



SPECIALIST  
UNDERWRITING  
SERVICES

# Professional Indemnity Proposal Form

For Miscellaneous Professions  
November 2016

## Professional Indemnity Proposal Form for Miscellaneous Professions

This Proposal Form must be completed using an ink pen or typed by a Principal, Partner, Member or Director of the Proposer on behalf of all those to be afforded cover under the Policy. All questions must be answered to enable a quotation to be provided. If there is insufficient space to answer any question fully, please use Section H - Additional Information, at the end of the proposal form. If you have a brochure, please provide a copy as well as any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

You should read this Proposal Form carefully. Under the Insurance Act, 2015, you are required to give a Fair Presentation of the risk to the **Insurer**. That duty may not necessarily be discharged by completing this Proposal Form or providing the above requested documentation alone. You should ensure that in presenting the risk you disclose all material information that you know or ought to know of, including that which would be discoverable by a reasonable search of information available to you. Information is material if it would influence the judgement of a prudent insurer in determining to take the risk and, if so, upon what terms. If you are in any doubt as to what is material, or if you believe there is material information that has not been disclosed within this Proposal Form that should be, contact your broker straight away.

If you fail to give a Fair Presentation of the risk this may adversely affect the indemnity available or result in claims not being paid.

### Section A – You and Your employees

Reference to “Proposer”, “You” or “Your” in this Proposal Form shall include all names included under question 1 who will be the Insured in the Policy.

- 1) Name of individual, partnership or company including any subsidiary companies for whom cover is required

- 2) Date Established

- 3) Website address(es)

- 4) Address(es) including postcode(s) of all offices

- 5) If there is not a resident Principal at each of the Proposer’s offices, state the addresses concerned and give details of how any such office is supervised?

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6) Name(s) of any previous entities you require cover for including details of the nature of work undertaken and date ceased trading

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7) Please provide details of all Principals, Partners, Members or Directors

Full Name	Age	Qualifications	Date Qualified	Number of years in this capacity with the Proposer

Please attach a C.V for any Principal, Partner, Member or Director with less than 5 years' experience in this profession.

8) Please provide details of all full-time and part-time Consultants who are under a contract of service with you:

Full Name	Age	Qualifications	Date Qualified	Number of years in this capacity with the Proposer

9) Please state the total number of

A) Principals / Partners / Members / Directors	
B) Other Qualified / Technical Staff	
C) Administrative Staff	
D) Other Staff	
TOTAL	

10) Are you admitted to membership of any Association or Professional Body? YES / NO  
 If 'YES' please give details and specify if the membership applies to individuals or the practice:

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11) Has the Proposer or any person employed been subject to disciplinary proceedings by any Professional Body? YES / NO

12) Has any Principal, Partner, Member or Director been a Principal, Partner, Member or Director with any business or been associated to any business which has ceased trading either voluntarily or compulsorily? YES / NO

13) Has any Partner, Principal or Director been made personally bankrupt? YES / NO

If 'YES' to questions 11) to 13), please give details

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## Section B – Companies who you are associated

1) Do you undertake work for any partnership, company or organisation in which any Principal, Partner, Member, Director or Employee holds a position where they are able to make major decisions on behalf of such partnership, company or organisation? YES / NO

2) Is any Principal, Partner, Member or Director connected or associated (financially or otherwise) with any other practice, company or organisation? YES / NO  
If 'YES' to either question 1) or 2) please provide full details:

3) Is cover required for the work you undertake for the associated companies detailed above? (Cover is normally restricted to claims made by independent third parties). YES / NO

4) What percentage of your income is derived from the associated companies detailed above? \_\_\_\_\_%

## Section C – Your Activities

1) Please provide a full and clear description of the activities of all Proposers declared in Section A Question 1), including any features of your work which you believe may be of interest to Insurers for the purposes of evaluating the risk

2) i) Please list the activities declared and state the approximate percentage of work carried out in each instance:

Activity	Last Year	Next Year
A)	%	%
B)	%	%
C)	%	%
D)	%	%
E)	%	%
F)	%	%
G)	%	%
H)	%	%
Total	100 %	100 %

ii) Are there any previous activities not declared in questions 1) and 2) which you require cover for? YES / NO  
If 'YES', please give details:

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3)

i) Please state your gross income/fees (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of income/fees billed to clients based in the following territories

Territorial of clients	Last Year	Second Year Back	Third Year Back	Next Year (Estimate)
A) United Kingdom	£	£	£	£
B) European Union (ex UK)	£	£	£	£
C) USA or Canada, and their territories and possessions	£	£	£	£
D) Elsewhere	£	£	£	£
Total of A) to D)	£	£	£	£

ii) Financial Year Ending (e.g. 31/12): /

iii) Do you enter into any contracts where legal jurisdiction is anything other than UK? YES / NO

iv) If you have declared fees from any territory other than the UK or have answered YES to question iii) please give full details including nature of contract, dates, countries involved, contract values and jurisdiction applicable

4) Please provide details of your 5 largest contracts undertaken in the past 3 years or to be undertaken next year

Client name	Nature of contract and services provided	Period of contract:	Fee income to you	Total Contract Value
1)		From: To:	£	£
2)		From: To:	£	£
3)		From: To:	£	£
4)		From: To:	£	£
5)		From: To:	£	£

5) Are you or any individual partner or director a member of any consortium or joint venture (JV)? YES / NO  
If 'YES', please provide full details including the name of the consortium/JV, the services you provide and fee income

6) Do you undertake any contracts which involve you or your sub-contractors in:

i) manufacture, construction, erection or installation YES / NO

ii) the supply of materials, plant, goods or equipment YES / NO

If 'YES' to either of these questions please provide full details, including the proportion of fees earned from this work and the nature of the products involved:

### Section D – Sub-contractors and consultants

- 1) What percentage of your income is paid to sub-contractors or consultants? \_\_\_\_\_%
- 2) Do you enter into written agreements with your sub-contractors or consultants? YES / NO
- 3) Do you ensure that any consultants (or contractors with design/advice/specification responsibility) for which you are responsible have a professional indemnity policy in force? YES/ NO  
If "YES ", what is the minimum limit of indemnity you insist on? £ \_\_\_\_\_
- 4) What vetting procedures do you undertaken of sub-contractors and consultants including but not limit to suitability and experience to perform the work, financial checks, etc?

- 5) How is the work of sub-contractors or consultants reviewed?

- 6) Do you require sub-contractors or consultants to be covered\* under your Policy for claims made against them in respect of work they perform on your behalf? YES / NO  
If 'YES', please give details of the work undertaken by such sub-contractors or consultants on your behalf and the names of such sub-contractors or consultants

\* Your vicarious liability for the actions of sub-contractors or consultants employed by you is normally covered automatically

### Section E – Controls and Risk Management

- 1) Are written contracts used for all jobs/contracts? YES / NO  
If "NO", please explain the circumstances in which you would not have a written contract
- 2) Do you use a standard form of contract, agreement or letter of appointment? YES / NO  
If "YES", please provide us with copies.  
If "NO", please explain why and detail the alternative methods you use to confirm terms of engagement with your clients?
- 3) If a client changes the specification during a job/contract, do you always confirm the change to a client in writing explaining that it was the client's decision and whether following, or against your advice, as appropriate? YES/ NO  
If "NO", please explain the circumstances in which you would not confirm a change in writing

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- 4) Do you commit your client to contracts with third parties? YES / NO  
If "YES", do you always obtain your clients' written acceptance of the terms of contracts before committing them? YES / NO  
If "NO", please explain the circumstances in which you would not obtain your clients' written acceptance

- 5) How long after the completion of a job/contracts are contracts and documents retained? \_\_\_\_\_

- 6) Do you have a formal quality assurance or control programme in force? YES / NO  
If "YES", please provide details.

- 7) Is the Proposer a member of any professional organisation or trade association? YES / NO  
If "YES", please provide details.

- 8) Please provide details of any accreditations (e.g. investors in people), quality assurance certification (e.g. ISO 9001) or industry awards held by the Proposer or any professional code(s) of practice you work to

- 9) Do you always obtain satisfactory written references, verify qualifications and previous experience and check any previous Professional Indemnity claim or circumstance history when engaging employees? YES / NO  
If "NO", please provide details below

- 10) How do you ensure that you and your staff keep up to date with changes in legislation and other legal developments which affect the type of work you do and the services you offer?

- 11) If you are a sole principal, please provide details of the arrangements for office supervision during your absence?

- 12) Do you have written checklists and/or work procedures for the services which you provide? YES / NO

- 13) How is work undertaken by staff checked, vetted or audited, by who and how often?

- 14) Have you identified the risk associated with your field of work and taken action to minimise these risks? YES / NO  
If "YES", please provide details below

## Section F – Your Professional Indemnity Insurance arrangements

- 1) Please provide details of your current insurance. You need not answer this question if you are currently insured with us. If you are not currently insured, please state 'Not Insured'.

Insurer	
Renewal Date	
Limit of Indemnity	£
Limit Basis (delete as appropriate)	Any one claim (per Single Claim) / Aggregate (all Single Claims)
Premium (ex IPT)	£
Excess	£
Retroactive Date	

- 2) Has any insurer ever:

- i) declined to offer insurance to the Proposer or any Principal, Partner, Member or Director? YES / NO
- ii) imposed any special terms on the Proposer or any Principal, Partner, Member or Director? YES / NO
- iii) cancelled or voided an insurance for the Proposer or any Principal, Partner, Member or Director? YES / NO

If you have answered 'YES' to any of these questions, please provide full details:

- 3) What Limit of Indemnity and Excess do you now require?

Limit of indemnity	Excess
£250,000	£500
£500,000	£1,000
£1,000,000	£2,500
£2,000,000	£5,000
£5,000,000	£10,000
Other (please specify) £	Other (please specify) £

## Section G – Your Professional Indemnity Claims History

- 1) Has any claim, whether successful or not, ever been made or threatened against you, your predecessors in business or any past or present Principal, Partner, Member, Director or Employee? YES / NO
- 2) Are you or any of the Principals, Partners, Members, Directors or Employees AFTER FULL ENQUIRY, aware of any incident, fact, matter, act or omission which may give rise to a claim against you, your predecessors in business or any past or present Partner, Principal, Director or Employee? YES / NO

If you have answered 'YES' to any of the Claims History Questions, please provide full details including dates, amounts involved, brief details of the nature of the claim, whether the claim is paid or still outstanding and state the steps taken to prevent a reoccurrence.

## Section H - Additional Information

Please use this space to provide additional information in support of the answers given within the proposal form or simply to provide further details about you or your activities which you feel would be of interest to us or material to the risk. In particular, where you envisage giving a different answer to any of the questions above in the next 12 months because you anticipate your circumstances may or will change, please disclose that here.

Please clearly show the question number to which the information relates.

## SECTION I - DECLARATION

This declaration should be signed by a Principal, Partner, Member or Director of the Proposer who is fully authorised by the Proposer to do so.

I/we declare that, after full enquiry and reasonable search of information available that the contents of this Proposal Form are true and that I/we have not misstated, omitted or suppressed any material fact or information.

I/we declare that the information within or appended to this Proposal Form and any other information presented to the **Insurer** is a **Fair Presentation** and I/we undertake to disclose information relating to any material alteration of the matter of facts previously supplied to **Insurers**.

*A "Fair Presentation" shall mean the statutory duty upon the **Insured** to provide a fair presentation of the risk, more particularly described in Part 2 of the Insurance Act 2015.*

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**SPECIALIST UNDERWRITING SERVICES**

Specialist Underwriting Services Ltd. is regulated by The Central Bank of Ireland  
Registered in Ireland, Company Registration No. 231590  
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