



PROFESSIONAL INDEMNITY
PROPOSAL FORM

management consultants

PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**

- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**

- * PLEASE TICK THE YES OR NO BOXES.**

- * IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**

- * COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**

- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

PROFESSIONAL INDEMNITY INSURANCE

An Individual or a Partner, Principal or Director of the Firm must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

**PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS'
CONSIDERATION OF THE PROPOSAL**

1a) Name of Individual or Firm(s) (including any subsidiary requiring cover):	
b) Date established:	
c) Address(es) (specifying who is responsible, if there is more than one location):	
d) Website:	e-mail address:
e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:	

2a) Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years Practical Experience
PLEASE ATTACH DETAILED C.V.'S			

b) Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years practical experience
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PLEASE ATTACH DETAILED C.V.'S

c) Do you require cover for past Partners, Principals or Directors? If yes, please provide details	YES/NO
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3a) Is any Individual or the Firm admitted to any Association or Trade Body? If yes, please give details.	YES/NO
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b) Has any person been the subject of disciplinary proceedings by any professional body? If yes, please give details.	YES/NO
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<p>4 Please state the total number of Partners, Principals or Directors:</p> <p style="text-align: right;">Qualified Staff:</p> <p style="text-align: right;">Consultants:</p> <p style="text-align: right;">Any Other Staff (including Administrative):</p>	
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5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation?

YES/NO

If yes, please give brief details of your present full-time work.

6a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months?

YES/NO

If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared within this proposal form?

YES/NO

If yes, please give details.

7. Please list by activity the approximate percentage of work carried out in each instance:

Strategic Consultancy including Company Development, Policy Formation and Commercial Trade, Industrial and Public Service Administration	%
Organisation, Design and Development	%
Manufacturing and Production	%
Marketing, Sales and Distribution	%
Finance and Accountancy	%
Personnel Management and Selection	%
Computer Consultancy and Service (please complete IT proposal form, if you undertake design)	%
Education and Training	%
Quality Assurance and Management	%
Project Management (please describe in detail)	%
Other (please describe, in detail)	%

PLEASE PROVIDE YOUR STANDARD CONTRACT TERMS AND CONDITIONS

8a) Please state the gross fees received for each of the last three financial years, billed to clients, and an estimate for the next twelve months or an estimate, if you have never traded.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
20	Fees		
20	Fees		
20	Fees		
Estimate			
20	Fees		
Financial Year ends:		(Month)	

b) What percentage of fees is paid to sub-contractors or consultants? %

9a) Please list the three largest contracts undertaken in the last three years:

i)

ii)

iii)

b) What is the largest annual income earned from a single client in the last twelve months?

In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

10a) Please clarify the type of work normally carried out, including your methods of operation, whether consisting of well-established techniques and/or the nature of new and original thought development or processes employed.

b) Advise potential markets/clients you are targeting:

11 If you act as an Interim Manager or Locum Director or have responsibilities for Financial Management:
i) Please describe below what position(s) you undertake and what are your responsibilities.

ii) Do you undertake decision-making, without referral to higher-level management or are your decisions signed-off by senior management, in respect of:

Day-to-Day Management?	YES/NO
Strategic Management , including Budgetary Responsibility?	YES/NO

If yes, please give full details

12a) When Professional Sub-contractors or Specialist Consultants are engaged, have you in the past, and will you in the future endeavour to ensure that they are appointed directly by and paid by the client?
YES/NO

b) Have you and will you ensure that such persons or firms have entered into a binding contract, accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance?
YES/NO

IT IS A CONDITION OF THIS POLICY THAT P I INSURANCE IS MAINTAINED BY THIRD PARTY PROFESSIONALS, TO ALLOW FOR SUBROGATION, IN THE EVENT OF A CLAIM

13a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions? **YES/NO**
If yes, please give details.

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily? **YES/NO**
If yes, please give details

14 Do you wish to consider any of the following extensions?

Loss of Documents	YES/NO
Unintentional Breach of Confidentiality	YES/NO
Libel & Slander	YES/NO
Unintentional Breach of Copyright	YES/NO
Dishonesty of Employees	YES/NO
Claims arising from Associated Companies	YES/NO
Joint Venture/Consortium	YES/NO

15 Do you currently have Professional Indemnity insurance? **YES/NO**
If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

16 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms? **YES/NO**
If yes, please give details.

17 Please state: limit of indemnity required
: self insured excess

18a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature? **YES/NO**
If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

19 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force? YES/NO
If yes, please give full details.

