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SPECIAL PROFESSIONS PROFESSIONAL INDEMNITY

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PROPOSAL FORM



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PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town
5. County
6. Postcode

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

7. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

8. Insurer

9. Broker

10. Policy Limit
- Any one claim
- Aggregate
- (please tick as applicable)

11. Excess

12. Premium
13. Renewal date

14. Date commenced trading
15. Is the business VAT registered?
- Yes
- No

16. Please give details of any professional or trade associations you are affiliated to

17. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates



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BUSINESS DETAILS

18. Please list below all partners/directors/principals of the companies named in Question 1

| Name | Qualifications | Date qualified | Age | Number of years in this role |
|------|----------------|----------------|-----|------------------------------|
| i. | | | | |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |

19. Do you require cover for any predecessor practices? Yes No

If "Yes" please state below

| Name of predecessor | Date commenced | Date ceased | Reason for cessation |
|---------------------|----------------|-------------|----------------------|
| i. | | | |
| ii. | | | |
| iii. | | | |

20. Please state below the total number of staff

| | Full-time | Part-time |
|-------------------------------|-----------|-----------|
| Principals/directors/partners | | |
| Qualified staff | | |
| Other | | |

Please enclose brief CVs of the principals/directors

21. Gross turnover/fees

a. State the actual and estimated gross turnover for the following periods (if this is a new venture, please provide estimated fees expected in the first year of trading)

| | Last completed year | Two years ago | Current year (est.) |
|----------------|---------------------|---------------|---------------------|
| UK work | £ | £ | £ |
| Europe (ex UK) | £ | £ | £ |
| USA/Canada | £ | £ | £ |
| Other overseas | £ | £ | £ |
| TOTAL | £ | £ | £ |

b. What is the end date of your financial year? Day Month

c. Do you have declared fees for USA or Canada? Yes No

If "Yes" please confirm which law the contracts are subject to English USA or Canada

d. What was the largest (annual) fee received from a single client during the last completed year? £

e. What is the average fee received during the last completed year? £



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22. Areas of business

a. Please provide below a full description of all your business activities undertaken in the last year (or estimate if a new venture)

Please provide any company service brochures

b. If your work is varied, please split this into the 5 main categories, showing the percentages in each area

| Type of activity | Percentage | |
|--|------------|-------|
| i. | | % |
| ii. | | % |
| iii. | | % |
| iv. | | % |
| v. | | % |
| | Total: | 100 % |
| c. Do you anticipate any major changes in these activities in the next 12 months? (‘major changes’ means any activity changing by more than 15%) | Yes | No |
| d. Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity? If “Yes” please provide brief details below | Yes | No |

23. Do you sub-contract any work?

If “Yes”

| | | |
|--|-----|----|
| a. What percentage of gross income/fees was or will be paid to sub-contractors in the last financial year? | | % |
| b. Are sub-contractors required to carry their own Professional Indemnity insurance? | Yes | No |
| c. Do you get an indemnity from sub-contractors in writing? If “Yes” for what limit? | Yes | No |
| | | £ |
| d. Do you require a sub-contractor to be indemnified under your own insurance arrangements? If “Yes” please provide the following details | Yes | No |

Name

Fees paid

£



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24. Contracts

- a. Do you use a standard contract, agreement or letter of appointment? Yes No
- b. If "Yes" was this reviewed by your legal advisor or similarly qualified firm? Yes No
- c. Please provide details of the three largest contracts in the last six years

| Client | Start date | Services provided | Total contract value | Your fees | Approx. complete date |
|--------|------------|-------------------|----------------------|-----------|-----------------------|
| i. | | | £ | £ | |
| ii. | | | £ | £ | |
| iii. | | | £ | £ | |

- d. Please provide details of the three largest contracts that are due to commence in the next 12 months

| Client | Start date | Services to be provided | Total contract value | Your fees | Approx. complete date |
|--------|------------|-------------------------|----------------------|-----------|-----------------------|
| i. | | | £ | £ | |
| ii. | | | £ | £ | |
| iii. | | | £ | £ | |

- e. Have you have undertaken any work where the "end product" is situated outside of the UK? Yes No
If "Yes" please provide the following details

| Country | Start date | Description | Total contract value | Services provided | Approx. complete date |
|---------|------------|-------------|----------------------|-------------------|-----------------------|
| i. | | | £ | | |
| ii. | | | £ | | |
| iii. | | | £ | | |

25. Joint ventures/related companies

- a. Are you (or any partner/principal/director) a member of any consortium or joint venture? Yes No
If "Yes" provide details below (please use 'Additional Information' sheet, if necessary)

| Name | Capacity | Details of job |
|------|----------|----------------|
| i. | | |
| ii. | | |
| iii. | | |

- b. Do you (or any partner/principal/director) act on behalf of, or undertake work for any firm, company or organisation in which this firm or any partner/principal/director has a financial interest? Yes No
If "Yes" provide brief details below



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- c. Does any partner/principal/director perform an executive role on behalf of any such firm, company or organisation? Yes No
If "Yes" provide details below (policies will usually exclude claims by related companies unless emanating from an independent third party)

26. Risk management procedures

- a. Are you accredited to (or in the process of becoming accredited to) ISO 9001 Quality Standard or subject to any other form of external assessment or quality assurance system? Yes No
- b. Please state where you perceive your exposure to claims may arise and in what circumstances might you envisage a claim arising?
(For example: alleged poor advice, transactional or administrative errors, faulty design, etc.)

- c. Please describe below how you would cater for long absences of staff or when key staff leave

- d. Are your computer systems records backed up regularly, with such records stored off-site? Yes No
- e. Are your e-mails automatically archived after a set period? Yes No
- f. Do you undertake any internal file audits (or peer reviews)? Yes No
- g. Do you require satisfactory references when engaging staff? Yes No
If "Yes" please confirm
- | | | | |
|--|---------------|--------------------------|--|
| i. For whom you require references | All employees | Senior appointments only | |
| ii. What type of reference is required | Written | Verbal | |
- h. Is any person permitted to sign cheques on his/her signature alone for amounts exceeding £10,000? Yes No

27. Fraud/dishonesty and general

- a. Have you sustained any loss through the fraud or dishonesty of any person? Yes No
- b. Are you aware of any allegation or occurrence of fraud or dishonesty in the last 5 years committed by any past or present partner, director or employee? Yes No
- c. Has any person for whom insurance is now sought been the subject of any admonishment by any Authority within the past 5 years? Yes No
- d. Is there any other material information which may be relevant to the insurer's consideration of the risk that has not been declared elsewhere in this form? Yes No

If the answer to any of the above is "Yes" provide full details below

28. Your requirements (Demands and Needs)

- a. What policy limit do you require? £
- b. Do you require cover for your sub-contractors? Yes No
- c. Do you require fidelity cover, if available (loss of your own money or property due to dishonesty or fraud of your own staff)? Yes No
- d. Do you require cover for USA/Canada? Yes No



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GENERAL QUESTIONS

Please answer question a. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
|---|-----|----|

Please answer questions b. to e. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | |
|---|-----|----|
| b. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| c. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| d. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| e. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

CLAIMS AND CIRCUMSTANCES

- | | | |
|---|-----|----|
| a. Have any claims, whether successful or not, been made against you (including any predecessors in business) or any present or former partner/principal/director in the last 5 years? | Yes | No |
| b. Is any partner/principal/director aware, AFTER ENQUIRY, of any circumstance or occurrence which may give rise to a claim against you (including any predecessors in business) or any present or former partner/principal/director? | Yes | No |

If the answer to either of the above questions is "Yes" provide full details below (please use 'Additional Information' sheet, if necessary)

| Date of Claim | Cause of claim | Damages claimed | Defence costs | Reserves held by insurers |
|---|----------------|-----------------|---------------|---------------------------|
| i. | | £ | £ | £ |
| ii. | | £ | £ | £ |
| iii. | | £ | £ | £ |
| c. What measures have been taken to prevent a similar claim(s) or occurrence(s) (please use 'Additional Information' sheet, if necessary) | | | | |

(Please note that this question is for underwriting purposes only. It does **NOT** constitute notification of a claim or possible claim. You are required to make a separate notification to the current insurer in accordance with their policy terms and conditions, prior to expiry of the current policy)

DECLARATION

I/We declare that to the best of my/our knowledge and belief the answers and particulars given on the proposal form are true and complete, and that I/we have not withheld any material information. I/we understand that failure to disclose such information may result in claims not being met.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance. A Material Fact is one which an insurer would regard as likely to influence their assessment and acceptance of this insurance. **If you are unsure what to disclose, you should contact your adviser immediately.**

I/We understand that this proposal form, together with any other information supplied, shall form the basis of the contract of insurance.

Signature

Please print name

Date

Position



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