

## 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.**

### 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:

Professionally qualified

Unqualified Assistants

All Others

### GROSS FEE TURNOVER

State the gross fees received for the following years

	Last Completed Financial Year	Current Year	Estimate Next Year
Clients based in UK	£	£	£
Client based elsewhere – specify separately	£	£	£
<b>Total</b>	£	£	£

Largest Fee from any one client of group

£

£

£

Financial year end date

 /

**THE BUSINESS / WORK UNDERTAKEN**

Please provide full details of your business activities – Continue on a separate sheet if necessary

**CLAIMS**

Are any of the Partners, Directors or employees **AFTER ENQUIRY**, aware of any claims, circumstances, allegations or incidents which have or 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**

Please advise details of your present insurance.

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

