

Professional Package Supplemental Questionnaire to Professional Indemnity Proposal



The package policy is not available for all industries. Please check with your broker before completion.

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Supplementary Questionnaire. It is very important that the person completing the Supplementary Questionnaire 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 Supplementary Questionnaire when deciding whether or not to offer insurance to the Proposer, and if so, on what terms.

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

1. Proposer(s) Name

2. Principle Address:

3. Proposer's Industry Sector: _____
4. Annual Turnover: _____
5. Select additional cover required:
 - Directors & Officers Liability Insurance (*if this cover is required the Directors & Officers Liability Proposal Form will need to be completed*)
 - Public Liability Insurance
 - Employers Liability Insurance
 - Office Contents Insurance, All Risks Insurance and Business Interruption Insurance

SECTION 2 – STATEMENTS IN RESPECT OF PUBLIC AND EMPLOYERS LIABILITY

The Proposer can confirm that

6. None of its operations include the manufacture, production, supply or distribution of any products other than computer software. True False
7. After full enquiry, none of its principals, partners, directors or employees are aware of, or carrying any injuries or diseases that could give rise to a claim. True False
8. After full enquiry it is NOT aware of any claim(s) that have been made against its business or against any of its principals, partners, directors or employees whilst engaged in its current business or any other activity. True False
9. After full enquiry it is NOT aware of any circumstance or incident which has or could result in any claim being made against its business or against any of its principals, partners, directors or employees, whilst engaged in its current business or any other activity. True False
10. Please confirm total number of employees including principals and directors. _____

If the response to any of the Statements 6-9 is False please provide full details in the Additional Information Section

SECTION 3 – ADDITIONAL EMPLOYERS LIABILITY QUESTIONS

Answers to the below questions are mandatory and without complete answers to the below questions it will not be possible to provide Employers Liability Insurance

11. Current Insurer
(this is the name of the insurer for the expiring policy period) _____

12. Current Insurance Cover Start Date _____

13. Current Insurance Cover End Date _____

14. Original Insurer
(the Insurer with who employers liability insurance was originally taken out with) _____

15. Broker Reference Number
(the unique reference that the broker will have to identify the Policy) _____

16. Policy Type
(Is the Proposer applying for cover for a parent or subsidiary company?) Parent / group company
Subsidiary company

17. Proposed Policyholder Name _____

18. Employer Name
(this is the employer name which is known by the employee) _____

19. (a) Proposed Policyholder's Address:
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City / Town _____
County _____
Country _____
Postcode _____

(b) Proposed Policyholder's Employer Reference Number
(this identifies the Unique ID / PAYE Code) _____

20. (a) Parent Company Address (if applicable):
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City / Town _____
County _____
Country _____
Postcode _____

(b) Parent Company's Employer Reference Number
(this identifies the Unique ID / PAYE Code) _____

21. (a) Subsidiary Company 's Address (if applicable):
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City / Town _____
County _____
Country _____
Postcode _____

(b) Subsidiary Company's Employer Reference Number
(this identifies the Unique ID / PAYE Code) _____

Please provide details of other subsidiaries, if more than one, in the Additional Information Section.

SECTION 4 – EMPLOYERS LIABILITY LIMIT

The Limit of insurance provided for Employers Liability is £10,000,000

SECTION 5 – SELECT LIMITS OF INSURANCE FOR PUBLIC LIABILITY

Please select the Limit of insurance required for Public Liability:

£1,000,000 £2,000,000 £5,000,000

SECTION 6 – STATEMENTS IN RESPECT OF OFFICE CONTENTS, ALL RISKS AND BUSINESS INTERRUPTION (Optional)

This section is only available if the Public Liability option is purchased

The Proposer can confirm that

- 22. It does not have any premises, locations, offices or places of business located where the first characters of the post code are any of the following: BB1, 3, 5, 6 or 7, CF1 ,5 or 6, DY, FY, EC, M3, MK, PE, SS, WN8 6, 8 or 9. True False
- 23. Its place of business is constructed of brick or stone with a slate, tiled or profiled metal roof. True False
- 24. All external windows (including sky lights) are closed and locked with key operated window locks, or permanently screwed shut when the premises are unattended. True False
- 25. The final exit door, is secured or locked with five (or more) lever mortice deadlocks and matching boxed striking plate, to minimum BS 3621 standard (or the equivalent). True False
- 26. All other external doors are or internal doors providing access to its offices are secured with either five (or more) lever mortice deadlocks and matching boxed striking plate, to minimum BS 3621 standard (or the equivalent) or by two key operated security bolts to engage the door frame. True False
- 27. Where a contents limit of £50,000 or more is purchased the office is protected by a hard wired intruder alarm system which meets British Standard 4737/BS EN 50131 or a wireless Class VI alarm system which meets BS 6799. Such alarm system has been installed by either a NSI (National Security Inspectorate) approved or SSAIB (Security Systems and Alarm Inspection Board) registered company. True False
- 28. After full enquiry it is NOT aware of any claim(s) or loss(es) whether successful or not has occurred or has been made by or on behalf of its business or by any current or past person, principal, partner, director or employee whilst engaged in its current or in any past business or any other activity, in respect of office contents, all risks or business interruption. True False
- 29. After full enquiry it is NOT aware of any circumstance(s) or incident(s) which has or could result in any claim being made in respect of office contents, all risks or business interruption. True False
- 30. If more than one place of business exists then the proposer confirms that all the above statements apply to each location. True False

If the response to any of the Statements 22-30 is False please provide full details in the Additional Information Section

SECTION 7 – SELECT LIMITS OF INSURANCE FOR OFFICE CONTENTS, ALL RISKS AND BUSINESS INTERRUPTION

Please select the Limit of insurance required:

	CONTENTS	ALL RISKS	BUSINESS INTERRUPTION	
	LIMIT			
Option 1	£5,000	£1,000	£10,000	<input type="checkbox"/>
Option 2	£10,000	£2,500	£25,000	<input type="checkbox"/>
Option 3	£25,000	£5,000	£50,000	<input type="checkbox"/>
Option 4	£50,000	£10,000	£75,000	<input type="checkbox"/>
Option 5	£100,000	£25,000	£100,000	<input type="checkbox"/>

