

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 _____

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

*If Yes, please give full details on a separate sheet

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 4 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:

	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:

	%
	%
	%
	%
Total	100%

Details of Principals/Partners/Directors:

Name	Age	Qualifications	No. of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

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 _____

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