



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MISCELLANEOUS PROFESSIONS

GENERAL DETAILS

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

Main office address. Please list on a separate sheet all branch offices including addresses for which you are seeking cover.

Postcode

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

Date established

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 FOR ANY PARTNER / DIRECTOR / PRINCIPAL WHO HAS LESS THAN 5 YEARS EXPERIENCE, AT THIS LEVEL

THE BUSINESS / WORK UNDERTAKEN

Please provide full details of your business activities.

State the gross fees received for the following years

	Actual last year	Estimate for current year	Estimate for forthcoming year
Clients based in UK	£	£	£
Client based elsewhere - please specify separately	£	£	£
Total	£	£	£
Largest Fee from any one client of group	£	£	£

Financial year end date

CLAIMS EXPERIENCE

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

Yes

No

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

INSURANCE COVER

Please advise details of your present insurance

Renewal Date			
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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