

Professional Indemnity Proposal Form

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

1)

Name:	Establishment Date:
Address:	

2) Details of all Principals, Partners or Directors:

Name	Age	Qualifications

3)

	UK	USA/Canada	Other	Total
Total Gross Fees in last financial year :	£	£	£	£
Estimated Gross Fees for next financial year:	£	£ 0	£	£
Largest Fee from any one client:	£	£	£	£

4) Please State Total Numbers of:

Principals		Managers	
Technical Personnel		Support Personnel	
Sales & Marketing		Other	

5) Do you use independent Contractors?

Yes No

If **Yes**, Please state:

(a) What percentage of your current financial year's turnover will be paid to contractors? %

(b) For which work are they used and how do you select and manage them?

6) Full Description of Activities, with percentage breakdown (estimated if no historical data):

	%
	%
	%
	%
	%

7) Details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client	Description	Contract Value	Fee

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8) Does the firm currently hold Professional Indemnity Insurance?

YES

NO

What Limit of Indemnity do you require?	£
Name of current insurers:	
Name of your broker:	
Renewal date:	
Limit of indemnity:	
Premium:	
Excess:	

9) Do you require Public/Products Liability Insurance

YES

NO

If yes please state your turnover	£
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10) Do you require Employers Liability Insurance

YES

NO

If yes please state your annual wage roll total	£
What percentage of this relates to work away?	%
What percentage of this relates to manual work?	%

11)

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?	YES		NO	
Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY , aware of any circumstance which might give rise to any such claim?	YES		NO	
Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?	YES		NO	

12) Other material information:

If you have answered YES to any question, please provide details above or on a separate sheet.

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:	
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Date	
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Please return to:
Affinity Select Insurance Services Ltd, Unit 2, The Oast House, Crouch's Farm, East Hoathly,
Lewes, East Sussex, BN8 6QX

If you have any promotional literature please provide a samples A copy of your personal profile or CV will also be helpful.