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**PROFESSIONAL INDEMNITY INSURANCE  
MISCELLANEOUS PROPOSAL FORM**

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1. Please ensure that this Proposal Form is completed in ink by either a Partner, Director, Principal or Officer of the Firm, leaving no questions unanswered. It is imperative that full consultation within the Firm has taken place.
2. A number of questions request; 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on your Firm's own headed note paper. Please ensure that same is signed, dated and makes clear reference to the question(s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form please ✓ here.
4. Depending upon the qualifications and/or experience of the Partner(s)/Director(s)/Principal(s) of the Firm, Underwriters reserve the right to request a Curriculum Vitae of any of the named above before considering their position.
5. Completion of this Proposal Form does not automatically bind the Firm or Underwriters to effect a Contract of Insurance.
6. Wherever the word 'Partner' appears herein, this is deemed to read 'Partner(s), Director(s) or Principal'.
7. Wherever the word 'Employee' appears herein, this is deemed to read 'Any person who is or has been under a contract of service for or on behalf of the Firm'.
8. Should the Firm require any advice as what may constitute material information or any information which is relevant to this Proposal Form then the Firm must seek advice before same is completed.

**STRICTLY CONFIDENTIAL**  
**PLEASE COMPLETE IN BLOCK CAPITALS THROUGHOUT**

**1. THE FIRM**

a) Name(s):

Main Postal Address:

Postcode:

Tel:

Fax:

Electronic Mail Address:

Date Established:

b) All other branch offices (Town/City only):

**2. PARTNER(S) DETAILS**

Full Name	Age	Qualifications	Date obtained	No. years with Firm

**3. AMALGAMATIONS**

Has the name of the Firm(s) changed or has any amalgamation or takeover occurred?

Yes  No 

If 'YES' please provide full details:

**4. PARTNERS PREVIOUS LIABILITY (PPL)**

Is indemnity required in respect PPL prior to joining the Firm?

Yes  No 

If 'YES' please provide:

a) Name(s) of Individual(s) concerned

b) Name of previous firm(s)

c) Date(s) at which Individual(s) joined and left previous firm(s)

d) How long (in years) a Partner at previous firm(s)?

e) How many other Partners at the previous firm(s)?

f) Have any claims for alleged Professional Negligence been made and settled against previous firm(s) or are there any outstanding? Yes  No 

If 'YES' provide full details:

**5. EMPLOYEE(S) DETAILS**

Numbers of: a) Qualified:

b) Unqualified:

c) Contract hired staff:

**6. OCCUPATION**

Is the business of the Firm(s) a part time occupation? Yes  No

If 'YES' please provide full details of full-time occupation:

**7. FINANCIAL YEAR**

State which month ends the Firm's financial year:

**8. ANNUAL FEE INCOME**

a) State Firm's Annual Fee Income for each of the last three financial years and anticipated Annual Fee Income for the next financial year:

	Last 3 Years			Next Financial Year
	19.....	20.....	20.....	20.....
UK (inc. C.I/I.O.M.)	£	£	£	£
Overseas (Excluding USA/Canada)	£	£	£	£
USA/Canada	\$	\$	\$	\$

b) List Countries where Overseas Annual Fee Income have been earned: Not Applicable

**9. BRANCH OFFICES**

a) State the percentage of the Firm's Annual Fee Income derived from **each** branch office (if more than one – refer to question 1) Not Applicable

b) Is each branch office supervised by a Partner? Yes  No   
If 'NO' please provide full details:

**10. BUSINESS DESCRIPTION**

a) Provide a full description of the Firm's business activities and categorise the business activities indicating the approximate percentage of the Annual Fee Income these represent:

b) Are there any major changes in the Firm's business activities planned in the next financial year? If 'YES' please provide full details: Yes  No

c) Is the Firm involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in pure consultancy capacity as described above (10a)? If 'YES' please provide full details: Yes  No

**11. CONSORTIUM AGREEMENTS**

Is the Firm a member of a Consortium or Group Practice or engaged in any Single Project Partnership?

Yes  No

If 'YES' please provide the names of other members/partners and their capacities in the Consortium Group Practice:

Please Note: Special arrangements must be made with Underwriters if indemnity is to be granted for work/services done/provided whilst a member of a Consortium. In such cases, a copy of the Consortium/Group Practice Agreement will be required.

**12. CURRENT P I INSURANCE**

State particulars of the Firms current insurance:

Level of Indemnity	Uninsured Excess	Premium	Insurer (not Broker)	Renewal Date
£.....	£.....	£.....	.....	...../...../.....

**13. P I QUOTATIONS REQUIRED** (Please  box(es))

i) £100,000  ii) £250,000  iii) £500,000  iv) £1,000,000  v) Other (specify) £.....

**14. PREVIOUS PROFESSIONAL INDEMNITY INSURANCE**

Has any Insurer ever cancelled, declined, refused to renew or required an increased premium or imposed special (punitive) policy terms? Yes  No

If 'YES' please provide full details:

**15. FIRM'S LARGEST CONTRACTS**

Please list the Firm's 3 largest projects/contracts completed during the last 5 years:

Project/Contract (Firm's Activity)	Country	Client	Firm's Fee	Project Contract Value	Start Date	Completion Date

**16. FRAUD AND DISHONESTY**

a) Has the Firm(s) sustained any loss through the fraud or dishonesty of any individual during the last six years? Yes  No

b) Will any Partner or Employee be permitted to sign cheques on their sole signature in respect of the Firm's or Clients accounts? Yes  No

If 'YES' to either 16a) please provide full details below and/or 16b) please state limit £.....

c) Are the Firm's accounts independently annually audited by an Accountant or Auditor? Yes  No

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**17. ASSOCIATED FINANCIAL INTERESTS**

a) Does any Partner of the Firm hold a Partnership/Directorship or have any other financial interest in any other Firm, Company or Organisation (other than as share or stockholders in a Publicly Quoted Company)?

Yes  No

b) Is there any person above who has a controlling interest in any of these organisations (Question 17a))?

Yes  No

c) Does the Firm carry out any work for any of the organisations referred to in question 17a)?

Yes  No

If 'YES' to 17a), b) or c) please provide full details:

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**18. FORMS OF CONTRACT**

Does the Firm use a standard form of contract, agreement or letter of engagement?

Yes  No

If 'YES' please provide sample/specimen:

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**19. SUB-CONSULTANT(S)**

Does the Firm pass work to any sub-consultant(s)?

Yes  No

If 'YES' please provide full details:

Please note: Underwriters legal rights of subrogation against such sub-consultant(s) will remain unless specifically requested and waived by Underwriters.

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**20. CLAIMS AND/OR RELATED MATTERS**

Please give very careful consideration to the following five questions. It is absolutely essential that these questions are answered correctly, failure to do so could well prejudice the Firm's rights under any insurance contract effected with Underwriters.

a) Have any claims for professional negligence, during the last six years, been made against the Firm or any current or former Partner whilst acting on behalf of the Firm?

Yes  No

If 'YES' please provide full details, including amounts involved:

b) AFTER FULL ENQUIRY within the Firm are there any circumstances, allegations or incidents which may give rise to a claim against the Firm?

Yes  No

If 'YES' please provide full details:

**20. CLAIMS AND/OR RELATED MATTERS (continued)**

- c) Has any current or former Partner or Employee ever been asked to stand before or attend a Disciplinary Committee or Regulatory Board, other than as a witness or independent expert? Yes  No
- d) Has any current or former Partner or Employee ever been declared bankrupt, insolvent or entered into any special financial arrangement with creditors? Yes  No
- e) Has any current or former Partner or Employee ever been convicted of a Criminal Act, other than motoring offences? Yes  No   
If 'YES' please provide full details:

**21. WORKING RECORDS/ARCHIVED FILES**

- a) Are all working papers, records or documents relating to the business activities of the Firm (or any predecessors in business as stated in answer to questions 3 or 4) kept for at least 6 years in a secure, and accessible location? Yes  No   
If 'NO' why not?
- b) Have any working papers, records or documents relating to the business activities of the Firm been destroyed (which have not been duplicated or stored on micro film/computer disk)? Yes  No

**DECLARATION**

I/We declare that the above statements and particulars, together with any other information supplied/attaching to this Proposal Form are true and I/we have not suppressed or misstated any material facts. I/We agree that this declaration shall be the basis of the contract between the Firm and Underwriters, I/We undertake to inform Underwriters of any material alteration to these facts occurring before/during currency of the Contract of Insurance.

**SIGNATURE OF PARTNER/DIRECTOR/PRINCIPAL/OFFICER:**.....  
please indicate title of signatory

**PLEASE PRINT NAME:**..... **DATED:**...../...../.....

**FOR & ON BEHALF OF:**.....  
insert name of the Firm

**PLEASE NOW TAKE A COPY OF THIS PROPOSAL FORM FOR YOUR RECORDS.**