

PROFESSIONAL INDEMNITY PROPOSAL FORM

GUIDE TO COMPLETION OF PROPOSAL FORM

1. Please answer all questions leaving no blank spaces
2. Please complete in Ink
3. If insufficient space to complete your answer, please use your headed paper to continue, stating question you are enlarging upon
4. Please, if possible enclose a brochure about your firm's operations
5. Please retain a copy of this form for your own records
6. This form must be signed and dated by a Partner, Principal or Director of the firm

Questions

Answers

1. Full name of Firm	
2. Date of Commencement of Firm	
3. Address(es) – (include all branches)	
4. Give full description of the Firm's activities	

5. Please categorise the activities of the firm and indicate the approximate percentage of the gross income/fees this represents:

Category	%
Total	100%

6. Names in full of all Partners, Principals or Directors

Name	Qualifications	Dated Obtained	How long Principal of This Practice

(a) If any of the above have less than 5 years practical experience in this type of occupation, please provide curriculum vitae.

(b) If Sole Partner, Principal or Director, is this a part-time occupation? *Yes / No*

If yes, please give details of full-time occupation

(c) Is this firm or any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice, company or organisation? *Yes / No*

If yes, give details

(d) Number of Staff

Professionally qualified	
Others	
Typist and Office Juniors	
Consultants undertaking work on your behalf	
Total	

7. (a) Please detail gross income / fees

	Past Financial Year	Current Financial Year	Estimate coming Financial Year
Home Operations			
Overseas Operations			

In the case of Overseas operations, please list countries involved and state which jurisdiction applies.

(b) Please state date of your financial year.

8. Please list your five largest projects

Project	Client	Value	Commenced	Finished

9. Is any work Sub-Contracted?
If yes, please give:

Yes / No

(a) Brief details (on Headed Paper) of Sub-Contracted work

(b) Are Sub-Contractors required to carry insurance to cover their Liability for such work

Yes / No

(c) What is the limit of indemnity provided by that insurance?

10. Does the Firm enter into any written Agreement or operate under any published conditions of engagement or letter of appointment? If yes, please enclose

11. Please give the following

- (a) Name of current insurers _____
- (b) Total Limit of Indemnity _____
- (c) Applicable Excess _____
- (d) Expiry date _____

N.B. If not currently insured, please give details relative to the latest year that insurance was carried.

12. Have any claims for professional negligence, error or omission ever been made against the Firm or its present Partners, Principals or Directors? *Yes / No*

If yes, give full details (on Headed Paper) of circumstances, amounts involved or paid.

13. Are any of the Partners, Principals or Directors or employees AFTER ENQUIRY aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm or its predecessors in business or any of its present or former partners, Principals or Directors. *Yes / No*

14. Has any Proposal for similar insurance made on behalf of the Firm, any predecessors in business, or present Partners, ever been declined or has any such Insurance ever been cancelled or renewal refused? *Yes / No*

If yes, please give details.

15. What limit(s) of Indemnity do you require quotation for? Each and every claim and in the aggregate.

16. What is the maximum excess that your firm would be prepared to carry in respect of each claim?

17. Do you require insurance for:

(a) Loss of Documents	Yes	No	
(b) Dishonesty of Employees	Yes	No	<i>delete as appropriate</i>
(c) Libel and Slander	Yes	No	

I/we declare that the statements and particulars contained within this proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon.

I/we undertake to inform Underwriters of any material alteration to these facts occurring before Completion of the contract of Insurance.

If you are in any doubt whether a fact may affect the judgement of Underwriters you should declare it, as failure to do so could invalidate the Insurance.

Signing this Proposal Form does not bind the Proposer or Underwriters to complete this Contract of Insurance.

_____ Day of _____ Year _____

Signature of Partner, Principal or Director _____