

Professional Indemnity Proposal Form Management Consultants

INTRODUCTORY STATEMENT:

Please answer the questions set out below accurately and completely on behalf of the proposer.

For your convenience, we have included certain answers in the form however you must change these answers if they are inaccurate. This may result in us requiring further underwriting information, but may not preclude us from providing cover. You must notify us on behalf of your client of any changes to the information provided. 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. 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?

Yes / No

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
- IFA
- Stock / Commodity Broker
- Tour Operator
- Pension Fund Trustee
- Marine Surveyor / Naval Architect

- Corporate Service Provider / Executorships / Trusteeships / Provision of Directorships
- Financial Institution
- Underwriting Agency
- Fire Safety Consultant / Inspector
- EWS1 Inspectors
- Corrosion Specialists
- Timber Treatment Specialists
- Freight Forwards and Logistic Specialists

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 5 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 current financial year

£

11. Fees/Turnover for last completed financial year

Please select 0 if this is your first year of trading

£

12. Fees/Turnover for prior completed financial year

Please select 0 if this is your first year of trading

£

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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 (excluding IPT & Fees)

£

17. Do you require Retroactive cover?

Yes / No

18. Retroactive Date (as shown on your current policy)

19. Is the company in run off?

Yes / No

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

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

Yes / No

Territorial Split

22. Turnover Split:

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

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

Yes / No

24. Is your firm domiciled in the UK?

Yes / No

25. Have you worked on any projects in the past 3 years where the Total Contract Value is in excess of £20m

Yes / No

If answered 'yes' to Question 25, please provide full details of the two largest contracts including values and any limitations of liability put in place

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26. Number of Persons working within the company at any one time

Principals/Directors	
Qualified Staff	
Non Qualified Staff	
Payments to subcontractors / subconsultants	

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27. Are you responsible for any legal matters other than general employment or health & safety law advice?

Yes / No

28. Are you responsible for the strategic management of a client's business?

Yes / No

29. Have you ever undertaken any work in relation to the following: Investment Business as defined by the FSMA 2000 (and subsequent legislation, advice in respect of Split Capital Investment Trusts and/or Financial services work

Yes / No

If answered 'yes' to Questions 27 - 29, please provide further details.

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30. Split of Activities

Company Development	%
Production	%
Marketing / Sales	%
Finance / Accounting	%
Human Resources	%
IT	%
Interim/Locum Management	%
Quality Assurance	%
Mergers / Acquisitions	%
Training	%
Accountancy or tax work	%
Insolvency/Valuation or due diligence work	%
Other	%
Total	%

If answered 'Other' to Question 30, please provide further details.

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Claims

31. 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 31, please provide further claims details including: Date of Notification, Claim Amount, Claim Status, Claim Details

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**CHOICE
INSURANCE**

32. 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 32, please provide further claims details

33. 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 33, please provide further claims details

Statement of Fact

34. Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in A. to E. below, being:

- A. director;
B. business partner;
C. a family member;
D. an individual providing working capital or loan guarantees to this business; and
E. anyone else who plays a significant role in making decisions about how the Proposer/Insured is to be managed or organised;
whether in relation to the business of the Proposer/Insured or any previous business or any other business in which you or they have been involved in any of the capacities listed in A. to E. above or in a personal capacity ever:-

- | | |
|--|----------|
| • been declared bankrupt or are the subject of any current bankruptcy proceedings? | Yes / No |
| • been disqualified from being a Company Director? | Yes / No |
| • had any County Court Judgement(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgements have been entered? | Yes / No |
| • been convicted or have any prosecution pending or been given an official police caution in respect of any criminal offence other than motoring offences and any offences which are spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to such a conviction, prosecution or caution? | Yes / No |
| • been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company served with, an improvement order or a prohibition notice under such legislation? | Yes / No |
| • had prior history of fraud or dishonesty at the firm? | Yes / No |
| • lost or been discredited/ disqualified from a professional association or membership? | Yes / No |
| • been, or are currently a director or officer of a company which has been, declared insolvent or had a receiver or liquidator appointed or entered into arrangements with creditors in accordance with The Insolvency Act 1986, or had an Individual Voluntary Arrangement (IVA)? | Yes / No |
| • been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA)? | Yes / No |
| • been subject to a recovery action or fines exceeding £25,000 by HM Revenue & Customs, or been involved in a company subject to such a recovery action or fines? | Yes / No |

If answered 'Yes' to Question 34, please provide further claims details

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35. Do you intend to cease trading within the next 12 months?

Yes / No

If answered 'Yes', please provide further details

36. Do you anticipate any material changes to the firm within the next 12 months?

Yes / No

If answered 'Yes', please provide further details

Additional Notes

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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