

1. Name and Address of Firm _____

Name of Firm (include all names under which you practice and to be insured).

Main Office Address

Telephone Number

Contact E-mail Address

Website

Date Established

List Number of Branch Offices

Please provide a full description of all services provided.

2. The Firm

Please list below details of all 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 advise total number of staff excluding Partners, Directors Members.

Qualified:

All Others:

Sole practitioners only

What arrangements do you make when you are unable to attend your business?

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

YES

NO

If YES, please provide details.

3. Subcontractors

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. Associated Companies

(a) Does the Company/Firm or any Partner/Director/Member act on behalf of or undertake work for any other firm, company or organisation in which the Company / Firm or any Partner / Director / Member has a financial interest? YES NO

(b) Does any other firm, company or organisation have a financial interest in the Company / Firm? YES NO

(c) Is cover required under this insurance for this work? YES NO

If YES to (a) (b) or (c) give details of work carried out.

5. Gross Fee Turnover

State the gross fees received for the following years.

	Last Completed Financial Year	Current Year	Next Year
UK	£	£	£
EU	£	£	£
USA / Canada	£	£	£
Other	£	£	£
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 / Services Provided	Contract Value	Fees Received
			£	£
			£	£
			£	£

6. Activities

Please provide a breakdown of your activities and the percentage of your income for each activity.

	%
	%
	%
	%
	%

Please give details of what you regard as your speciality within your area of works or any additional activities not listed above.

7. Risk Management

Does the Company/Firm operate any internal Quality Assurance systems?

YES NO

If YES, please give details.

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, Member 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, Member 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

i. At least monthly?

YES NO

ii. 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

Have your Annual Accounts 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 / Members

YES NO

Do you use standard conditions of engagement / contract?

YES NO

8. Claims and Circumstances

(a) 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, Members or Principal?

YES NO

If YES, state date, circumstances, amount and steps taken to prevent recurrence.

(b) Have any claims or circumstances which may give rise to a claim been made against the Company/Firm or its Partners, Directors, Members?

YES NO

If YES, give full details including amounts involved.

Have all matters been notified to Insurers?

YES NO

(c) Are any of the Partners, Directors or Members 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 or Members?

YES NO

If YES, give full details of circumstances and amounts involved.

9. Disciplinary Proceedings

Has any proposer / director / partner of the business:

(a) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings?

YES NO

(b) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending?

YES NO

(c) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings?

YES NO

(d) Had a proposal form declined?

YES NO

(e) Had an insurance cancelled?

YES NO

(f) Had special terms imposed?

YES NO

10. Quotation Requirements

Please advise your requirements. For assistance in helping decide the correct limit for your business please refer to our guidance notes.

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£		

Details of the firm's current Professional Indemnity Insurance cover.

Please do not complete this question if you are already a client of Professional Indemnity Insurance Brokers.

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

11. Additional Information

Confirmation – Please Read Carefully

Your duty to make a fair presentation of the risk

It is your duty to make a fair presentation of the risk to the Insurer. In accordance with the Insurance Act 2015 you must disclose all material information which you know or ought to know. Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance and which should have been revealed by a reasonable search. Please contact us if you are in any doubt about what information needs to be disclosed.

Declaration

I/We declare the following;

I/We understand that I/We have a duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full.

I/We understand that the information provided will be used by the broker and/or insurers to arrange and administer the insurance. This may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance.

If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/We will immediately advise Professional Indemnity Insurance Brokers or the Insurer.

All facts provided within this proposal form or provided separately as part of this application for insurance are true or substantially true and any representations as to matters of expectation or belief are made in good faith.

This form must be signed by a principal of the firm

Signature: _____

Date: _____

Print name: _____

Position: _____