

Professional Indemnity Insurance Proposal Form

1.

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

2. Full description of your business activities

Date business established:		
What date does your financial year end?		
Number of: Directors/Partners		Qualified Staff
		Others

3. 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 and annual payments:

4. Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications	Yes		No	
ii) Maintains Professional Indemnity Insurance?	Yes		No	

5. 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 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 The Expert Insurance Group, Horsted Square, Bellbrook Business Park, Uckfield, East Sussex, TN22 1QG, Fax 01825 761 479 or email enquiries@piexpert.email

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6. The firm's current Insurance Renewal Date

Limit of Indemnity Required Excess Premium

7. Please list the firm's five largest contracts undertaken in the last five years

Clients Name and Your Role in the contract	Your Fee	Date Commenced	Approximate Completion Date

8. Please detail the split in fees received annually by the following categories:

Description of Work	Last Complete Financial Years Fees	Current Financial Years Fees
Management Surveys	£	£
Refurbishment & Demolition Surveys	£	£
Bulk Analysis / Laboratory Testing	£	£
Fibre Counting, Clearance Testing	£	£
Project Supervision	£	£
Asbestos Consultancy	£	£
Other (Please Detail Separately each Activity)	£	£
	£	£
	£	£
Payments to Sub Contractors	£	£

9. Do you carry out any work outside of the UK?
(If YES Please give full details on the 'Additional Information' Section) Yes No

10. Please state total number of staff you have in the following categories, EXCLUDING Partners, Principals & Directors:

Description of Staff	Number of Staff	Minimum Qualifications Held
Clerical Office Staff Only		
Surveyors		
Bulk Analysts		
Fibre Counting / Clearance Testing		
Project Supervisors		
Others (please provide details)		

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11. Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years' Experience

11. Do you work in, on or about or in connection with any of the following:-
Airports or Aircraft, Petrochemical, Oil & Gas Industry's, Towers, Steeples, Bridges or Chimney Shafts,
Blast Furnaces, Viaducts, Dams or Reservoirs, Mines, Shipyards, Docks, Harbours, Piers or Jetties,
Railways or Railway Installations, Nuclear Power Plants or Nuclear Installations
if YES, please give details
- Yes No
- Do you ensure that such firms or persons have entered into a binding contract accepting full
responsibility for their own professional neglect, error or omission and do you ensure that they carry and
maintain in force Professional Indemnity Insurance
- Yes No

12. **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