

MISCELLANEOUS PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT – Please read these guidance notes before completing the Proposal Form. Where further information is required please refer to your Broker / Insurance Agent.

Please Note – This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

1. This Proposal Form must be typed or completed in ink and signed and dated by the Proposer. Please answer every question in full and state “Nil” or “None” as applicable. Incomplete answers may not be accepted and can delay quotation
2. Please submit, with the Proposal Form, all relevant information including Financial Report & Accounts, Brochures, etc.
3. Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and question number.
4. It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.
5. For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a ‘Material Fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgement and acceptance of your Proposal.
6. Upon acceptance of the Underwriter’s terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Insured

Copies of the Proposal Form should be retained for your own records

**SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO
COMPLETE A CONTRACT OF INSURANCE**

1. **Full Name of the Proposer**

2. **Address:** If more than one, please give each address and indicate the Partner or Director who is responsible for work at each address

3. **Date Proposer Established**

4. **Name of other Parties to be included**

Name	Equity Interest of main Proposer	Reason for Inclusion *

* e.g. subsidiary, management control, joint venture partner, etc

5. **Please give the following details**

Names of all Partners / Directors	Qualifications	Date Qualified	How long as Partner / Director of this firm?

6. **Has any change by way of merger, take-over or change of name occurred in the last 10 years?**

Yes No

If 'YES' please give full details with relevant dates

7. **Is the Proposer financially associated with any other firm, other than in reply to question 6?**

Yes No

If 'YES' please give full details with relevant dates

8. Please provide details of fee income:

	Past Financial Year	Current Financial Year	Estimate for next Financial Year
Total Fee Income			
Overseas Operations			
USA Operations			
Fees Paid to Sub-Consultants			

9. When is your Financial Year end date?

10. Please provide a clear and full description of activities:

11. Does the Proposer belong to any Trade Associations or Professional bodies?

Yes No

If 'YES' please identify:

12. Has an ISO qualification or similar been achieved?

Yes No

If 'YES' please identify:

13. Do you construct, manufacture or provide advice, design or services for or in connection with prototypes or innovative designs or products?

Yes No

If 'YES' please provide details:

14. Please provide the following information regarding the five largest contracts, relevant to the proposed insurance, in recent years:

Type of Contract	Territory	Contract Value	Fee

15. Are full rights or recourse maintained against sub-contractors, consultants and product suppliers?

Yes No

If 'No' please provide explanation:

16. Is it ensured that sub-contractors, consultants or product suppliers maintain their own Professional Indemnity Insurance?

Yes No

17. Please list the countries in which any activities declared under Question 8. are offered and state the approximate income for each country for the last financial year:

18. Does the Proposer always:

i) effect a written contract with the client before the advice, design or services are provided?

Yes No

ii) obtain legal advice before contracts are signed?

Yes No

iii) exclude liability for consequential loss?

Yes No

If 'No' to any of the above please provide details:

19. Has the Proposer previously purchased professional indemnity insurance

Yes No

If 'YES' please provide the following information:

i) Name of insurers

ii) Date the policy expires

/ /

iii) Indemnity Limit

iv) Basis of cover (claims made or losses occurring)

v) Retroactive Date

/ /

20. Has the insurer ever :

i) Declined a proposal or a renewal for this insurance?

Yes No

If 'YES' please provide clear details:

ii) Imposed special terms or increased premiums other than standard market increases?

Yes No

If 'YES' please provide clear details:

iii) **Cancelled the insurance?**

Yes No

If 'YES' please provide clear details:

21.

i) **What is the amount of indemnity required? (please tick or state alternative amount)**

USD 1,000,000

USD 5,000,000

USD 10,000,000

Alternative _____

ii) **What is the amount of Excess the Proposer is prepared to carry in respect of each claim? (please tick or state alternative amount)**

USD 2,500

USD 5,000

USD 10,000

USD 25,000

USD 50,000

USD 100,000

USD 250,000

Alternative _____

22.

i) **Has any claim that would have been covered by the proposed insurance ever been made against the Proposer or any of its directors or employees during the last 10 years?**

Yes No

If 'YES' please provide clear details including the amount claimed:

Amount Claimed:

Details:

ii) **Has the Proposer been involved in any dispute or arbitration concerning professional fees, advice or services to others during the last 10 years?**

Yes No

If 'YES' please provide clear details:

23. **Do any of the directors or employees, AFTER ENQUIRY, have any grounds for suspecting, or are they aware of any circumstances which might give rise to a claim against the Proposer or against any of the present or former directors during the last 10 years?**

Yes No

If 'YES' please provide clear details including the potential costs:



I/we declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as is practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the possibility in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

FOR AND ON BEHALF OF (Name of Proposer)

SIGNATURE

Dated

NAME OF SIGNATORY

Position