



# PROFESSIONAL INDEMNITY INSURANCE



## MISCELLANEOUS RISKS

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To assist with the completion of this Proposal Form, the following words will mean:-

**'Principal'** refers to a partner or director of the **Proposer**.

**'Proposer'** refers to all the individuals and entities proposing for this insurance.

This Proposal Form must be completed in ink, signed and dated by a **Principal** of the current **Proposer**. If additional space is required please use your own letterhead and date and sign each additional page. Completion of the Proposal Form does not bind **you** or the Insurer to enter into any contract of insurance.

Please be aware that the completed Proposal Form along with all additional information provided will form part of the Contract of Insurance with the Insurer. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of your knowledge and belief. Any facts given which are knowingly false or misleading may make the policy null and void. In addition to the information contained in your proposal form including all supporting documentation, if you are aware of any other information which you consider may alter, influence or prejudice the Insurer's appraisal of the risk being proposed, **you** must disclose this information in conjunction with this Proposal Form. If such "material" information is not disclosed at the same time as the completion of the Proposal Form, such non-disclosure may prejudice the **Proposer's** rights to indemnity under the policy. A material fact is one which may influence the Insurer's assessment or acceptance of the risk being proposed. If uncertain as to what may constitute a material fact, please consult your Insurance Broker.

- 1)
  - a) Name of **Proposer**: (Please include any predecessor Firm(s) for whom cover is required):-
  - b) Date(s) Established:
- 2)
  - a) Address of Principal Office:
  - b) Location of any overseas office:
  - c) Address of Other Offices generating more than 20% of the Total Annual Fee Income declared for the last full financial year:
- 3)
  - a) Main Contact Tel No:
  - b) Main Contact Fax No:
  - c) E-mail Address:
  - d) Web-site Address:



- 4)
- a) During the last six years has the **Proposer**:
- I. changed its name?
  - II. been part of any amalgamation, acquisition or merger?
  - III. in any way had any material change to its business activities?
  - IV. had any of its Principals change?

If **YES**, please provide full details.

- b) Are any material changes to the business planned?

If **YES** please provide full details

- 5)
- a) Please state total numbers for the **Proposer** of:

- I. Partners & Directors \_\_\_\_\_
- II. All other Qualified Staff \_\_\_\_\_
- III. All other Staff: \_\_\_\_\_
- IV. Consultants (not employees) \_\_\_\_\_
- V. **TOTAL** \_\_\_\_\_

- b) In respect of a) i, please provide details of all Partners & Directors as follows:-

<i>Name</i>	<i>Qualifications</i>	<i>Date Qualified</i>	<i>Position</i>	<i>Number of Years As Partner or Director</i>

- c) In respect of a) iv, please provide details of any consultants requiring cover under the policy (i.e. where rights of subrogation are waived by the **Proposer** or consultant doesn't have their own Professional Indemnity insurance):-

<b>Name</b>	<b>Qualifications</b>	<b>Date Qualified</b>	<b>Total fees paid to such consultant for Last Fully Completed Financial Year</b>	<b>Nature of Work Undertaken For The Proposer</b>	<b>Is work undertaken exclusively for the Proposer?</b>



6)

a) Please state the **Proposer's** gross fee income from clients domiciled in each region below:-

	<i>Last fully completed financial year</i>	<i>Estimate for current financial year</i>	<i>Forthcoming financial year</i>
(i) United Kingdom			
(ii) Europe			
(iii) USA/Canada			
(iv) Elsewhere			
(v) Total Fees			

Financial year end:

**PLEASE STATE IF FIGURES ABOVE NOT IN GBP:**

If any income is declared under 6(iii) 6(iv) please provide details as follows:-

<b>Client Name</b>	<b>Country</b>	<b>Year</b>	<b>Details Of Work Undertaken</b>	<b>Fees Earned</b>	<b>Legal Jurisdiction of Contract</b>

b) State the largest and average fee any one contract for the last fully completed financial year:

I. Largest : \_\_\_\_\_

II. Average: \_\_\_\_\_

c) Please advise division of gross fees for the last fully completed financial year as follows:

<b>Fee range</b>	<b>Number of clients</b>	<b>Total Fees</b>
< £15k		
£15k-£50k		
> £50k		

d) Does any one client represent more than 25% of the **Proposer's** income in any of their last three financial years or the current financial year (or is expected to for the forthcoming financial year)?

If **YES**, please provide details:-



7)

a) Please provide a full description of activities undertaken (please also provide copies of brochures or other promotional literature)

b) Where more than one activity is undertaken please provide a split in fees for the last complete financial year

c) Please give details of the 5 largest contracts the **Proposer** has undertaken in the past 6 years as follows:

<i>Name of Client</i>	<i>Nature of clients business</i>	<i>Start/completion date</i>	<i>Contract Value</i>	<i>Fees earned</i>	<i>Activities Undertaken</i>

d) Please give details of the 3 largest contracts expected to be undertaken in the forthcoming year as follows:

<i>Name of Client</i>	<i>Nature of clients business</i>	<i>Expected Start/completion date</i>	<i>Estimated contract value</i>	<i>Estimated fees</i>	<i>Activities to be undertaken</i>

e) Does the **Proposer** undertake any contract which involves

I. the sale or supply of goods or products

II. manufacture, construction, installation, maintenance, repair, alteration or treatment

If **YES** to either (i) or (ii) above please provide details including the % of fees relating to such contracts

- 8) a) Is the **Proposer** a member of any Institute or Association?

If **YES**, please provide details:-

- b) Has the **Proposer** undertaken work in the last 3 years (or does the **Proposer** plan to) for any entity which has a financial, executive or controlling interest in the **Proposer** or in which the **Proposer** has a financial, executive or controlling interest?

If **YES**, please provide details:-

- c) Is the firm a member of a consortium or joint venture?

If **YES** please provide details:-

9) **Dishonesty**

- a) Does the **Proposer** hold monies on behalf of any independent third parties?

(If **YES**, please provide client name(s), details of responsible Partner, details of where the monies are secured, the amount involved and the length of time held by the **Proposer**)

- b) Is any person allowed to sign cheques without a counter signature by a **Principal**?

(If **YES** please provide details of circumstances, names of individuals involved and extent of cheque signing authority)

- c) Is an independent monthly reconciliation of cash book entries, receipts, counterfoils, vouchers etc with the **Proposer's** bank statements undertaken at least once a month?

(If **NO**, please advise what reconciliation procedure exists and how often such reconciliation is undertaken)

- d) Are all cheques and/or cash received by the **Proposer** paid in daily?

(If **NO**, please advise how long it could take to pay such monies into the **Proposer** Account)

10) **Risk Management**

- a) Where the **Proposer** is a sole principal, does the **Proposer** have arrangements in place for office supervision in the event of absence?

- b) Are all offices under the day to day control and supervision of a director partner or principal?

- c) Does the **Proposer** always require references and check that qualifications are properly held and gaps in employment history are explained when engaging employees?

- d) Is there a procedure in place to ensure that, prior to taking on a new client, the clients requirements are clearly identified and can be met by the **Proposer**?

- e) Is all work subject to the **Proposer's** standard terms of engagement (please supply a copy)?

- f) Is there a written agreement between the **Proposer** and Consultants?

g) Is there a formal procedure in place to review the work of employees and Consultants?

If **NO** to any of the questions above, please provide an explanation below.

11)

a) Please provide details of the **Proposer's** current Professional Indemnity Insurance policy:-

**Expiry Date:-**

**Insurer:-**

**Limit Purchased:-**

**Excess Applicable:-**

**Premium:-**

**Retro-Active Date:**

Has the **Proposer** been continuously insured since establishment?

b) Has the **Proposer** at any time been refused similar insurance, or had any policy cancelled or voided at any time?

If **YES**, please provide full details.

c) Please provide details of cover now required:-

**Limit Requested:-**

**Excess Requested:-**

12)

a) During the past 6 years:

I. has any claim been made against the any **Proposer**, whether successful or not, in respect of the risks to which this proposal form relates?

II. have any complaints been made against any **Proposer** or have any disciplinary proceedings been brought by any Regulatory Body?

(If **YES** to either of the above, please provide full details including details of amount claimed for/lost including costs and expenses, Insurer reserve, details of the applicable policy excess and extent of allegations made)

b) What action has been taken to prevent a reoccurrence of the situation which gave rise to each claim/loss?

c) After full enquiry is the **Proposer** aware of any circumstances which may give rise to a potential claim or request for indemnity under the policy?

(If **YES**, please provide full details including details including amount claimed for/lost)



13) **Declaration**

I/We confirm that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **Proposer**. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the Policy.

**Signature of Principal** \_\_\_\_\_

**For and/on behalf of the Proposer** \_\_\_\_\_

**Name in capital letters (Printed)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Data Protection**

It is agreed by the **Proposer** that any information provided to the Insurer regarding the **Proposer** will be processed by the Insurer, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. By signing this Proposal Form the **Proposer** is consenting to the use of information, including sensitive personal information, for the above purposes. Where personal information relates to third parties the **Proposer** confirms that it has been given the requisite consent to disclose such information to the Insurer for processing.

