



HOLMAN PROFESSIONAL INDEMNITY

**MISCELLANEOUS PROPOSAL FORM**

## IMPORTANT POINTS

Please ensure all questions are answered fully, where there is insufficient space please supply information on a separate sheet.

The questions must be answered to the best of your knowledge and belief.

This form **must** be signed and dated and accompanied by: -

- i) Standard terms and conditions
- ii) CV's of Principles/Directors

Please provide a brochure, if available

It is your continuing duty to disclose all material facts during the policy period which may influence underwriters assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void.

**Details of Proposer:**

1. Full name of Firm/Company: (Please list all intended parties to be included for cover under this insurance including any foreign subsidiaries)

(Hereinafter know as the 'Proposer')

2. Address(es):  
Telephone Number:  
Fax Number:  
e-mail address:
3. Date established:
4. Professional activities of Proposer:
5. Professional Associations: (Please give details of any Professional/Trade Associations to which the Proposer belongs)

**Associated Interests:**

6. Please give details of any Director or Partner of the Proposer financially associated with any other firm:

**History:**

7. Please give details of any mergers, acquisitions, consolidations or name changes which have occurred during the past 5 years:

**N.B. If cover is required for any firm(s) detailed in answer to question 7, please ensure that they are correctly identified in your answer to question 1**

**Human Resources:**

8.(a) Full names of all Directors/Partners      Number of years in this Capacity      Qualifications      Date Qualified

8.(b) Please provide details/curriculum vitae of any Director/Partner with less than 5 years applicable experience

8.(c) If sole Director/Partner, is this a part time occupation? If so, please provide details of other occupations:

9. Details of Professionally Qualified Staff:

Name      Title and length of time as such      Qualification      Date Qualified

If unqualified staff are executing activities/details normally undertaken by qualified persons, please give details:

Name      Title      Activities/Duties      Length of Time undertaking such Activities/Duties

(Please provide C.V.'s)

10. Total number of staff:

**Financial Analysis:**

11. Please give total Gross fees for the past 3 completed years.

	Year end __ / __ / __	Year end __ / __ / __	Year end __ / __ / __
United Kingdom			
USA/Canada			
Other			
Total			

12. Estimate for forthcoming year: £
13. Largest total fee from any one client: £
14. Average fee: £
15. Please give a brief description of your activities and the relevant percentage of income below:

Description of activities	% of income

**Additional Information:**

16. Please give details of the 3 largest jobs performed by the Proposer :

Type of Contract	Territory	Fee

17. Are all of your contracts subject to English law? YES/NO

If NO please give details.

18. Are full rights of recourse maintained against sub-contractors, consultants and product suppliers? YES/NO

If NO, please explain.

19. Please give details of any substantial changes to the Proposer's activities during the next 12 months.

20. Is coverage required in respect of any Director/Partner who has left, retired or died. If yes, please provide details as per question 8

21. Is coverage required for any Director/Partner for liabilities arising out of a previous business. If yes, please provide details.

22. Is coverage required for:

- |     |                            |        |
|-----|----------------------------|--------|
| (a) | Loss of Documents:         | YES/NO |
| (b) | Dishonesty of Employees:   | YES/NO |
| (c) | Libel & Slander:           | YES/NO |
| (d) | Infringement of Copyright: | YES/NO |

**Details of existing Insurance:**

23. Does the Proposer currently buy Professional Indemnity Insurance: YES/NO

If yes:

- (a) Name of existing Insurer:
- (b) Indemnity Limit: £
- (c) Self insured excess: £
- (d) Premium: £
- (e) Renewal Date: \_\_\_ / \_\_\_ / \_\_\_
- (f) Retroactive Date: \_\_\_ / \_\_\_ / \_\_\_  
*Please note that cover will only apply to work executed after the Retroactive Date*
- (g) Has any proposal for Professional Indemnity Insurance made on behalf of the Proposer, Present Director/Partner or any predecessors in business ever been declined or punitive conditions imposed? YES/NO

If yes, please give details

**Limits required:**

24. Please state the Limit(s) of Indemnity for which you require quotations:

£	£	£	£
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25. Please state the amount of Self Insured Excess you are prepared to carry. Please note, a minimum Self Insured Excess will be required based on the answers contained in this Proposal Form:

£	£	£	£
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**Claims Experience:**

Please note that Professional Indemnity Insurance is on a 'claims made' basis and Insurers will exclude any claim, circumstance which may/or is likely to give rise to a claim known by the Proposer prior to the inception of any Professional Indemnity policy. In order that your interests are fully protected you must answer the following questions after full enquiry.

- 26. Have any Professional Indemnity claims been made against the Proposer or any former Director/Partner including whilst acting at any other firm during the last 10 years? YES/NO

If YES, please submit full details when returning this proposal form.

- 27. Are any of the Directors/Partners or employees, AFTER FULL ENQUIRY aware of any circumstance which may give rise to a claim against the Proposer or their predecessors in business or any of the present or former Directors/Partners. YES/NO

If YES, please submit full details when returning this Proposal form.

- 28. (a) You are reminded of 'IMPORTANT POINTS' on page 1.
- (b) Please ensure you retain a copy of this Proposal Form.

**Declaration:**

**I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPRESSED OR MIS-STATED ANY MATERIAL FACTS.**

**I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.**

**SIGNATURE OF PROPOSER:  
(Director/Partner)**

**DATE:**