

## MISCELLANEOUS PROFESSIONAL INDEMNITY PROPOSAL FORM

Please read the following questions carefully and answer them all providing additional information where required. Should you require more space please provide answers on a separate sheet of paper.

Answer the question using **BLOCK CAPITALS** and tick boxes where appropriate.

### 1. PROPOSERS DETAILS

Full Name of Proposer

Address of Proposer

Contact details (tel, fax, e-mail, website)

Date Proposer established

Name of other parties to be included e.g. subsidiaries, partners, joint venture

Please state names of directors/partners, age, qualifications & how long they have been with the firm:

Please attach CV's

Number of employees split between the following:

Qualified:  
Administrative:  
Other (please specify):

Is the Proposer financially connected or associated with any other entity?

YES

NO

If YES please state details including nature of work & relevant dates:

During the past 10 years has the Proposer's name been changed, has any other business been purchased and/or has any takeover, merger or consolidation taken place?

YES

NO

If YES please state details including nature of work & relevant dates:

## 2. THE BUSINESS

Please provide details of fee income:

	Past Financial Year	Current Financial Year	Next Financial Year
Gibraltar & Spain			
Overseas			
USA			
TOTAL			

If fees/income are/is declared as derived from clients based Overseas please provide details including territories involved and income derived.

When is your financial year end date?

Please provide a full & clear description of the activities & nature of business:

What is the largest fee earned from one client and the average fee per client in the last year?

Largest
Average

Please list the Proposer's three largest contract assignments undertaken in the last 5 years:

Type of contract	Territory	Contract Value	Fee

Is the Proposer aware of any change in activity /structure that will occur in the coming financial year?

YES

NO

If YES please give details

Please state fee paid to sub-consultants, contractors or product suppliers:

Past Financial Year

Current Financial Year

Estimate for next financial year

Are full rights of recourse maintained against sub-consultants, contractors or product suppliers?

YES

NO

Do you ensure that sub-consultants, contractors or product suppliers maintain their own Professional Indemnity Insurance?

YES

NO

Does the proposer always:

Effect a written contract with the client before the advice, design or services?

YES

NO

Obtain legal advice before contracts are signed?

YES

NO

Exclude liability for consequential loss?

YES

NO

Is the proposer admitted to any Association or accredited to any quality systems such as the ISO9000?

YES

NO

What are the Proposer's procedures in operating a diary system?

If the Proposer is a sole practitioner, please provide details of arrangements to maintain service and standards in the event of sickness or holiday?

Does the Proposer have written procedures or checklists for the service performed?

YES

NO

What records are kept by the Proposer of the telephone conversations and attendance meetings?

How often does the Proposer undertake a review of working procedures?

What are the Proposer's procedures in reviewing the work undertaken by staff & partners?

Does the Proposer subscribe to any form of Continuous Professional Development?

YES

NO

If YES please give details

### 3. INSURANCE COVER

Has the Proposer previously purchased Professional Indemnity Insurance?

YES

NO

If YES please provide the following information:

Name of Insurers:
Expiry Date:
Indemnity Limit:
Deductible:
Retroactive Date:

Has an insurer ever:

Declined a proposal or a renewal for this insurance?

YES

NO

Imposed special terms or increased premium other than standard market increases?

YES

NO

Cancelled the insurance?

YES

NO

If YES to any of the above questions please provide details below:

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What is the limit you now require?

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What is the deductible you now require?

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#### 4. CLAIMS INFORMATION

Is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to the Proposer or any past or present principal, partner, director or employee?

YES

NO

If YES please provide details:

Has any claim been made against the Proposer's business or against any principal, partner, director or employee whilst in this or any other business?

YES

NO

If YES please provide details:

Is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or against any principal, partner, director or employee whilst in this or any other business?

YES

NO

If YES please provide details:

## 5. DECLARATION

I/we declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as is practicable.

I/We understand that failure to disclose any material facts which would influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the possibility in every respect.

I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

SIGNATURE

POSITION

NAME

DATE