

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:

	UK	Elsewhere	Total
Hardware - sales of own brand			
Hardware - distribution of other brands			
Hardware - installation			
Hardware – maintenance			
Software product sales - shrink wrapped third party			
Software product sales - shrink wrapped own written			
Software product sales – customisable software			
Software services - installation including configuration (No code)			
Software services – customisation (including code changes)			
Software services – developing bespoke applications			
Software services – maintenance			
Consultancy (please provide full details)			
Provision of contract staff			
Provision of outsourced services			
Provision of managed services			
Training			
Web design			
Domain name registration			
Web hosting			
Other (specify)			

Please allocate below, as a percentage to a total of 100%, the fees/income between the following market sectors for the last complete financial year:

	UK	Elsewhere	Total
Industrial Processes			
Government Work/ Local Council			
Finance Houses			
Commercial			
Other (Please specify):			

If the proposer undertakes or has undertaken software installation (including configuration and customisation services) please provide details on a separate sheet of the length of a typical installation, the frequency of clients whom do not have their own in house IT expertise.

Does the proposer both specify the business requirements for the client and also implement the solution? Yes/No

If the proposer undertakes or has undertaken bespoke development services and/or consultancy services are you given the authority to manage projects on behalf of the client? Yes/No

Does the proposer both specify the business requirements for the client and also implement the solution? Yes/No

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

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