

PROPOSAL FORM
PROFESSIONAL INDEMNITY INSURANCE
MISCELLANEOUS

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PROFESSIONAL INDEMNITY INSURANCE

This proposal form must be completed in ink by a Partner, Principal or Director of the Firm or Company. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal does not bind the Proposer or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form.

Please provide a brochure, if possible, and any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

1. (a) Name of Individual or Firm(s) **and** date established (including Subsidiary Firms requiring cover):

- (b) Address(es) of the Proposer (specifying which Partner, Principal or Director is responsible at each location):

- (c) Name(s) of any Previous Firm(s) requiring cover and the date(s) on which trading ceased:

2. (a)

Name of all Partners, Principals, Directors	Age and Qualifications	Date Qualified	No. of years in this capacity (at this Firm)
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Please attach C.V's for all Partners, Principals or Directors.

- (b)

Name of all Consultants	Age and Qualifications	Date Qualified	No. of years in this capacity (at this Firm)
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If less than 5 years experience in this occupation, give details of previous occupations

3. (a) Is the Firm admitted to membership of any Association? If **YES**, please give details.
- (b) Has any person in the Firm been subject to disciplinary proceedings by any Professional Body? If **YES**, please give details.
4. Please state the total number of:-
- (a) Partners, Principals or Directors
- (b) Qualified staff
- (c) Other Technical staff (excluding Administrative staff)
- (d) Administrative and all other staff
- TOTAL** _____

5. Are you a Sole Practitioner? If so,
- (a) Is this a part-time occupation? If **YES**, give brief details of your present full time occupation.
- (b) What arrangements have you made for the running of the Firm in the event of sickness or holidays?
6. (a) Have any major changes in the Proposer's activities/structure taken place in the past twelve months? If **YES**, please give full details.
- (b) Are any major changes in the Proposer's activities/structure/fee growth expected in the next twelve months? If **YES**, please give details.
- (c) Is cover required for any previous activity, now ceased, which is different from that declared within the Proposal Form? If **YES**, please give details.
7. Please provide a full and clear description of the activities of the Proposer declared in Question 1 including any features of your work which you believe may be of interest to Insurers.

8. Please list the activities declared and state the approximate percentage of work carried out in each instance:

%

%

%

%

%

%

100%

9. Please state the gross income/fees received for each of the last three financial years and an estimate for the next financial year in respect of income/fees billed to clients based in the following territories:

Year	UK/Éire	Overseas USA/Canada	excluding	USA/Canada
20				
20				
20				
Next				

PLEASE STATE FINANCIAL YEAR END (MONTH/DAY):

10. (a) Please list the Proposer's three largest contracts in the last three years:

Type of service and Fee Country	Value	Date Commenced	Date Finished
(i)			
(ii)			
(iii)			

(b) What is the largest annual income/fee earned from a single client in the last twelve months?

11. Is the Individual, Firm or any Partner, Principal or Director a member of a consortium or joint venture?
If **YES**, please give
- (a) Name of Consortium
 - (b) Type of services being provided
 - (c) Annual income/fees for relevant Contract(s)
12. Which of the following extensions are required, if available?
- (a) Libel and Slander **YES/NO**
 - (b) Loss of Documents **YES/NO**
 - (c) Unintentional Breach of Copyright **YES/NO**
 - (d) Unintentional Breach of Confidentiality **YES/NO**
 - (e) Legal Liability arising out of Dishonesty of Partners, Principals, Directors or Employees **YES/NO**
 - (f) Proposer's own losses arising out of Dishonesty of Partners, Principals, Directors or Employees **YES/NO**

ASSOCIATED COMPANIES QUESTIONNAIRE SECTION

1. Does the Proposer undertake work for any Partnership, Company or Organisation in which he/she or any Partner, Principal, Director or Employee holds a position whereby he/she is able to make mayor decisions on behalf of such Partnership, Company or Organisation? **YES/NO**

If **YES** please give details:-

2. Is the individual Firm or any Partner, Principal or Director connected or associated (financially or otherwise) with any other Practice, Company or Organisation? **YES/NO**

If **YES** please give details:-

3. Has the Proposer or any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? **YES/NO**

If **YES** please give details:-

4. Has any Partner, Principal or Director been made personally bankrupt? **YES/NO**

If **YES** please give details:-

5. What percentage of income is derived from Associated Companies as detailed above?

6. Is cover required for the work for Associated Companies?
(Cover is restricted to claims made by independent Third Parties) **YES/NO**

7. What percentage of the Proposer's income is paid to sub-contractors?

8. Please give details of the work undertaken by sub-contractors

9. Do you require cover for sub-contractors? **YES/NO**

PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

1. Is the Proposer currently insured or been insured previously for Professional Indemnity? If **YES** please give the following details:-
- (a) Name of Insurers
 - (b) Indemnity Limit (State whether Aggregate or Any One Claim)
 - (c) Excess
 - (d) Date of expiry of coverage
 - (e) Number of consecutive years that the Proposer has been insured
2. Has any Insurer ever:-
- (a) Declined to offer Insurance for the Proposer or any Partner, Principal or Director?
 - (b) Imposed any special terms for the Proposer or any Partner, Principal or Director?
 - (c) Cancelled or voided an Insurance for the Proposer or any Partner, Principal or Director?
- If **YES** to any of the above please give details.
3. (a) What Limit of Indemnity is now required?
- €250,000 / €20,000 / €640,000/ €1.3million / OTHER - PLEASE STATE
- (b) What self insured excess (each and every claim) is the Proposer prepared to carry?
4. (a) Does the Proposer always obtain satisfactory written references when engaging senior employees? **YES/NO**
- (b) Is any Partner, Principal, Director or Employee allowed to sign cheques on his/her signature alone? **YES/NO**
- If **YES** please describe circumstances and cheque limit.
- © Are Employees who receive cash/cheques in the course of their duties required to pay in daily? **YES/NO**
- If **NO** please give details
- (d) How often are checks carried out on all entries in the Cash Book with all paying in books, receipts, counterfoils and vouchers being reconciled with Bank Statements, including the balance of cash and unrepresented cheques, independently of Employees receiving or banking monies belonging to the Proposer as well as in trust on behalf of others?

WEEKLY/MONTHLY/QUARTERLY/OTHER

CLAIMS - PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY - FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE CONTINUE ON YOUR OWN HEADED PAPER TO GIVE FULL DETAILS

1. **FIDELITY:-**

- (a) Has the Proposer sustained any loss through the fraud or dishonesty of any person? **YES/NO**
- (b) Does the Proposer know of any fraud or dishonesty at any time of any past or present Partner, Principal, Director or Employee? **YES/NO**

If **YES** to either of the above, please give full details and state the steps taken to prevent recurrence.

2. **PROFESSIONAL INDEMNITY:-**

- (a) Has any claim, whether successful or not, ever been made against the Proposer or its predecessors in business or any past or present Partner, Principal, Director or Employee? **YES/NO**

If **YES** a full answer should be given including dates, amounts involved, brief details of the nature of the claim and whether the claim is paid or still outstanding.

- (b) Are you or any of the Partners, Principals, Directors or Employees **AFTER FULL ENQUIRY**, aware of any circumstances which may give rise to a claim against the Proposer, its predecessors in business or any past or present Partner, Principal, Director or Employee? **YES/NO**

If **YES** a full answer as in (a) above should be given.

