

Full name	Age	Qualifications	Date qualified	No. of years in this capacity in the aforementioned business/practice
a.				
b.				

8. Give details below of previous business experience, as appropriate, or attach curricula vitae

Newly established business/practice - complete for all partners/directors

Existing business/practice - complete for each partner/director who has held such position with the Proposer for less than five years

Name of partner/director	Period engaged in previous occupation	Name of firm/company	Profession or business	Position Held

9. State number of other permanent staff

a. qualified

i. full-time

ii. part-time

b. all other

I. full-time

ii. part-time

10. a. Limit of Indemnity required under **this** insurance

£250,000

£500,000

£1,000,000

Other £
(Please specify)

b. State **total** limit under **all** Professional Indemnity insurances

i. currently applicable £

ii. now required £

11. Does the Proposer wish to contribute towards each and every claim?

Yes No

If 'Yes', tick amount required £1,000 £2,500 £5,000 £10,000 Other £
(Please specify)

Note. In most cases, a contribution will be compulsory

12. Is cover required for Partners' Previous Business in respect of any partner named in 7a?

Yes No

If 'Yes' state

a. for which partners	b. title of previous business	c. date partner left business	d. Limit of Indemnity required if less than stated in 10a

13. Is the business/practice represented in any way in the USA or its territories and possessions, or Canada?

Yes No

If 'Yes' state how (eg by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the business/practice)

14. a. Does the business/practice or any partner/director act on behalf of, or undertake work for any firm, company or organisation in which the business/practice or any partner/director has a financial interest?

Yes No

b. Does any partner/director perform an executive role or hold a position whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation?

Yes No

If 'Yes' in either case, give details (by separate note, if preferred)

c. Is such other company, firm or organisation associated with any process of manufacture, construction or erection or any form of contracting or supply?

Yes No

15. State gross fees (including those paid to subcontractors) payable by clients for work undertaken For any non-fee earning business/practice, state total turnover

	Last year	Previous year	Forthcoming year (estimated) for new and existing practices
a. in the UK (excluding c. and e. below)	£	£	£
b. in the USA, its territories and possessions and Canada	£	£-	£
c. in the UK and elsewhere (excluding USA and Canada) for clients domiciled in the USA its territories and possessions or Canada, including work for USA companies, subsidiaries of USA companies or USA subsidiaries of companies based elsewhere	£	£	£
d. elsewhere* (excluding USA and Canada)	£	£	£
e. in the UK for clients domiciled elsewhere* (excluding USA and Canada)	£	£-	£
Total of a. b. c. d. and e. above	£	£	£

* State countries and amounts involved

16.

	Last year	Previous year	Forthcoming year (estimated) for new and existing practices
a. State gross fees paid to sub-contractors	£	£	£
b. State largest fee earned from any client	£	£	£

17. Does the Proposer undertake any contract which involves the business/practice or its sub-contractors in:

a. manufacture, construction, erection or installation: Yes No

If 'Yes' state what proportion of the fees declared relates to such contracts %

b. the supply of materials, plant, goods or equipment? Yes No

If 'Yes'

i. does the supply relate to UK branded products only? Yes No

ii. what proportion of the fees declared relates to such contracts? %

A copy of the contract conditions between the Proposer and the manufacturer or source must be attached

18. Does the Proposer use any brochures, written agreements or conditions of contract in connection with the business/practice? Yes No

If 'Yes' please attach copies

19. Does the Proposer use conditions of contract in every case? Yes No

20. Does the Proposer work to a professional code of practice? Yes No

If 'Yes' provide details in the box below

21. a. Does the Proposer have written work instructions or checklists for the services provided? Yes No

If 'Yes' give details of the scope of these instructions below (by separate note if preferred)

b. What does the Proposer think are the more significant potential risks associated with their field of work?

Give details below

c. What does the Proposer do to minimise these risks?

Give details below

d. How often does management review working procedures to ensure their continuing suitability and what form does the review take?

Give details in the box below

22. Is the Proposer accredited to or in the process of becoming accredited to BS EN ISO 9000 (formerly BS5750) Quality Systems or subject to any other form of external assessment? Yes No

If **'Yes'** give details below

If **'No'** give details of how project dev. and customer relations are monitored (by separate note if preferred)

23. What is the procedure undertaken prior to contracts being accepted to ensure that:

- a. the contract specifications can be met?
- b. customer requirements can be satisfied?

Give details below

24. What records are kept of
- a. the original contract
 - b. subsequent amendments to that contract
 - c. verbal agreements
 - d. telephone conversations

Give details below

25. What steps does the Proposer take to review work undertaken by staff?

26. Do recruitment procedures involve taking up references Yes No

If **'Yes'** over what period are references taken and what information is requested? Give details below

27. Has the Proposer any existing Professional Indemnity insurance in force? Yes No

If **'Yes'** state

- a. name of insurer b. renewal date

28. Has any insurer in respect of the risks to which this proposal relates ever:

- a. declined a proposal, refused renewal or terminated an insurance? Yes No
- b. required an increased premium or imposed special conditions? Yes No

If **'Yes'** in either case give details

- 29 a. Has any claim been made against the Proposer or any predecessors in business or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties Yes No
- b. Has the Proposer or any predecessors in business or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of cover? Yes No

If 'Yes' in either case give details below or attach a separate note if preferred

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss incurred	Estimated outstanding cost

c. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

30. Is any partner, principal, director, consultant or employee, **after enquiry**, aware of any circumstances which might

- a. give rise to a claim against the Proposer or any predecessors in business or any of the present or former partners or principals? Yes No
- b. result in the Proposer or any predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of this cover? Yes No
- c. otherwise affect the Company's consideration of this insurance? Yes No

If 'Yes' give details including maximum potential cost (by separate note if preferred)

DO YOU WISH TO PAY YOUR PREMIUM BY MONTHLY INSTALMENTS? Yes No

ADDITIONAL INFORMATION (continued)

Use this space to provide further information in support of answers given to questions in this Proposal. Please state question number clearly.

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. **FAILURE TO DISCLOSE ALL MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF A SPECIFIC QUESTION MAY INVALIDATE YOUR INSURANCE.**
- We recommend that you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.
- Please tick the box if you would like a copy of this Proposal sent to you

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.
- I/We declare that this Proposal Form is for the insurance in the normal terms and conditions of the Insurer's policy.
- I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date of signing

Title of signatory

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance