



**Miscellaneous
Professional Indemnity
Proposal Form**

Information

Please answer all questions leaving no blank spaces. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Partner, Director or Principal of the Proposer.

Insurance cover is not effective until the Insurers have accepted this proposal form.

Duty to disclose material facts

Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated. The courts will find a fact to be 'material' where it would affect the judgment of a prudent insurer as to whether or not to accept the risk at the particular terms offered.

If you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

Miscellaneous Professional Indemnity Proposal Form

Proposer Details

1. Name of Proposer(s) including Subsidiaries and Predecessors

2. Head Office Address (including Country of Domicile)

3. Website Address

4. Date Established

5. a) Location of any offices outside the Country of Domicile

b) Is there a Partner, Director or Principal based at each overseas office?

Yes / No / Not applicable

If *No*, please advise how the office is supervised

6. Please give the following details in respect of all Partners, Directors or Principals :

Name of all Directors, Partners and Principal staff	Relevant qualifications	Date qualified	Position held	Number of years in this position

7. Please state the number of staff, split as follows:

Partners, Directors and Principals	
Qualified staff	
All other staff	
Consultants	

Proposer Fees

8. a) Please state the Proposer's gross fee income and the applicable currency for the last complete financial year and estimate for the next financial year split between clients domiciled in the following territories :

		Currency	Last fully completed financial year	Estimate for next financial year
(a)	Country of Domicile			
Other gross fee income outside the Country of Domicile:				
(b)	Europe			
(c)	USA			
(d)	Canada			
(e)	Elsewhere			
	Total			

b) Please advise the date of the financial year end

9. Please state the Proposer's gross fee income payable to subcontractors as follows:

- Last complete financial year
- Estimate for the next financial year

10. Do total fees from any one client in the last complete financial year or estimated for the next financial year exceed 50% of the total gross fees for that year?

Yes / No

If Yes, please provide details

11. Does the Proposer provide services for any client who has a controlling interest in the Proposer or in which the Proposer has a controlling interest?

Yes / No

If Yes, please provide details

Proposers Professional Services

12. a) Please provide a detailed description of the business activities and professional services that the Proposer provides:

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12. b) Please provide a split of the business activities undertaken in the last complete financial year where more than one activity is undertaken:

Business activity	% of Fees

13. Is the business split provided in question 13 representative of the Proposer's activities:

a) over the past 5 years? Yes / No

b) expected over the next year? Yes / No

If *No* to either a) or b) please provide details

14. Please give details of the 5 largest projects the Proposer has undertaken during the past 5 years as follows:

Start / Completion Dates	Client	Project type and Location	Total contract value	Fees earned	Detail professional services provided

15. Please give details of the 3 largest projects the Proposer is expecting to undertake during the next year as follows:

Start / Completion Dates	Client	Project type and Location	Total contract value	Fees earned	Detail professional services provided

16. Has any work been undertaken or is any work expected to be undertaken for celebrity or high profile clients? *Yes / No*

If Yes, please provide details.

17. Does the Proposer undertake any contract which involves

- a) Sale or supply of products, materials or equipment?
- b) Manufacture, construction, installation, maintenance, alteration, repair or treatment

Yes / No

If Yes, please provide details.

Dishonesty

18.

- a) Does the Proposer have authority to handle client monies *Yes / No*

If Yes, please provide details of the procedures adopted to ensure their security

- b) Is any person allowed to sign cheques without a counter- signature *Yes / No*

- c) Are bank statements, receipts, counterfoils and supporting documentation independently checked at least monthly against the cash book entries and bank statements of the employee making the entries or paying into the bank

Yes / No

d) Are all cheques and cash paid into the bank daily?

Yes / No

If *No* to b), c), or d) please give details as to the system used

Risk Management

19. a) Are all current projects running on time and within budget?

Yes / No

b) Does the Proposer have in place a procedure to ensure that client requirements are understood and can be met by them before taking on a new piece of work?

Yes / No

c) Does the Proposer always ask the client to sign standard contract conditions, which have been vetted by a legal professional and clearly outline the scope of services to be provided, and only provide those services which fall within that scope?

Yes / No

d) Does the Proposer regularly review contracts internally and with the client?

Yes / No

e) Does the Proposer have systems in place for ensuring that critical deadlines are met?

Yes / No

f) Are subcontractors subject to a standard written agreement with the Proposer?

Yes / No

g) Does the Proposer ensure that all sub-contractors hold their own Professional Indemnity insurance at the same limit as that now being requested?

Yes / No

h) Where specialist professionals are required to provide services outside the usual scope of the Proposer, does the Proposer always ensure that they are appointed directly by the client?

Yes / No

i) Does the Proposer always require written references and check that qualifications are properly held when engaging employees or subcontractors?

Yes / No

j) Where the Proposer is a sole practitioner, do they ensure that there are arrangements in place to deal with absence? *Yes / No*

If *No* to any of the above please provide details

Current and Previous Coverage

20. Please provide details of the Proposers current Professional Indemnity insurance as follows:

- Limit of Indemnity
- Premium
- Excess
- Insurer
- Renewal Date
- Retroactive Date

21. Has the Proposer ever had any Professional Indemnity insurance cancelled, voided or declined at renewal by an Insurer?

Yes / No

If *Yes*, please give details

Coverage Required

22. Please provide details of the quotation required:

- Limit(s) of Indemnity
- Excess(es)

Claims and Circumstances

24. a) Has any claim or complaint been made, or disciplinary proceedings been brought by any Regulatory Body against the Proposer or any of its current or former Partners, Directors or Principals in relation to the risks to be insured over the past 10 years?

Yes / No

b) Has any loss or expense been incurred by the Proposer over the past 10 years which might have been insured under this policy?

Yes / No

If Yes to a) or b) above, please provide the following:

- Date of claim/complaint/disciplinary proceedings/loss
- Name of claimant/complainant/disciplinary body (if applicable)
- Brief details of allegations/ complaint/ disciplinary matter/loss
- Amount claimed for/lost including costs and expenses (if applicable)
- Insurer payment (if applicable)
- Insurer reserve (if applicable)
- What action has been taken to prevent a re-occurrence?

c)Is any Partner, Director or Principal aware, after enquiry, of any circumstances which might give rise to a claim or request for indemnity under this policy?

Yes / No

If Yes, please provide the following:

- Date
- Brief details
- Amount claimed for/lost including costs and expenses (if applicable)

Declaration

I/We declare that the above answers, statements, particulars and additional information are true to the very best of our knowledge and belief and that after full enquiry, I/We have disclosed all information and material facts that may affect the Insurers assessment of the risk. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the contract effected therein.

Signature of Partner/Director/Principal _____

For and/on behalf of the Proposer _____

Name in capital letters (Printed) _____

Date: _____

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων

Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνω ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *

Όνομα

Θέση της εταιρείας

Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή

ο ασφαλιζόμενος