



PROFESSIONAL

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MEMBERS OF THE SOCIETY FOR EDITORS AND PROOFREADERS



Practice details

Practice name / Trading name

Date cover required from / Renewal date of current policy

Address

Telephone Number

Fax Number

SfEP Membership Number

Contact e-mail address

Fee Income

Please give the total gross fee income for the last two years, and an estimate for the coming year.

	20____	20____	Estimate for coming Year
Total Gross Fees	£	£	£

Business Activities

Is the following description of activities suitably encompassing for all of your activities?

Yes  No

If 'No', please give full details of all other activities (including fee income) on a separate sheet.

Proofreading, Copy Editing, Training, Mentoring and / or project management of these activities

Claims and circumstances

Have any claims been made against you or are you or are you aware of any circumstances which may give rise to a claim against you? If 'Yes', please provide details on a separate sheet

Yes  No

Confirmation

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Please ensure that you have marked overleaf the level of cover required together with confirmation of any additions.

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## SOCIETY FOR EDITORS AND PROOFREADERS PROFESSIONAL LIABILITY PREMIUM RATES

Annual Fee Income	Professional Indemnity Limit of Indemnity	Professional Indemnity Premium	Tick cover required (Compulsory)	Public Liability Premium	Tick if cover required (Optional)
£0 - £25,000	£50K	£131.25	<input type="checkbox"/>	£31.50	<input type="checkbox"/>
	£100K	£157.50	<input type="checkbox"/>		
£25,001 - £50,000	£50K	£157.50	<input type="checkbox"/>	£31.50	<input type="checkbox"/>
	£100K	£183.75	<input type="checkbox"/>		

£50,001 + Refer to SBJ

- Professional indemnity cover is on an aggregate basis, costs and expenses in addition.
- Public Liability Cover £1,000,000 each and every occurrence costs in addition, excluding pollution and products to which a single limit applies.
- Additional EL cover is available subject to an additional premium - please contact us for details.
- Premium must be paid by direct debit over 12 months (interest free), policy issued on a continuous basis.
- All premiums quoted include insurance premium tax currently levied at a rate of 5%.
- An excess of £250 each and every claim applies including costs and expenses.
- If you would like a quotation for a higher limit of indemnity please contact us for details.
- A copy of our terms of business, policy wording and a demands and needs statement can be downloaded from our website at [www.sbj-pi.com](http://www.sbj-pi.com). Alternatively please contact us to request a copy by post.
- Insurance is placed with Hiscox Insurance Company Ltd.

Please return completed forms to the address detailed below:

