PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM



Name of Insured/Proposer:				
Address:				
Telephone number:				
	b address:			
Full description of your business activities:				
Date business established:				
What date does your financial year end? / /				
Number of: Directors/Partners Qualified Staff		Oth	ners	
	···· Yes			
Do you engage consultants or sub-contractors?			No	
If Yes, please give details of the nature of activities undertaken by such cons	sultants or sub-	contracto	rs:	
Do you ensure that the consultant or sub-contractor: i) has appropriate qualifications? ii) maintains Professional Indemnity Insurance?	Yes Yes		No No	
Has any proposal for similar insurance made on behalf of the business, a principal, partner or director ever been declined or has any such insurance any special terms imposed (other than general market increases)?				
	Yes*		No	
Has any Partner, Principal, Director or Employee been subject to disciplinary	/ proceedings b	y any As	sociatio	n or
Professional Body?	Yes*		No	
Has any claim been made against your business or any principal, partner, di	rector or emplo	vee whils	st in this	or anv
other business?	Yes*		No	
Are you aware, after full enquiry, of any circumstance or incident which has		<u> </u>		made
against the business, or any principal, partner, director or employee of this o			ii beilig	maue
	Yes*		No	
Does your work involve the manufacture, supply, installation or repair of any responsibility for the manufacture, supply, installation or repair of any production.		ou ever a	accept	
	Yes*		No	
*If Ves please give full details on a separate sheet				

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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

Commercial TV Production of advertisements Media spend	£
Other Media Production of advertisements Media spend	£
Printed Literature/Documents	£
Direct Marketing Mailshots (If income declared, please answer question below) Postage costs Telemarketing Database management List broking	£ £ £
Sales Promotion	£
Marketing (including all market research) Fees Production costs	£
Public Relations Fees Production costs	£
Human Resources Fees Production costs	£
Specialist Design (Graphic Design) Fees Production costs	£
Specialist Design (Corporate Identity) Fees Production costs	£
Event Organisation	£
Other work (details please)	£

TOTAL TURNOVER INCLUDING FEE INCOME

Do you always have a written specification with your clients for each job which inconstruction volume, quality, timings and sign off procedures	cludes camp	aign deta	ails,	
MAILSHOTS What is your largest mailing (by number of pieces mailed)?	Yes		No	
Yes* No Mow Do you do 100% mailing?	igs			
*If Yes, please give details				
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:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

Please list the activities undertaken and provide the approximate percentage breakdown of your last financial years income/fees for each:

Sport/Leisure	%	Telecommunications	%
Charity	%	Information Technology	%
Retail	%	Financial	%
Property	%	Others (please specify)	%
Healthcare/Medical	%	Total	100%

Details of Principals/Partners/Directors:

Name	Age	Qualifications	No. of Years Experience

Please attach CVs for all of the above if the busi	ness is less than five years old.
Does the firm currently hold Professional Indemnity Insurance	e? Renewal Date:
What Limit of Indemnity do you require?	Excess
Name of current insurers:	Premium
I/We declare that the statements and particulars in this p suppressed any material facts. I/We agree that this proposa shall form the basis of any contract of insurance effected the alteration to these facts whether occurring before or after proposal form does not bind the proposer to complete this ins	I, together with any other information supplied by me/us, ereon. I/We undertake to inform Insurers of any material completion of the contract of insurance. Signing this
Signature of Principal/Partner/Director	Dated
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