

# Professional Indemnity Proposal Form Management Consultants

**INTRODUCTORY STATEMENT:**

You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

## Details of Firm/Insured

1. What is the renewal or expected start date of this policy?

2. Policy holder name

3. Additional trading name(s)

## Contact Details

4. Correspondence Address

5. Is the Correspondence Address also a trading address?

6. Additional Trading Addresses:

7. Date the business was established

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8. Do you operate as any of the following:

Yes / No

- Investment Financial Advisor
- Solicitor/Barrister
- Mortgage Broker
- Stock/Commodity Broker
- Tour Operator
- Pension Fund Trustee
- Marine Surveyor/Naval Architect
- Underwriting Agency
- Financial Institution
- Corporate Service Provider/ Executorships/  
Trusteeships/ Provision of Directorships

If answered 'Yes' to Question 8, please provide additional information in respect of the above

9. Do all Directors/Partners/Principles have a minimum of 3 years' experience?

Yes / No

If answered 'No' to Question 9, please provide additional information in respect of the above

### Fees/Turnover

10. Estimated Fees/Turnover for the next financial year

£

11. Fees/Turnover for last completed financial year

£

Please select 0 if this is your first year of trading

12. Have fees in the last 3 years exceeded £500,000?

Yes / No

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## Policy Details

13. Required Limit of Indemnity, please circle:

250,000	500,000	750,000	1,000,000	1,200,000
1,500,000	2,000,000	3,000,000	4,000,000	5,000,000

14. Do you have a current PI policy in place?

Yes / No

If you selected 'Yes' For question 14. Please answer questions 15 - 20.

15. Current Insurer

16. Current Premium

£

17. Retroactive Date

18. Is the company in run off?

Yes / No

19. If answered 'Yes' to Question 18, please provide the Cessation Date

20. Has cover been continuous since the retroactive date stated above?

Yes / No

## Territorial Split

21. Turnover Split:

UK Fees	%
European Union fees (Excl UK Fees)	%
USA/Canada fees	%
Rest of world fees	%

22. Has the company previously undertaken any projects outside the UK?

Yes / No

23. Is your firm domiciled in the UK?

Yes / No



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## Claims

28. In respect of the insurance given under this policy, have any claims and/or circumstances been notified by the Firm and accepted to any Insurer during the last 10 years?

Yes / No

If answered 'Yes' to Question 28, please provide further claims details including: Date of Notification, Claim Amount, Claim Status, Claim Details

29. Are any of the Principals AFTER ENQUIRY aware of any circumstances and/or events that are likely to give rise to a claim against the Firm or its predecessor firms that have not been previously notified to Insurers?

Yes / No

If answered 'Yes' to Question 29, please provide further claims details

30. Has any Insurer ever declined to insure, or imposed any special terms on any Firm or Principal of any Firm that forms part of this application?

Yes / No

If answered 'Yes' to Question 30, please provide further claims details

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## Statement of Fact

31. Have you or any of your Partners or Directors either personally or in connection with any business which you/they have been involved ever :-

- been declared bankrupt or are the subject of any current bankruptcy proceeding or any voluntary or mandatory insolvency or winding up procedures?
- been disqualified from being a Company Director?
- had a County Court Judgement or Sheriff Court Decree?
- ever been convicted of or charged with (but not yet tried) a criminal offence other than a motoring offence or a spent conviction in accordance with the "Rehabilitation of Offenders Act 1974"?
- been prosecuted or have prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?

If answered 'Yes' to Question 32, please provide further claims details

## Additional Notes

## Confirmation

I confirm that I have answered the questions above accurately and completely to the best of my knowledge, information and belief.

I understand that if I do not tell you about changes or have provided incorrect information, the wrong terms and conditions may have been quoted and you may be entitled to:

- reject payment of a claim or a payment could be reduced, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date