

Professional Indemnity Insurance Proposal Form

Name of Insured/Proposer	
Business Name	
Address	
Postcode:	
Telephone number	
Email Address	
Web address	

Full description of your business activities

Date business established:

What date does your financial year end?

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(s) or sub-contractor(s)

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

Are you involved in:

A) The manufacture or fabrication of any pre-engineered units?

Yes

No

B) The Cladding, Curtain Walling or Glazing Trades?

If you have marked ANY of the above grey boxes, please provide details on a separate sheet or at the end of this proposal

Please answer all questions fully and if you have a brochure, C.V. or any other information concerning your business please attach it to this proposal form. Please return this form to Affinity Select Insurance Services Limited Horsted Square Bellbrook Business Park Uckfield East Sussex TN22 1QG, Fax (0)18 2576 1479 or email Chrisl@asisltd.co.uk

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The firm's current Insurance Renewal Date

Current Limit of Indemnity

Limit of Indemnity required

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:

			Previous Financial Years	Last Financial Year	Coming Financial Year
Year					
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)		Other Work (please specify)		Other Work (please specify)	

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Please confirm the approximate division of each discipline 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	
Housing		Roads/Highways		Office Facilities	
Sewerage/Water Schemes		Other Work (please specify)		Other Work (please specify)	

Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years Experience

Additional Material Information:

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor)

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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