

Professional indemnity insurance Miscellaneous professions 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:

State Business / Profession to be insured

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

3 Staff

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

Staff who have 5 or more years experience in the business undertaken

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

4 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

5 Associates companies

1. 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

2. Does any other firm, company or organisation have a financial interest in the Company / Firm? Yes No

3. Is cover required under this insurance for this work? Yes No

If 'Yes' to 1,2, or 3 give details of work carried out for and fees earned from the company/firm or organisation.

4. Do you operate under any formal terms of engagement with the company / firm / organisation in 1 or 2 above? Yes No

If "Yes" please attach a copy of any formal terms of engagement to this Proposal.

If you do not use any formal terms of engagement, please provide details of the arrangements you operate under.

6 The business / work undertaken

As a wide range of services is covered by this proposal, we ask you to provide as full details as possible of your business activities so that underwriters can provide a tailored quotation. Additional space has been provided so that you can elaborate any of your answers.

Please provide FULL details of all business activities undertaken

1. Issue brochures or other promotional literature? If "Yes" please attach copy Yes No

2. Use standard conditions of engagement / contract? Yes No

If "Yes" please attach copy. If "No", provide details of the arrangements you operate under

7 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 / Services Provided	Contract Value	Fees Received
			£	£
			£	£
			£	£

Please state the split of the Company/Firm's turnover between each of your professional activities undertaken

1. _____
2. _____
3. _____
4. _____
5. _____

Please give details of what you regard as your speciality within your area of work:

8 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

Please confirm that your Annual Accounts have 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

9 Claims and circumstances

9.1 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, Members or Principal? Yes No

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

9.2 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?

9.3 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.

10 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.

11 Disciplinary proceedings

Has any proposer / director / partner of the business:

- (i) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? Yes No
- (ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? Yes No
- (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 No
- (iv) Had a proposal form declined? Yes No
- (v) Had an insurance cancelled? Yes No
- (vi) Had special terms imposed? Yes No
- (vii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? Yes No
- (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 No

If 'Yes', please provide details:

12 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	£		

13 Quotation 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:-

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