

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter’s judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**Note:** This form does not apply to Accountants, Architects, Auctioneers, Consulting Engineers, Estate Agents, Legal Profession, Quantity Surveyors, Surveyors, Trustees, Universities, Valuers.

**SECTION 1**    **DETAILS OF PROPOSAL**

1. a. Name of Proposer: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 c. Telephone No./Fax No.: \_\_\_\_\_  
 d. Email address: \_\_\_\_\_
2. State the nature of the profession/business including full details of activities undertaken and any intended change in these. (It may assist to include copies of brochures, written agreements or conditions of contract used in connection with the business): \_\_\_\_\_  
 \_\_\_\_\_
3. Date commenced: \_\_\_\_\_

4. Give details below of partners/directors/sole practitioners:

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

Please attach the curriculum vitae or details of previous business experience for each partner/director who has held such position with the Proposer for less than 3 years.

5. State numbers of other permanent staff: Technical Staff \_\_\_\_\_ Non-technical Staff \_\_\_\_\_
6. Does the Proposer or any partner/director act on behalf of or undertake work for any company or business:
  - a. which forms part of the same group of companies or businesses as the Proposer (e.g., subsidiary, associate, parent?)  Yes  No or
  - b. in which the Proposer or any partner/director has a financial interest and is able to take or influence major policy decisions in such company or business?  Yes  No

If Yes, in either case, please give details:

7. State the dates of the Proposer's financial year: \_\_\_\_\_
8. State gross fees for the last and current financial years (including those paid to sub-contractors) payable by clients. If the business is newly established state the estimated gross fees for the forthcoming financial year.

Please state for each period:	Last Financial Year	Est. Current Financial Year
In the territory where domiciled	\$	\$
In the USA/Canada or in the territory where domiciled or elsewhere for clients whose address is in the USA/Canada	\$	\$
Elsewhere	\$	\$
Total		

9. Is the Proposer represented in any way in the USA or Canada?  Yes  No

If Yes, state how (e.g., by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the Proposer):

10. Please state:

	Last Financial Year	Est. Current Financial Year
gross fees paid to sub-contractors	\$	\$
largest fee earned from any client	\$	\$

11. Does the Proposer currently hold any Professional Indemnity Insurance?  Yes  No If Yes, please state:

- a. Renewal date: \_\_\_\_\_
- b. Limit of indemnity: \_\_\_\_\_
- c. Retroactive date: \_\_\_\_\_

12. Cover options

- a. Is cover required for Partners' Previous Business?  Yes  No If Yes, please state:

Name of Partner	Title of Previous Business	Dates with Previous Business

- b. Please indicate if the following covers are required:

i. Loss of documents .....  Yes  No

If Yes, does the Proposer keep documents in fire proof cabinets?  Yes  No

ii. Libel and Slander.....  Yes  No

iii. Dishonesty of Employees.....  Yes  No

13. Has any insurer, in respect of the risks to which this proposal relates, ever:

- a. declined a proposal, refused renewal or terminated an insurance?  Yes  No
- b. required an increased premium or imposed special conditions?  Yes  No

If Yes, in either case, please give details:

14. a. Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties?  Yes  No
- b. Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover?  Yes  No

If Yes, in either case, please give details of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident.

15. Is the Proposer or any principal, consultant or employee, after inquiry, aware of any circumstances which might:
- a. give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals?  Yes  No
- b. result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover?  Yes  No
- c. otherwise affect the Company's consideration of this insurance?  Yes  No

If Yes to any of these, please give details (by separate note if preferred):

16. What amount of Indemnity is required? \_\_\_\_\_  
Please state any alternative amounts for which a quotation is required: \_\_\_\_\_

17. Does the Proposer wish to contribute towards each and every claim?  Yes  No

Note: In many cases a contribution will be compulsory.

If Yes, please indicate the amount required: \_\_\_\_\_

Please state any alternative amounts for which a quotation is required: \_\_\_\_\_

**SECTION 2** DECLARATION

**NOTE:** SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I / We declare that the statements and particulars in this Proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I / We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Principal/Partner Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_