £2,500
 £5,000 £7,500 £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	Dates(s) Qualified*	Years Experience
1.			
2.			
3.			
4.			
5.			

* Attach a CV where the Proposer has been established less than 5 years and/or 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 and Qualified	Administrative	Other (Specify)	Total

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 ____/____/____	Current Financial Year Ending ____/____/____	Coming Financial Year Ending ____/____/____
UK £			
EU - £ equivalent			
USA/CAN - £ equivalent			
Elsewhere* - £ equivalent			
Total £			

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

SECTION 3 – ABOUT THE BUSINESS - CONTINUED

15. Please allocate below, as a percentage total of 100%, the split in turnover of the services provided in the last complete financial year or estimate for first year if a new start up business:

Description of Services / Activities	UK	EU	USA/Canada	Elsewhere*	Total
a)					
b)					
c)					
d)					
e)					
					100%

* 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 the Proposer's contracts and letters of engagement in writing? Yes No

23. Are changes to work orders or design specifications during the course of a contract 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? Yes No
(This includes but is not limited to any client currently withholding payment for work or any escalating level of complaint on a particular project).
- Regardless of whether the claim is successful or not or whether the claim(s) or circumstance(s) was/is insured has been notified to a current or previous insurer.**
- If the answer to any of the questions 27 to 30 is Yes, please provide full details and explanations if necessary in Section 7 Additional Information.*

SECTION 7 – ADDITIONAL INFORMATION

