

'PROPOSAL FORM'

PROFESSIONAL INDEMNITY INSURANCE

**For Professional Consultants, Certified Practitioners,
Accredited Consultants, Training and Business Advisors
(and their Practice Firms)**

To assist with the completion of this Proposal Form, the following words will mean:-

- 'Principal' is "any equity/salaried partner, director or company secretary or other individual authorised by the **Proposer**".
- 'Proposer' means the practice, partnership, company (or principal if a sole practitioner) or other entity, including all others proposing for this insurance, and any subsidiary companies or previous firms, partners and employees for which coverage is required to be included within this insurance.
- 'You' means the authorised individual(s) completing this Proposal Form on behalf of the **Proposer**.

This Proposal Form can be completed either on-line or submitted in a hard copy format. Access to the on-line completion facility or the ability to download a hard copy of this Proposal Form will be found on the Directors & Professionals Limited ('D&P') website under the 'Proposal Form' section. If completing in a hard copy format, please make sure the Form is completed in ink and signed and dated by an authorised individual on behalf of the **Proposer(s)**. Further, if additional space is required to complete your answer to any question, then please use the **Proposer's** authorised stationery and date and sign each additional page. Completion of the Proposal Form does not bind the **Proposer** or the Insurer to enter into any contract of insurance.

You should be aware that the completed Proposal Form along with all additional information provided will form part of the Contract of Insurance with the Insurer. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Proposer(s)** and/or authorised individual's knowledge and belief. Any facts given which are knowingly false or misleading may make the policy null and void and/or may prejudice the **Proposer's** rights to indemnity under the policy. A material fact is one which may influence the Insurer's assessment or acceptance of the risk being proposed and if you are uncertain as to what may constitute a material fact, please consult with D&P.

Section A – Profile of The Proposer

1. Name of **Proposer**: (Please include any Predecessor Firm(s) required to be included in this cover)

Name:
When was the Business Established? _ _ / _ _ / _ _ _ _

2. What is the Principal Address of the **Proposer** and Contact Details (Please supply this information):

Address:	
Practice Contact Tel No:	Contact Name:
Practice Contact Fax No:	E-mail address:
Mobile Tel No:	Web-site address:

3. Other addresses (if the **Proposer** carries on business from any other address, please provide details):

4. **Personnel**: Please state by category the number of individuals engaged by the **Proposer**:

(a) Principals/Partners : _____	(d) All other Staff/Employees: _____
(b) Qualified Staff: _____	(e) Consultants (non-employees): _____
(c) All other fee earners: _____	
What is the total number of all Staff (including Principals/Partners and Consultants)?	_____

5. If the **Proposer** has named any Predecessor Firms in question **A1.** above and they are to be included in this insurance, then please provide the dates of commencement and/or cessation of these Predecessor Firms.

Name	Commencement date	Cessation date

6. Is the **Proposer** a member of a consortium or joint venture? Yes No

If 'Yes' please provide full details

7. (a) Are **You** accredited with the National Business Link Consultants Register or The British Accreditation Bureau ('BAB')? Yes No
 (If **Yes**, please provide your current Registration Number) Reg. No: _____

(b) Are **You** a member of any other Professional Institute(s) or Association(s)? Yes No
 (If **Yes**, please provide details:)

8. Details of all **Principals** of the Proposer:-

Full Name	Qualifications	Date Qualified	How long with Proposer

9. If the **Proposer** is a 'sole practitioner' please confirm: This application for Professional Indemnity insurance is in relation to your full time occupation. Yes No

10. Is the **Proposer**, connected or associated (financially or otherwise) with any other entity for whom work may be undertaken? Yes No

If 'Yes' please provide full details:

Section B – Breakdown of Income and Business Activities Analysis

1. For the respective periods, please provide details of the Annual Total Gross Fees of the **Proposer(s)** for work undertaken for clients domiciled in each respective region:

Date	UK	Other Regions	USA/Canada	Total
Last complete financial year ending / /	£	£	£	£
Current financial year ending / /	£	£	£	£
Forthcoming financial year ending / /	£	£	£	£

2. If any income is declared for the 'Other Regions' and or 'USA/Canada' please provide details for each client:

Client Name	Details of Work	Legal Jurisdiction of Contract

3. For your last full Financial year, provide a breakdown of how your income was derived:-

Work Categories	Percentage of Fees
Organisational or Strategic Appraisals;	%
Quality Management Consultancy;	%
Human Resources;	%
Market Research / Marketing;	%
Personnel and Development;	%
Creativity / Concept / Design;	%
Productivity Assessment in Manufacturing and/or Production;	%
Recruitment Consultancy: (i) Permanent Staff	%
(ii) Temporary Staff	%
Telecommunications Consultancy;	%
Other Work (** please provide details below);	%
Total	100%
** Other Work, also refer to question 5	

4. From the **Proposer's** specific disciplines, as detailed in question 3. above, please provide a full description of the activities and work undertaken by the **Proposer** on behalf of others:

5. Please advise whether the **Proposer** has undertaken work in any of the following areas:

Work Category (Including but not limited to advice, consultancy and execution thereof)

- (a) Audit, Tax, Insolvency, Finance or other Accountancy Work Yes [] No []
- (b) Corporate or Personal Investments / Finance Yes [] No []
- (c) Mergers &/or Acquisitions or Venture Capital Yes [] No []
- (d) Insurance (General or Life) Yes [] No []
- (e) Computer Hardware/Software Design, Supply, Installation and/or Modification Yes [] No []
- (f) Direct Mail Marketing Yes [] No []
- (g) Architectural, Engineering or Fire / Safety Consultancy Yes [] No []
- (h) Environmental Yes [] No []

If **YES** to any of the above, please provide full details including percentage relating to your income:-

6. Please advise whether the **Proposer** has undertaken work for clients in any of the following business sectors:-

- (a) Pension and Life Assurance Schemes Yes No
- (b) Nuclear Energy Yes No

If **YES** to any of the above, please provide full details:-

7. Has the income earned by the **Proposer** from work undertaken for **Solicitor Firms** exceeded 20% of the annual income in any of the last three financial years?

Yes No

8. Please advise if the **Proposer** has provided advice on audit controls for the protection of assets for Banks, Building Societies, Investment or Venture Capital Companies.

Yes No

If **YES** to any of the above, please provide full details:-

9. Please provide details where the **Proposer** has undertaken work for any entity, or it is envisaged that this may happen in the next twelve months, where the **Proposer** has a financial interest greater than 5% of the share capital of that entity.

10. (a) Does the **Proposer** anticipate any major changes in their activities in the forthcoming twelve months?

Yes No

(b) Does any one contract represent more than 50% of the **Proposer's** income in any of their last three financial years or your current financial year?

Yes No

If **YES** to any of the above, please provide full details:-

Section D – Claims and Historical Information

Professional Indemnity Insurance is underwritten on a 'claims made' basis and the Insurer will exclude any claim and or circumstance which may give rise to a claim, which is known by the Proposer prior to the inception date of the policy. Therefore to protect the interests of the Proposer **You** must provide answers to the following questions:

1. Have any Professional Indemnity Claims been made against the **Proposer**, whether successful or otherwise?

Yes No

2. Have any Fraud or Dishonesty Claims been made against the **Proposer**, whether successful or otherwise?

Yes No

3. Have any complaints been made against the **Proposer** by any regulatory Body?

Yes No

4. Has the **Proposer** made any claim for repair/loss or replacement to documents that may be covered under the loss of documents section of this policy?

Yes No

5. After full enquiry is the **Proposer** aware of any circumstances relating to questions 1-5 above, which may give rise to a potential claim or request for indemnity under the policy?

Yes No

6. Has the **Proposer** at any time, been refused similar insurance, or had any policy cancelled or voided at any time?
Yes [] No []

(If **YES** to any of the above (1 to 6), please provide full details:)

Section E – Current and Future Insurance Requirements

1. If applicable, please provide details of the **Proposer's** current Professional Indemnity Insurance policy details:-

Expiry Date	Limit of Indemnity	Excess Applicable	Name of Insurer	Premium	Retroactive Date**

(****N.B.** If a current policy is in force, state the date since cover has been continuously in force and your policy will extend to include work from that date.)

2. Limit of indemnity required: £250,000 £500,000 £1,000,000 Other

3. What excess amount do you wish to carry?

Section F – Declaration

I/We confirm that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **Proposer**. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the Policy.

Signature of Principal/Partner/Director and/or authorised signatory
For and/on behalf of the Proposer

Name in capital letters (Printed)

Position of Signatory (Printed)

Date:

It is agreed by the **Proposer** that any information provided to the Insurer regarding the **Proposer** will be processed by the Insurer, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. By signing this Proposal Form the **Proposer** is consenting to the use of information, including sensitive personal information, for the above purposes. Where personal information relates to third parties the **Proposer** confirms that it has been given the requisite consent to disclose such information to the Insurer for processing. (Please retain a copy of this proposal form for your records.)

Please Return Proposal Form to Charlotte Benison or Linda Davison at:

Specialists in

- Professional Indemnity
- Commercial Legal Expenses
- Intellectual Property
- Employment Disputes
- Directors & Officers Liability
- Title Defects, Warranties, Property and Land Issues
- Asset Protection

Head Office: 4 St. John's Road, Tunbridge Wells, Kent TN4 9NP
Tel: 01892 678850 Fax: 01892 678848 Email: info@directorsandprofessionals.co.uk
Web: www.directorsandprofessionals.co.uk

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