

**PROFESSIONAL INDEMNITY INSURANCE
MISCELLANEOUS PROFESSIONS PROPOSAL FORM**

INSTRUCTIONS

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

YOUR BUSINESS

Practice name (please include all names under which you practice)

Main office address

Postcode:

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

Date established

List number of branch offices

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.

Is cover required for anything other than work undertaken by the above firm(s)? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere. Yes No

If 'Yes', please provide details:

State Business / Profession to be insured

PARTNERS(s) / DIRECTORS(s) / MEMBERS(s)

Please list below your details if you are a sole trader or those of the Partners / Directors / Members of the company.

Name of all Partners / Directors / Members	Date of birth	Qualifications	Years in the industry	How long as Partner / Director / Member of the Firm(s)

PLEASE PROVIDE A C.V. OUTLINING ALL RELEVANT EXPERIENCE WHERE ANY PERSON(S) NOTED ABOVE HAVE BEEN WORKING IN THE INDUSTRY FOR LESS THAN 5 YEARS

Please advise total number of staff excluding Partners, Directors and Members:

Staff who have 5 or more years experience in the business undertaken All Others

SOLE PRACTITIONERS ONLY

What arrangements do you make when you are unable to attend your business?

Is the Company/Firm or any Partner/Director/Member/Principal a member of any Professional association? If 'Yes' please provide details Yes No

SUBCONTRACTORS

Does the Company/Firm engage or intend engaging in the future any external sub consultants / sub contractors? Yes No

Do you ensure they hold their own professional indemnity insurance? Yes No

ASSOCIATES COMPANIES

- 1. Does the Company/Firm or any Partner/Director/Member act on behalf of or undertake work for any other firm, company or organisation in which the Company / Firm or any Partner / Director / Member has a financial interest? Yes No
- 2. Does any other firm, company or organisation have a financial interest in the Company / Firm? Yes No
- 3. Is cover required under this insurance for this work? Yes No

If 'Yes' to 1,2, or 3 give details of work carried out for and fees earned from the company/firm or organisation.

4. Do you operate under any formal terms of engagement with the company / firm / organisation in 1 or 2 above? Yes No

If "Yes" please attach a copy of any formal terms of engagement to this Proposal. If you do not use any formal terms of engagement, please provide details of the arrangements you operate under.

THE BUSINESS / WORK UNDERTAKEN

As a wide range of services is covered by this proposal, we ask you to provide as full details as possible of your business activities so that underwriters can provide a tailored quotation. Additional space has been provided so that you can elaborate any of your answers.

Please provide FULL details of all business activities undertaken

Does the Company / Firm
1. Issue brochures or other promotional literature? If "Yes" please attach copy Yes No

2. Use standard conditions of engagement / contract? Yes No

If "Yes" please attach copy. If "No", provide details of the arrangements you operate under

GROSS FEE TURNOVER

State the gross fees received for the following years

	Last Completed Financial Year	Current Year	Estimate Next Year
UK Law Contracts	£	£	£
EU Law Contracts	£	£	£
USA / Canada Law Contracts	£	£	£
Other Law Contracts	£	£	£
Total Gross Fee Turnover	£	£	£

Within the past three years what is the approximate average fee you have received?

Within the past three years what is the largest fee you have received?

Give details of the three largest contracts commenced during the past three years.

If you are a new company, provide details of the largest contract(s) expected to start in the next 12 months.

Client Name	Clients Business	Nature of Contract / Services Provided	Contract Value	Fees Received

Please state the split of the Company/Firm's turnover between each of your professional activities undertaken

1. _____
2. _____
3. _____
4. _____
5. _____

Please give details of what you regard as your speciality within your area of work:

RISK MANAGEMENT

Does the Company/Firm operate any internal Quality Assurance systems? If 'Yes', please give details Yes No

Does the Company/Firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any Employee, Director, Partner, Member or Principal responsible for money accounts or goods? Yes No

Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Director, Member or Principal? Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

Do all cheques drawn for more than £25,000 require two signatures? Yes No

Is cash in hand and petty cash checked independently of the employees responsible? Yes No

(i) At least monthly? Yes No

(ii) Additionally, without warning at least every six months? Yes No

Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes No

Please confirm that your Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor? Yes No

Please confirm that the responsibilities for Authorisation of Transactions, Processing of Transactions and Completing Transactions will be carried out by entirely separate Employees / Principals / Directors / Members? Yes No

CLAIMS

1. Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Director, Member or Principal? Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

2. Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company/Firm or its present and/or past Partners/Directors/Members? Yes No

If 'Yes', give full details including amounts involved.

Have all claims been notified to Insurers? Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

3. Are any of the Partners, Directors, Members or employees **AFTER ENQUIRY**, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm(s) or its predecessors in business or any of its present or former Partners / Directors / Members? Yes No

If 'Yes', give full details of circumstances and amounts involved.

CURRENT INSURANCE

Has any proposal for professional indemnity insurance ever been declined by an insurer to whom you have applied? If 'Yes', please provide details Yes No

Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide following details:

Renewal Date			
Insurer			
Broker			
Limit of Indemnity	£	any one claim / aggregate – please advise	
Excess	£		
Premium	£		

FUTURE REQUIREMENTS

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

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 return this Application Form along with any other supplementary information sheets to the address detailed below:-

Bluefin | Professional Risks | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | f: 0117 925 1594 | e: enquiry@sbj-pi.com | w: www.sbj-pi.com

