

Professional indemnity insurance Health and safety consultants proposal form



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 Name and address details

Practice name (include all names under which you practice)

Main office address

Postcode:

Telephone number

Contact e-mail address

Employer's Reference Number (ERN)
(found on PAYE documents)

Practice website

Date established

 / /

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 The firm

Please list below your details if you are a sole trader or those of the 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 provide a C.V. outlining all relevant experience where any person(s) noted above have been working in the industry for less than 5 years

Please advise total number of staff excluding Partners, Directors, Members:

Professionally qualified Unqualified assistants All others (e.g. Secretarial)

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 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

6 Breakdown of services provided

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.

1.	Strategic Consultancy	£
2.	Organisation, Design & Development Consultancy	£
3.	Quality Management	£
4.	Manufacturing Systems Consultancy	£
5.	Financial Management – Consultancy Only	£
6.	Project Management	£
7.	Human Resources Consultancy	£
8.	Recruitment Consultancy	
	i) Permanent Staff	£
	ii) Temporary Staff	£
9.	Marketing Consultancy	£
10.	Telecommunications Consultancy	£
11.	Computer & IT Consultancy (If over 30% of your fees a IT Proposal will be required)	£
12.	Outsourcing & Facilities Management Consultancy	£
13.	Graphic Design & Creativity Consultancy	£
14.	Quality Assurance Consultancy	£
15.	Health & Safety Consultancy	£
16.	Interim / Locum Management	£
17.	Training Services	£
18.	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 will be 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

7 Claims and circumstances

1. 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.

2. 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 / Members? 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?

3. 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 / Members? Yes No

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

8 Sanctions

Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business: Yes No

Afghanistan, Balkans (Former Rep. of Yugoslavia & Serbia), Belarus, Burundi, Central African Republic, DR Congo, Egypt, Eritrea, Guinea-Bissau, Guinea, Iraq, Lebanon, Libya, Mali, Sierra Leone, Somalia, South Sudan, Sudan, Tunisia, Ukraine, Venezuela, Yemen or Zimbabwe.

9 Disciplinary proceedings

Has any proposer / director / partner of the business:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (i) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) Had a proposal form declined? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) Had an insurance cancelled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) Had special terms imposed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If 'Yes', please provide details:

10 Current insurance

Has any proposal for professional indemnity insurance ever been declined by an insurer to whom you have applied? Yes No

If 'Yes', please provide details

Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide details

Renewal date	/ /	
Insurer		
Broker		
Limit of indemnity	£	any one claim / aggregate – please advise
Excess	£	
Premium	£	

11 Future requirements

Please advise your requirements

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

People consulted in completion of the form

Please list below the people you have consulted to assist with the completion of this form, including any external providers:

Name	Position	Location

Please continue on a separate sheet if necessary.

Confirmation

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed, refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which 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.

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:-

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG
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