

Miscellaneous
Professional Indemnity Insurance – proposal form

Please complete all the questions in this proposal form in black ink, continuing your answers on page 7 where there is insufficient space.

1 Your business details

1.1 Name of Individual or Firm requiring cover:

1.2 Date Firm established:

1.3 Is the Individual or Firm currently trading? Yes No

1.4 Principal address:

Other addresses:

Website address:

1.5 Please provide a full description of your activities:

(Please also provide copies of any current company brochures or printed literature used by your firm for marketing purposes)

1.6 Please provide details of membership of any association or professional body

--

1.7 (a) Is the Firm a member of a consortium or joint venture? Yes No

(b) Is cover required for any joint venture? Yes No

If yes please provide details:

--

Yes

No

If yes please provide details:

--

3 Financial information

3.1 Please state the Gross Fees of the Firm from clients domiciled in:

Date	UK	USA / Canada	Other	Total
Last completed financial year ending / /				
Current financial year ending / /				
Forthcoming financial year ending / /				

3.2 Is more than 50% of the Firm's annual fee income derived from either a single contract or a single client?

Yes

No

If yes please provide details:

--

4 Your business analysis

4.1 Please state the three largest contracts undertaken in the past five years:

a) Start date	Completion date	Total contract value	Firm's contract value
Description			
b) Start date	Completion date	Total contract value	Firm's contract value
Description			
c) Start date	Completion date	Total contract value	Firm's contract value
Description			

5.2 Has any application for Professional Indemnity insurance made by the Firm or any partner, principal or director ever been cancelled, declined or had special terms imposed?

Yes No

If yes please provide details:

5.3 Has any claim, whether successful or not, ever been made against the Firm or its predecessors or any past or present partner, principal, director or employee?

Yes No

If yes please provide details:

PLEASE NOTE: If any partner, principal, director or employee is aware of any claim relating to activities carried by them in a previous firm or employment, details should be provided under this question.

5.4 Are you or any partner, principal, director or employee AFTER FULL ENQUIRY aware of any circumstance or any circumstances which may give rise to a claim against the Firm or its predecessors or any past or present partner, principal, director or employee?

Yes No

If yes please provide details:

6 Insurance requirements

6.1 Please state the total limit of indemnity required:

GBP 250,000	
GBP 500,000	
GBP 1,000,000	
GBP 2,000,000	
GBP 5,000,000	
GBP	

6.2 Please state the excess you wish to carry in respect of each and every claim (please note that a minimum excess will be determined by Underwriters although a higher excess would normally warrant a discount).

GBP	
-----	--

Please continue any answers requiring further space, marking the question number against them.

A large, empty rectangular box with a thin black border, intended for students to write their answers to questions that require further space. The box is oriented vertically and occupies most of the page below the instruction.

IMPORTANT NOTES

Data Protection Act 1998

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims that arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or their agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you please contact the Compliance Officer, LPH Pitman Limited, 17 Tokenhouse Yard, London, EC2R 7AS.

DECLARATION

The information that you have provided to us forms the basis of your insurance policy. It is important that you advise us of all material information, and immediately of any change in information. Please note if you are in doubt whether or not any information is material, it should be disclosed. Failure to disclose information may prejudice your rights in the event of a claim.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in the facts previously advised to Underwriters.

I/ We declare that the statements and particulars given in this Proposal are correct and that no material fact has been omitted.

I/ We agree that this Proposal together with any other information supplied shall form the basis of the contract.

Signature of Partner / Director / Principal

Name

Date