



Professional Indemnity Insurance Proposal Form

1. Name

2. Address:

If more than one, please give each address and indicate the Partner or Principal who is responsible for work at each address.

3. Date of Establishment:

4. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?
(Please tick as appropriate)

If "YES", please give full details

Yes No

5. Please give the following details:-

Name of all Partners/Principals	Qualifications	Date qualified	How long as Partner/Principal of this firm?	How long as Partner / Principal?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Please give total numbers of Partners/Principals and staff.
Also please categorise the staff and explain the nature of their work.

Partners/Principals	Numbers	Nature of work
_____	_____	_____
_____	_____	_____
_____	_____	_____
Categories of staff		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		
_____	_____	_____

7. Previous Coverage

Please give particulars of previous similar insurance carried during past two (2) years.

Period	Insurer	Type	Limits	Excess

Has any proposal for similar insurance made on behalf of the firm, any predecessors in business, or present Partners or Principals, ever been declined or has any such insurance ever been cancelled or renewal refused?

(Please tick as appropriate)

Yes **No**

If "YES", please give full details

8. Please provide a clear description of activities:-

9. Division of Work

Please categorise the activities described above and indicate the percentage of work this represents.

Approx. Percentage

	%
	%
	%
	%
	%
	%

%

100%

10. Please provide details of fee income

	Past Financial Year	Current Financial Year	Estimate for Coming Financial Year
Domestic Operations (state country)			
Overseas Operations			

11. In the case of overseas contracts, please list countries involved and whether domestic or overseas jurisdiction applied.

Also please supply brief details of contracts and size.

12. (Applicable to question 9 and 10)

a. **What substantial changes in the above percentages or amounts are foreseen during the next twelve months?**

b. **Please give details of any major new operations being undertaken during the next twelve months.**

c. **Please comment on any features of your work which you think may be of interest to underwriters.**

Please list on your headed paper the five largest jobs and five typical jobs, with a short descriptions.

13. **Is this firm/organisation or any Partner/Principal connected or associated (financially or otherwise) with any other practice, company or organisation?**

(Please tick as appropriate)

Yes No

If "YES", please give full details

14.

a. **Is this firm/organisation or any Partner or Principal a member of a consortium?**

(Please tick as appropriate)

Yes No

If "YES", please state in what capacity and give the names of the other members and their capacities in the consortium

Name	Capacity	Details of job

b. **If "YES", is cover required for your firm/organisation in respect of this work?**

(Please tick as appropriate)

Yes No

15. **Has any claim been made against this firm/organisation or any Partner or Principal while in a previous firm?**

(Please tick as appropriate)

Yes No

If "YES", please give full details

16. **Is the proposer aware, after full enquiry, of any circumstances or incident which has or may result in any claim being made against the firm, or any of the Partners/Principals, either past or present, whilst they were in the firm, or in any previous firm, or position, or any of the employees?**

(Please tick as appropriate)

Yes No

If "YES", please attach a statement giving full details

17. Do you require insurance for any of the normal extensions available eg.

a. Loss of documents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "YES", then what limit?	Euro 10,000	<input type="checkbox"/>	Euro 20,000	<input type="checkbox"/>
b. Dishonesty of employees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Libel and slander	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Liability of ingoing/ outgoing Partner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e. Other (specify)				

18. What is the amount of indemnity required? Please tick

Euro 1,000,000	<input type="checkbox"/>	Euro 2,000,000	<input type="checkbox"/>	Euro 3,000,000 or more	<input type="checkbox"/>	OTHER	
						Please Specify	

I/We declare that to the best of our/my knowledge the statements and particulars in this proposal are true and that I/we have not knowingly misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Dated this day of 20

**For an on behalf of
(Insert name of firm/organisation)**

Signature of Partner or Principal