

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Name of Insured/Proposer: _____

Address _____

Telephone number _____ Postcode _____

Email Address _____ Web address _____

Full description of your business activities: _____

_____ Date business established _____

Number of: Directors/Partners..... Qualified Staff Others

Do you engage consultants or sub-contractors? Yes No

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors: _____

Do you ensure that the consultant or sub-contractor:
 i) has appropriate qualifications? Yes No
 ii) maintains Professional Indemnity Insurance? Yes No

Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?
 Yes No

Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?
 Yes No

Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?
 Yes No

Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?
 Yes No

If Yes, please give full details on a separate sheet
 Please list the firm's three largest contracts undertaken in the last three years:

Location and Type of Service Provided	Contract Value	Your Fee	Date Commenced	Approximate Completion Date

Please answer all questions fully and if you have a brochure, cv or other information concerning your business please attach it to this proposal form. Please return this form to Affinity Select Insurance Services Ltd 4 Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

Division of work - please detail the approximate percentage breakdown of your last financial years income/fees in the following categories:

Audit		
i.) Quoted Companies		%
ii.) Others		%
General Accountancy and Company Tax		%
Taxation only		%
Management Consultancy		%
Consultancy only		%
Company Secretary/Register Work		%
Executorship and Trusteeship		%
Insolvencies, Liquidations and Receiverships		%
Insurance, Building Society & Stock Exchange Commissions		%
Directorship Fees		%
Computer Consultancy		%
Corporate Finance, Mergers, Acquisitions		%
Investment Advice		%
Other work (please specify)		%

For the last year please confirm:

Your largest total fee from one client £ Your average fee per client £

Do you act as Auditors to any of the following:

- a. Banks or other Financial Institutions Yes No
- b. Insurance Companies or Funds (including captive Insurance Companies) Yes No
- c. Any other 'offshore' Companies Yes No
- d. Any clients in the Entertainment Industry? Yes No

If the answer to any of the above is Yes, please give details of clients, the nature of work performed for them and your annual fee in a separate sheet

In respect of your quality control procedures:

a. How do you ensure that taxation deadlines are not missed? _____

b. What records are kept of telephone conversations and attendance at meetings? _____

Does the firm currently hold Professional Indemnity Insurance? Yes No Renewal Date _____

What Limit of Indemnity do you require? _____ Excess _____

Name of current insurers: _____ Premium _____

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal/Partner/Director

Dated