



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MANAGEMENT CONSULTANTS

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 YOUR BUSINESS

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

Main office address

Main office telephone number

Contact e-mail address

Date established

Postcode

Main office fax number

Practice website

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:

2 PARTNER(S) / DIRECTOR(S)

Please list below details of the partner(s) / director(s) of the company:

Name	Date of birth	Qualifications	Years in the Industry	How long as Partner/Director of the Firm(s)

PLEASE PROVIDE A C.V. OUTLINING ALL RELEVANT EXPERIENCE WHERE THE ABOVE HAVE BEEN WORKING IN THE INDUSTRY FOR LESS THAN 5 YEARS

Please advise total number of staff excluding Partners / Directors:

Professionally qualified Unqualified Assistants All Others

3 SUB CONTRACTORS

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

4 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	Contract Value	Fees Received

Do you only carry out work under contracts drafted by legal professionals and signed by your clients? Yes No

If 'No', please explain on what basis you enter into contracts:

5 YOUR BUSINESS ACTIVITY

Do you undertake any work in relation to the following: the law, investment of client funds, audit, accountancy, tax, insolvency, liquidation, receivership, mergers, acquisitions, pollution, valuation, construction, loss adjustment or assessment or do you have responsibility to your clients for: the procurement of goods or services on their behalf, pricing policy, legally binding them in other ways? Yes No

If 'Yes', please provide full details

Your turnover (including fee income) must be separated approximately into the activities listed below so that Insurers can understand what you are doing, in addition Insurers can only cover you for work that you declare.

(a) Strategic Consultancy	£
(b) Organisation, Design & Development Consultancy	£
(c) Quality Management	£
(d) Manufacturing Systems Consultancy	£
(e) Financial Management – Consultancy Only	£
(f) Project Management	£
(g) Human Resources Consultancy	£
(h) Recruitment Consultancy	
i) Permanent Staff	£
ii) Temporary Staff	£
(i) Marketing Consultancy	£
(j) Telecommunications Consultancy	£
(k) Computer & IT Consultancy (If over 30% of your fees a IT Proposal will be required)	£
(l) Outsourcing & Facilities Management Consultancy	£
(m) Graphic Design & Creativity Consultancy	£
(n) Quality Assurance Consultancy	£
(o) Health & Safety Consultancy	£
(p) Interim / Locum Management	£
(q) Training Services	£
(r) Other (please give full details)	£

Project Management Consultancy

If you have stated any income under Project Management Consultancy:

- i) Please provide brief details of a typical project, describe your responsibilities and advise your average fee for this work and average value of the total contract.

- ii) Are you responsible for the direct appointment of any advisory or professional consultants? Yes No

(it is a condition of this insurance that any advisory professional consultant appointed by you must carry their own PI insurance to an equivalent level)

Outsourcing and Facilities Management Consultancy

If you have declared any income under Outsourcing and Facilities Management Consultancy:

- Do you get involved in any contractual negotiations? Yes No
- If 'Yes', please give full details

Design and Creativity Consultancy

If you have declared any income under Design and Creativity Consultancy, please advise what you design and what your client will do with your completed design:

Interim Management

If you have stated any income under Interim / Locum Management:

i) What position(s) do you undertake and what are your responsibilities?

ii) What is the reason for your employment in this position?

iii) What level of decision making do you accept without referral to higher level management?

- a) Day to Day management Yes No
- b) Strategic management with budgetary responsibility Yes No

Financial Management

If you have declared any income under Financial Management, please confirm:

Do you accept responsibility for strategic/budgetary decisions? Yes No

If 'Yes', do you obtain sign off by senior management / board? Yes No

6 CLAIMS

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.

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? Yes No

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

7 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?

Yes No

If 'Yes', please provide details

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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 address detailed below:-

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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