

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.

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:

Professionally qualified

Unqualified Assistants

All Others

4 Gross fee turnover

State the gross fees received for the following years

| | Last Completed Financial Year | Current Year | Estimate Next Year |
|---|-------------------------------|--------------|--------------------|
| Clients based in UK | £ | £ | £ |
| Client based elsewhere – specify separately | £ | £ | £ |
| Total | £ | £ | £ |

Largest Fee from any one client of group

£

£

£

Please state financial year end date

 / /

5 The business / work undertaken

Please provide full details of your business activities – Continue on a separate sheet if necessary

| |
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| |
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6 Claims and circumstances

Are any of the Partners, Directors or employees AFTER ENQUIRY, aware of any claims, circumstances, allegations or incidents which have or 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

| |
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7 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.

| |
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8 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:

| |
|--|
| |
|--|

9 Current insurance

Please advise details of your present insurance.

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

10 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 |
|------|----------|----------|
| | | |
| | | |
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| | | |

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
t: 0117 929 3344 | enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk



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