



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MISCELLANEOUS PROFESSIONS

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.

1 GENERAL DETAILS

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.

Date established

Start date and cessation date of former Companies/Firm

Reason for cessation of former Companies/Firms

State Business/Profession to be insured

Is the Business Full Time?

Yes

No

If 'No' please provide details of your FULL TIME occupation,

Please advise the following (including details of sole practitioner).

Name of all Partners/Directors	Date of birth	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

PLEASE PROVIDE A FULL C.V. OUTLINING ALL RELEVANT PROFESSIONAL QUALIFICATIONS AND EXPERIENCE FOR EACH PARTNER / DIRECTOR / PRINCIPAL. PLEASE LIST ANY ADDITIONAL PARTNERS/DIRECTORS ON A SEPARATE SHEET

Name of all Consultants	Date of birth	Qualifications	Date Qualified

Please advise number of:

Staff who have five or more years experience in the business undertaken

All Other Staff

Sole Practitioners Only – What arrangements do you make when you are unable to attend your business?

Is the Company/Firm or any Partner/Director/Principal a member of any Professional association?

Yes

No

If 'Yes' please provide details

2 ASSOCIATES COMPANIES

(i) Does the Company/Firm or any Partner/Director act on behalf of or undertake work for any other firm, company or organisation in which the Company / Firm or any Partner / Director has a financial interest?

Yes

No

(ii) Does any other firm, company or organisation have a financial interest in the Company / Firm?

Yes

No

(iii) Is cover required under this insurance for this work?

Yes

No

If 'Yes' to (i), (ii) or (iii) give details of work carried out for and fees earned from the company/firm or organisation.

(iv) Do you operate under any formal terms of engagement with the company/firm/organisation in (i) or (ii) 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.

3 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.

Does the Company / Firm

(i) Issue brochures or other promotional literature? If "Yes" please attach copy

Yes

No

(ii) Use standard conditions of engagement / contract?

Yes

No

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

Please provide FULL details of all business activities undertaken

State the gross fees received for the following years

Year Ending	Last Year	Previous Year	Estimate for Current Year
UK	£	£	£
USA or Canada	£	£	£
Elsewhere (please specify)	£	£	£
Total	£	£	£
Largest Fee from any one client of group	£	£	£

Financial Year End Date

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.

Start Date	Client Name	Description of Contract and Services Provided	Contract Value	Fees

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

- (i) _____ £
- (ii) _____ £
- (iii) _____ £
- (iv) _____ £
- (v) _____ £

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

4 THE BUSINESS: RISK MANAGEMENT

The answers to this section will provide details of how your company is managed and what steps you take to reduce the risk of claims being made against you.

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

Does the Company/Firm engage or intend engaging in the future any external sub consultants / sub contractors? Yes No
If 'Yes', please answer (a) and (b) below.

(a) Please state gross fees paid to external sub contractors in the past financial year £

(b) Do you ensure that external sub consultants/sub contractors are fully qualified and carry adequate Professional Indemnity Insurance? If 'Yes', please give details of checks carried out. 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 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 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

(a) At least monthly? Yes No

(b) 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? Yes No

5 CLAIMS EXPERIENCE

It is very important that you provide the fullest details possible of any claims or circumstances which may give rise to a claim

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? 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?

Are any of the Partners, Directors 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. If 'Yes', give full details of circumstances and amounts involved.

6 INSURANCE COVER

Has any proposal for similar insurance made on behalf of the Firm(s) or their predecessors in business or any of the present or former Partners/Directors ever been declined or has any such insurance cover been cancelled or renewal refused? If 'Yes', please provide details

Please advise details of your present insurance

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

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 following address:-

SBJ Professional | 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

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