

STRICTLY PRIVATE & CONFIDENTIAL

Miscellaneous Professional Indemnity Insurance

PROPOSAL FORM

For advice, or assistance with
this form please contact:



contractsure

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Miscellaneous Professional Indemnity Insurance

PROPOSAL FORM

1. NAME(S) OF FIRM (Please include any predecessors in business for whom cover is required)

2. ADDRESS OF PRINCIPAL OFFICE (Please list all other locations by Town or Country if overseas and identify supervising Partner/Director at each location)

3. DATE ESTABLISHED

4. NAMES OF PARTNERS/ DIRECTORS

Names of Partners/ Directors	Qualifications	Date Qualified	Number of years as Partner/Director with the Firm(s)

5. SOLE PROPRIETORS – What arrangements do you make when you are unable to attend to your business (e.g. sickness, holidays)? Please advise nominated alternate:

5. PAST LIABILITY – If cover required for any Partner/Director for liability prior to joining the above Firm(s) please advise:

a) Name of Partner/Director

b) Name of previous Firm(s)

c) Date of joining the Firm(s)

6. NUMBER OF STAFF

Qualified Staff (other than Partners/Directors)	Others (eg. Administration staff)	Self-employed/ contract hire	Total

7. RECENT CHANGES – During the last six years, has the name of the Firm(s) changed or has any amalgamation or acquisition taken place? **YES/NO**

If "YES" please give details:

8. GROSS FEE INCOME – Please advise

For each of the last three financial years: Date / Month / Year	UK Based Contracts	Overseas Based Contracts
/ /	£	£
/ /	£	£
/ /	£	£
Estimated Gross Fees for the Current Financial Year / /	£	£

9. BUSINESS ACTIVITIES

(a) Description of business activities:

(b) Please list the five largest projects during the last six years:

Project	Client	Firm's Contract Value	Start Date	Completion Date

10. DISCIPLINE PROFILE – Please categorise the Firm’s business activities and advise approximate split of work during the last complete financial year

Category	
	%
	%
	%
	%
	%
	%
Total	%

11. Please give details of any major new activities being undertaken during the forthcoming financial year. (eg. new offices, new disciplines, territories).

12. OTHER FINANCIAL INTERESTS – Does the Firm or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such partnership, company or organisation? (Apart from shares held in Public Companies) **YES/NO**

If “YES” please state the name and nature of such Organisation and outline work undertaken:

13. OVERSEAS WORK

(a) In which countries has the Firm(s) operated, and which overseas territories, if any, do you propose to operate in the next twelve months?

(b) Please advise how overseas work is controlled:

14. JOINT VENTURE/CONSORTIUM

(a) Has the Firm or any Partner/Director been, or is currently, a member of a Consortium or worked in association with any other Firm or Organisation? **YES/NO**

If "YES" please supply full details including names of all members and details of Professional Indemnity cover carried by each party:

(b) Is cover required for such work? **YES/NO**

If "YES" please confirm that Joint Venture income is included in answer to Question 8.

If "YES" Insurers may require a copy of any new agreement not previously declared to Underwriters

15. INDEPENDENT CONSULTANTS

(a) When independent or specialist consultants are required, have you in the past ensured, and will you in the future endeavour to ensure, that such consultants are appointed directly by and paid by your Client?

(i) In the past? **YES/NO**

(ii) In the future? **YES/NO**

PLEASE NOTE: Whenever you engage or employ consultants, you should ask each Year for evidence of their Professional Indemnity Insurance.

(b) Does the Firm engage in any construction, erection or supply of materials? **YES/NO**

If "YES" please advise details:

16. WORK IN OWN NAME

(a) Do any of the Partners/Directors carry out independent work in their own name? **YES/NO**

(b) Is a quotation required to include cover for such work under this policy? **YES/NO**

(c) If "YES" please advise for each Partner/Director:

(i) Brief description of work

(ii) Total amount of Gross Fees received from this work in last complete financial year £ _____

(iii) Details of any claims paid or any known circumstances which are likely to give rise to a claim:

(d) For any of the above mentioned Clients, please advise details of any work carried out in the Channel Islands, Isle of Man or other "Offshore" tax advantageous territories.

17. FIDELITY

(a) Does the Firm always require satisfactory written references when engaging employees? **YES/NO**

(b) Is any Partner/Director or Employee allowed to sign cheques on their sole signature? **YES/NO**

If "YES", please advise circumstances and state limit:

(c) Do all cheques for more than £25,000 require two signatures? **YES/NO**

(d) Independently of employees who receive or bank monies belonging to the Firm or others, how often are checks carried out on all cash book entries with paying-in books, receipts, counterfoils and vouchers and reconciled with bank statements?

Weekly	Monthly	Quarterly	Other/Irregularly
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(e) Are employees receiving cash and cheques in the course of their duties required to pay in daily? **YES/NO**

CLAIMS – PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

18. (a) FIDELITY

(i) Has the Firm sustained any loss through fraud or dishonesty of any person? **YES/NO**

(ii) Does the Firm know of any fraud or dishonesty of any present or former Partner/Director or Employee? **YES/NO**

If "YES", please advise details and explain the precautions taken to prevent recurrence:

18. CLAIMS &/OR CIRCUMSTANCES

(b) CLAIMS – During the last ten years, have any claims been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the Firm’s activities? **YES/NO**

If “YES” please advise full details including amounts involved and settlement dates where appropriate:

CLAIMS PAID

CLAIMS OUTSTANDING

(c) CIRCUMSTANCES – Are any of the Partners/Directors AFTER ENQUIRY aware of any circumstances which are likely to give rise to a claim against the Firm(s) or its Predecessors in business or its/their present or former Partners/Directors? **YES/NO**

If “YES” please advise full details including amounts involved:

19. CURRENT INSURANCE ARRANGEMENTS – Please complete if you are not currently insured via Contractsure:

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period continuously insured

9. PREVIOUS INSURANCE – Has any similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or renewal refused? **YES/NO**

20. QUOTATIONS REQUIRED

Limits of indemnity	£	£	£
Excess(es)	£	£	£

DECLARATION

I/We declare that the above statements and particulars are true and I/We have not suppressed or misstated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Signed:.....Partner/Director Date:.....

For and on behalf of:.....

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS. COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

CLAIMS/CIRCUMSTANCES SUMMARY

Date Notified	Details of Claim or Circumstance	Reserve and when set	Payment and when paid	Open/ Closed
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current status:</p>			
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	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current status:</p>			