

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 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	
Does your work involve the manufacture, supply, installation or repair of any product or do you ever accept responsibility for the manufacture, supply, installation or repair of any product?					Yes		No	
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)1825 761 479 or email 'enquiries@asisltd.co.uk'								

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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 (Specify) EU / Worldwide				
For the previous financial year, please list the activities you have undertaken and provide an approximate percentage breakdown of your income / fees for each activity				
Total			100%	
Please Provide Details of Principals / Partners / Directors				
Name	Date of Birth	Qualifications	No. of Years Experience	
Please attach CVs for all of the above if the business is less than five years old.				
The firm's current Insurance Renewal Date				
Limit of Indemnity Currently In Place		Limit of Indemnity Required		
Declaration				
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			Date	