

Proposal Form

Professional Indemnity Insurance - Miscellaneous

Please answer all Questions fully, if additional space is required please provide full details on your letterhead.

Details of parties to be insured

1-Please provide the name and address of all parties to be insured:

2-Please confirm the date from which you have continuously conducted the business

3- Is cover required for any predator business? Yes No

4- Has any other practice or business merged with you or is any such merger Yes No

Proposed during the period of the insurance

5-Have you acquired /purchased any other practice or business or are any acquisition or purchase proposed during the period of insurance Yes No

If "Yes" to questions 3, 4 or 5 please provide details including whether entities are to be included under the proposed insurance:

(II) Staff details

6. Please give full details of all partner(s)/director(s)/ principal (continue on separate sheet if required):

Full name	Qualifications and dates achieved	No. of years in this capacity you	No. of years in industry experience

Please supply a copy of the Curriculum Vitae of any person who has been acting in this capacity for less than Three years (vive in the case of sole partitions).

Please state the number of:

- i) Partners / Directors / principals
- ii) Qualified staff
- iii) All others

(III) Activities

8. Please provide full details of all your business activities for which insurance cover is required:

9. Please categories the activities declared above and indicate the approximate percentage of Turnover/fee Income relating to each activity (continue on a separate sheet if required):

	%
	%
	%
	%
	%
	%

10. Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes No

If 'Yes' please provides details:

Activities continued

11. Will failure of your products or services be liable to result in any of the following scenarios?

- (a) Loss of life or injury to a person? Yes No
- (b) Damage or destruction to physical property? Yes No
- (c) Immediate and large financial loss? Yes No
- (d) Significant and cumulative financial loss? Yes No

If 'Yes' please provide full details:

(IV) Turnover/ Fees

12. Please provide details of the gross income for the following years:

Turnover/Fees	Prior year	Current	Estimate forthcoming year
Domestic			
Overseas*			
USA/Canada*			

* Please provide full details of work and countries involved:

(v) Contracts

13. Please provide details of your five largest contracts undertaken in the last five years:

Date started	Estimated completion date	Name/Business of client	Services performed	Your contract value

14. Please provide details of your largest and average fee for the last completed financial year:

Largest	Average
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15. Do you use a standard form of contract, agreement or letter of appointment? Yes No

If 'Yes' please attach a copy.

16- Do you always confirm verbal reports in writing? Yes No

Yes No If 'No' please provide the following details

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(VI) Your business

17- Do you engage the services of independent sub-consultants or subcontractors? Yes No

18-Do you ensure that such sub-consultants or subcontractors have and maintain professional indemnity cover for the same limit of indemnity, coverage and period as requested by this proposal? Yes No

19- Please advise the approximate percentage of all fees paid to sub-consultants during the past financial year:

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20. Please provide a brief description of the work undertaken by these sub-consultants:

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21. Do you undertake any contract which involves you or your subcontractors in:

- (a) the manufacture, construction, installation, maintenance, repair, alteration or treatment? Yes No
- (b) The sale or supply of goods and products? Yes No

If "yes" please provide full details, including percentage of fees relating to such contracts:

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(VII) Claims and circumstances

22. i) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not been made against you, and/or any loss been suffered by you, any predecessor or any present or former principal, partner, director or member either individually or otherwise? Yes No

ii) After full enquiry is any principal, partner, director, member or employee aware of any claim pending and/or any circumstance existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner, director or member? Yes No

If the answer to any of the above is 'Yes', please provide full details by attachment.

NOTE: The answers to these questions are of utmost importance and should only be completed After full and searching enquiry of all the parties named in question 1 of this proposal form. Merely because in your opinion a circumstance or event which has arisen is unlikely to result in a claim does not mean that its occurrence need not be notified.

(VIII) Current/Previous insurances

23. Are you currently insured by a professional indemnity policy? Yes No

Limit of indemnity:	
Deductible/Excess:	
Expiry date:	
Premium:	
Name of Insurer:	

24. In respect of professional indemnity insurance has any insurer:

- i) Refused to renew your policy? Yes No
- ii) Imposed special restrictions? Yes No
- iii) Required increased premium? Yes No
- iv) Cancelled cover? Yes No

Current/Previous insurances continued

If the answer to any of these questions is 'Yes' please provide full details (by attachment if necessary).

(IX) Insurance requirements

25. Please state the Limit of Indemnity required per claim and in the annual aggregate

26. Please state the Self-Insured Excess option that you are willing to bear in respect of each and every claim:

(x) Declaration

Please read the following carefully before signing and dating the below declaration.

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance Discloses to Insurers all material facts and information (including all material circumstances) which might influence the judgment of an Insurer in assessing whether or not to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

I/We declare that after full enquiry the above particulars and statements given in this application and any other documentation and information provided in connection with this application is true and that I/We have not misstated, omitted or suppressed any material fact or information. I/We agree that this application, declaration, documentation and information shall be the basis of the contract between myself/ourselves and the Insurer. If there is any material alteration to the particulars and statements which I/We have provided or any new material matter arises before the completion of the contract of insurance, I/We undertake to inform the Insurers.

Dated

For and on behalf of: (insert name of firm)

Signature:

Name and title of signatory:

NOTE: This form must be signed by a Principal or Director of the proposer.

A COPY OF THIS PROPOSAL SHOULD BE RETAINED FOR YOUR OWN RECORDS.