

# 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**

Give details of your fees/income derived from clients based in:

	Previous Financial Years			Last Financial Year	Coming Financial Year
	Year 20__	Year 20__	Year 20__		
Gross Fees	£	£	£	£	£
Fee Breakdown – percentage split					
UK					
Europe					
USA/Canada					
Rest of World					
Fee Size:					
Average per Client					
Largest per Client					

Please confirm the approximate division of each discipline undertaken during the last complete financial year:

Architectural	%	Interior Design	%	Landscape	%
Town Planning	%	Drafting	%	Refurbishment	%
Feasibility Studies	%	Planning Supervision	%	Civil Engineering	%
Nuclear or Chemical Engineering	%	Mechanical Engineering	%	Structural Engineering	%
Electrical, HVAC Engineering	%	Soil Engineering (including Foundation/Underpinning Work)	%	Clerk of Works	%
Quantity Surveying	%	Project Management / Co-ordination	%	Structural Surveys and Valuations	%
Other Work (please specify)	%		%		%

Please confirm the approximate division of each activity undertaken during the last complete financial year:

Sewerage/Water Schemes	%	Mechanical and Bulk Handling Plant	%	Retail Facilities	%
Industrial Facilities	%	Harbours Jetties Sea Defences	%	Educational Facilities	%
Offshore Installations/Marine	%	Sports and Leisure Facilities	%	Bridges/Tunnels/Dams /Mines	%
Swimming Pools	%	Chemical/Oil/Nuclear Facilities	%	Medical Facilities	%
Churches/Cathedrals	%	All Others (please specify)	%		

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 \_\_\_\_\_

What date does your financial year end? \_\_\_\_/\_\_\_\_/\_\_\_\_

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