To be solid, insurance must be flexible.

Specialist Professional Indemnity Insurance

**Proposal Form**

**Note to the Applicant:** Signing or completing this proposal does not bind the Applicant, or any individual or entity he or she is representing, to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein. All answers should be given as a group response i.e. if any subsidiary company has different responses, these should be provided separately.

|  |
| --- |
| Policyholder Details |

1. (a) Policyholder:

(b) Other entities to be covered:

|  |  |  |
| --- | --- | --- |
| **Name** | **Country** | **Ownership/relationship** |
|  |  |  |
|  |  |  |
|  |  |  |

2. Address:

3. Website address:

4. How long has the policyholder continuously carried on business?

5. Description of Business Activities:

6. During the last five years:

* + - * 1. has the name of the Policyholder or is business activities changed? Yes No
        2. any acquisition or merger taken place? Yes No

If ‘Yes’, please provide additional details below or by attachment.

|  |
| --- |
| General Information |

|  |
| --- |
| 7. **Directors and Employees** |

1. Details of directors, partners, principals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | Age | Qualifications | Date qualified | Years in this position |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Total number of employees:

|  |  |  |
| --- | --- | --- |
| Principals | Qualified staff | Unqualified staff |
|  |  |  |

8. **Income Details**

1. What is the fee income/revenue for the last 3 years and estimated fees for forthcoming year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 20\_\_\_\_\_\_ | 20\_\_\_\_\_\_ | 20\_\_\_\_\_ | (Estimated) 20\_\_\_\_ |
| UK (inc ROI) | £ | £ | £ | £ |
| Europe | £ | £ | £ | £ |
| USA | £ | £ | £ | £ |
| Elsewhere | £ | £ | £ | £ |
| **Total** | **£** | **£** | **£** | **£** |

1. Average fee income per client:

|  |
| --- |
| £ |

1. Does any client generate more than 40% of the total fee income? Yes No

If ‘Yes’, please provide additional details below or by attachment.

9. **Income Breakdown**

1. For the total income declared, please provide a breakdown per Business Activities declared in Question 5

|  |  |
| --- | --- |
| Activity | Percentage Split of Total income |
|  | % |
|  | % |
|  | % |
|  | % |
|  |  |
|  | Total – 100% |

1. Are these activities or percentage likely to significantly change in the next 12 months? Yes No

If ‘Yes’, please provide details below or by attachment.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | |
| 10.  11. | | **Contract terms and conditions**   1. Are all contracts subject to UK/ROI jurisdiction? Yes No   If ‘No’, please provide full details below or by attachment.   1. What percentage of your business is subject to your standard contract terms and conditions?   Standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Non-standard\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%   1. Are all contracts, terms and conditions reviewed by legal counsel   (either in-house or external)? Yes No   1. Please can you confirm that all contracts contain: 2. a specific description of services provided; Yes No   (ii) limitations of liability; Yes No  (iii) exclusions for indirect and consequential losses; Yes No  (iv) a dispute review process; Yes No  (v) hold harmless agreements. Yes No  **Contract Sizes**  a) Details of the five largest contracts in the past 5 years:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Client name &/or industry | Dates started  & completed | Overall total contract value  (not just income to applicant) | Fee to applicant | Professional  service provided | |  |  | £ | £ |  | |  |  | £ | £ |  | |  |  | £ | £ |  | |  |  | £ | £ |  | |  |  | £ | £ |  |  * 1. Details of the three largest contracts in the forthcoming 5 years:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Client name &/or industry | Dates started  & completed | Overall total contract value  (not just income to applicant) | Fee to applicant | Professional  service provided | |  |  | £ | £ |  | |  |  | £ | £ |  | |  |  | £ | £ |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Risk Management | | | | | | | | | | | | | |
| 12. | | (a) | Do you have an established procedure for ensuring key deadlines are met? | | | | |  | | Yes | | No | |
|  | | (b) | Do you have a policy to ensure detailed records are kept of all transactions (i.e. the original contract, amendments, verbal agreements etc..)? | | | | |  | | Yes | | No | |
|  | | (c) | Do you have an up to date information security policy that complies with the latest data protection regulations? | | | | |  | | Yes | | No | |
|  | | (d) | Do you have a policy or procedure that controls the use of social media and online content relating to the business? | | | | |  | | Yes | | No | |
|  | | (e) | Do you have a procedure for ensuring client sign-off for projects? | | | | |  | | Yes | | No | |
|  | |  | If ‘No’ to any of the above, or there are other risk management features you wish to advise of, please provide details below or by attachment. | | | | |  | |  | |  | |
|  | |  |  | | | | |  | |  | |  | |
| 13. | | Are you a member of any professional, trade or industry association? | | | | | |  | | Yes | | No | |
|  | | If ‘Yes’, please provide details: | | | | | |  | |  | |  | |
|  | |  | | | | | |  | |  | |  | |
| 14. | | Do employees take part in continued professional learning/training? | | | | | |  | | Yes | | No | |
|  | |  |  | | | | |  | |  | |  | |
| 15. | | (a) | Do you always require satisfactory references when engaging employees? | | | | |  | | Yes | | No | |
|  | | (b) | Are monthly independent checks carried out for all persons handling cash, bank currency notes or other negotiable instruments during their duties? | | | | |  | | Yes | | No | |
|  | | (c) | Are vetting procedures applied when engaging new or existing clients? | | | | |  | | Yes | | No | |
|  | |  |  | | | | |  | |  | |  | |
| Sub Consultants | | | | | | | |  | |  | |  | |
| 16. | | What proportion of fee income is paid to consultants(s)/sub-contractors(s) in the course of your business activities? | | | | | | \_\_\_\_\_\_\_\_% | | | | | |
|  | |  |  | | | | |  | |  | |  | |
|  | | (a) | Is a vetting procedure or due diligence carried out prior to deciding on consultant(s)/sub-contractor(s)? | | | | |  | | Yes | | No | |
|  | | (b) | Do you require consultant(s)/sub-contractor(s) to hold you harmless in the event their actions lead to a PI claim? | | | | |  | | Yes | | No | |
|  | | (c) | Do you require all consultants(s)/sub-contractors(s) to maintain professional indemnity insurance? | | | | |  | | Yes | | No | |
|  | |  | If ‘Yes’, to what level? | | | | | £ | | | | | |
|  | |  | If any answer from (a) to (c) above is ‘No’, please provide full below or by attachment. | | | | |  | |  | |  | |
|  | |  |  | | | | |  | |  | |  | |
|  | | (d) | If the answer to Question 15 is greater than 20%, please also answer the following: | | | | |  | | Yes | | No | |
|  | | (i) | What services are undertaken by the consultant(s)/sub-contractor(s)? | | | | | | | | | | |
|  | | (ii) | How often is their work reviewed? | | | | | | | | | | |
| Loss Experience | | | | | | | | | | | | | | |
| 17. |  | | | Have you ever suffered a loss, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? | | | | |  | | Yes | | No | |
|  |  | | | | |  | | | | | | | | |
|  |  | | | If ‘Yes’, please provide a description below or by attachment, including date, location and amount of loss, as well as any preventative measures implemented. | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |
| 18. |  | | | Are you aware of any of the following? | | | | | | | | | | |
|  | (a) | | | Any circumstances which might lead to a claim, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? | | | | |  | | Yes | | No | |
|  | (b) | | | Have you been subject to any disciplinary or regulatory enquiry or proceedings or fines, penalties or other sanctions by a government, regulatory or other professional body? | | | | |  | | Yes | | No | |
|  |  | | |  | | | | |  | |  | |  | |
| 19. |  | | | Have you sustained any loss due to fraud or dishonesty by any current or former director, partner, employee or third party or has the applicant any reason to suspect any person of such activity? | | | | |  | | Yes | | No | |
|  |  | | | If ‘Yes’, please provide a description below or by attachment. | | | | |  | |  | |  | |
| Signature: | | | | |  | |  | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Date: | | | | |  | |  | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Name of Signatory: | | | | |  | |  | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Title of Signatory: | | | | | Chairman of the Board / CEO / President/ Managing Director (delete as applicable) | | | | | | | | | |

**Warning** It is important that, when applying for the Policy, the applicants tell the insurers all facts which are material to the insurance. Failure to do so could wholly or partly invalidate the insurance. A material fact is one which might influence the insurers in deciding whether to accept the application or on what terms to insure. If in any doubt as to whether a fact is material, then the applicants should disclose it. They should keep a record (including copies of all letters and forms) of all information supplied to the insurers.