



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
- iii) is appointed by the client & accepts responsibility for their own negligence? 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

Are you involved in:

- a. The manufacture or fabrication of any pre-engineered units? Yes No
- b. The Cladding, Curtain Walling or Glazing Trades? Yes No

If Yes, please give full details on a separate sheet

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? ____/____/____

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 Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479

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

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

	UK	Elsewhere
Turnover where you design and construct from your own design and provide full technical supervision	£	£
Fees where you provide design and technical services with no construction	£	£
Turnover where you construct from others designs performed on your behalf	£	£
Turnover where you construct from others designs and where others carry out technical supervision on your behalf	£	£
Other turnover not specified above NB. "Construct" can also mean install or fabricate in this question.	£	£

Please confirm the approximate division of your work in the following disciplines where you have undertaken or been responsible for design or technical services:

Architectural	%	Chemical Engineering	%	Surveying Land	%
Civil Engineering	%	Soil Engineering	%	Surveying Building	%
Structural Engineering	%	Nuclear Engineering	%	Surveying Quantity	%
Mechanical Engineering	%	Soil Engineering	%	Electrical Engineering	%
Other Work (please specify)	%		%		%

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

Individual Dwellings	%	Bridges, Tunnels or Dams	%	Manufacturing Plants	%
Low Rise Multiple Dwellings	%	Railways, Airports, Harbours or Jetties	%	Industrial Building Systems	%
High Rise Multiple Dwellings	%	Sewerage/Water Schemes	%	Hospitals and Nursing Homes	%
Modular Dwellings	%	Power Plants	%	Schools and Universities	%
Roads/Highways	%	Refineries or Petrochemical Plants	%	Commercial Office or Shopping Centres	%
Retail/Business Parks	%	Others (please give details)	%	Others (please give details)	%

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