



**Professional Indemnity Insurance  
for Specialist Consultants  
Proposal Form**

# Professional Indemnity Insurance for Specialist Consultants

## Proposal Form

Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- All questions must be answered to enable a quotation to be given.
- Where a question is not applicable to your particular circumstances, please write N/A.
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

1. a) Name of Individual or Firm(s) (including any subsidiary requiring cover)

b) Date established

c) Address(es) (specifying who is responsible, if there is more than one location)

Postcode

d) Website

Email address

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading

2. a)

Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years Practical Experience

Please attach detailed CVs

b)

Name of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practical Experience

**Please attach detailed CVs**

c) Do you require cover for past Partners, Principals or Directors?

Yes  No

If yes, please provide details

3. a) Is any Individual or the Firm admitted to any Association or Trade Body?

Yes  No

If yes, please give details.

b) Has any person been the subject of disciplinary proceedings by any professional body?

Yes  No

If yes, please give details.

4. Please state the total number of Partners, Principals or Directors:

Specialist Staff:

Consultants:

5. a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation?

Yes  No

If yes, please give brief details of your present full-time work.

6. Please clarify the type of work normally carried out, whether consisting of well-established techniques or nature of new and original thought developments, processes or designs employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised.

7. a) Have there been any major changes in the activities undertaken during the past twelve months  
or are any likely to take place in the next twelve months?

Yes  No

If yes, please give details.

- b) Is cover required for any activity, now ceased, which is different from those declared,  
within this proposal form?

Yes  No

If yes, please give details.

8. Please list by activity the approximate percentage of work carried out in each instance:

	%
	%
	%
	%
	%
	%

**PLEASE ATTACH A BROCHURE OR ANY 'HANDOUT' THAT YOU USE.  
ALTERNATIVELY A COMPREHENSIVELY TYPED EXPLANATION OF THE ABOVE ACTIVITIES**  
(this will enable underwriters to better understand your risk)  
**PLEASE ALSO PROVIDE YOUR STANDARD CONTRACT TERMS AND CONDITIONS**

- 9.** a) Please state the gross fees/turnover received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Turnover Fees			
20	Turnover Fees			
20	Turnover Fees			

**Estimate**

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Turnover Fees			

Financial Year ends (Month)

- b) What percentage of fees is paid to sub-contractors or consultants?  %

- 10.** a) Please list the three largest contracts undertaken in the last three years:

- i)
- ii)
- iii)

- b) What is the largest annual income earned from a single client in the last twelve months?  £

In the case of Overseas contracts, please list the countries involved and whether UK or local law applies. Also, please give brief details of the contract(s) and size.

- 11.** Do you or have you ever undertaken contracts involving physical contracting?

Yes  No

If yes, please provide full details

- 12.** a) When Professional Sub-contractors or Specialist Consultants are engaged, have you, in the past, and will you in the future endeavour to ensure that they are appointed directly by and paid by the client?

Yes  No

- b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance?

Yes  No

**13. a)** If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions?

Yes  No

If yes, please give details.

c) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions?

Yes  No

If yes, please give details.

d) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

Yes  No

If yes, please give details

**14.** Do you wish to consider any of the following extensions?

Loss of Documents

Yes  No

Unintentional Breach of Confidentiality

Yes  No

Libel & Slander

Yes  No

Unintentional Breach of Copyright

Yes  No

Dishonesty of Employees

Yes  No

Claims arising from Associated Companies

Yes  No

**15.** Do you currently have Professional Indemnity insurance?

Yes  No

If yes, please give details.

Expiry date  Limit £  Excess £

Insurer

**16.** Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?

Yes  No

If yes, please give details.

**17.** Please state: limit of indemnity required

self insured excess

**18. a)** Do you always require satisfactory written references when engaging employees?

Yes  No

**b)** Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?

Yes  No

If yes, please give details

**c)** How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

**d)** How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

**19. Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force?**

Yes  No

If yes, please give full details.

## **IMPORTANT NOTICE CONCERNING DISCLOSURE**

In arranging this policy you must have provided us with a fair presentation of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and the premium may not be returned. You must also make a fair presentation to us when the policy is to be renewed.

The duty of disclosure continues up until the Insurance has been concluded and "resurrects" in the event of any amendment to the risk during the policy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or warranties which effectively extend the duty of disclosure post inception of the policy.

## **DECLARATION**

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become material before inception of the contract of insurance.

Name and Position:

Signature:

Date  (day)  (month)  (year)

**A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS**