



**TOKIOMARINE  
HCC**

# **MISCELLANEOUS PROPOSAL FORM PROFESSIONAL INDEMNITY INSURANCE**



#### IMPORTANT NOTICE

**This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.**

**All questions must be answered to enable a quotation to be given.**

**Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.**

**If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).**



Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.  
For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1) **NAME/S** (including trading names) of the Proposer/s:

Name	Date Commenced

Website address

Email Address

2) **ADDRESS/ES** of Proposer/s

All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in charge

3) Is cover required for predecessor practices to the Proposer/s?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation



4)

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposer/s

5) Please state the name of any Professional body or Trade Association of which the proposer is a member

<b>Professional Body</b>	
<b>Trade Association</b>	

6) Is cover required for the previous business activities of any Principal?

YES		NO	
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If YES, please state:

Name of Principal			
<b>Name of Previous Firm</b>			
<b>Period</b>	From / / To / /	From / / To / /	From / / To / /
<b>Fees for Last 3 Yrs</b>	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
<b>Reason for Leaving</b>			
<b>Position in Firm</b>			
<b>Is there separate insurance covering the activities of this Firm for the Period stated above?</b>			



7) Is cover required for any past Partner or Principal?

If YES, please give:

YES		NO	
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	Qualifications	How long with Proposer/s

8) Please state total numbers of:

Principals	Contract Hired Staff	Qualified staff	Others

9) DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC

Name of Current Insurers	
Name of your Broker	
Renewal Date	
Limit of Indemnity	
Premium	
Excess	

10) (a) Please provide a full description of all of your activities:

PLEASE PROVIDE A BROCHURE, IF AVAILABLE.

(b) Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

	%
	%
	%
	%
	%
	%
	%
	100%



(c) Do you anticipate any major changes in these activities in the forthcoming 12 months?

YES		NO	
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If YES, please give full details:

(d) Where do you perceive your exposure to claims to lie? In what circumstances might you envisage a claim arising?

(e) Have you undertaken any other activities in the past for which cover is required?

If YES, please provide full details:

YES		NO	
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(f) Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

If YES, please provide full details:

YES		NO	
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11) (a) Is any work put out to sub-contractors?

YES		NO	
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If YES, please state:

What percentage of gross income/fees was paid to sub-contractors in the last financial year?	%
Are sub-contractors required to carry professional indemnity insurance?	
Do you get an indemnity from sub-contractors, in writing?	
If YES, to what limits?	

1) Do you require any sub-contractor to be indemnified under your insurance arrangements?

YES		NO	
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If YES, please state:

Name	Qualifications	Fees Paid (last financial year)

12) State for the whole Proposer/s:

Gross income/fees received for each of the last five financial years:

				Last Complete Year	Current Year Estimate	Forthcoming Year Estimate
Year End	/ /	/ /	/ /	/ /	/ /	/ /
UK Work	£	£	£	£	£	£
USA/Canada	£	£	£	£	£	£
Other Overseas	£	£	£	£	£	£
<b>TOTAL</b>	£	£	£	£	£	£

13) (a) Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client	Start Date	Description	Total Contract Value	Fee	Approximate Completion Date
1					
2					
3					



(b) What is the total fee income received in the last financial year from your largest client?

£

(c) What is the average fee received in the last completed financial year?

£

14) (a) Have you at any time undertaken any work where the "end product" is situated outside the UK?

YES  NO

If YES, please give the following details:

Country	Start Date	Description	Total Contract Value	Approximate Completion Date	Services Provided

(b) Do you work other than from its UK offices?

YES  NO

(c) Have you at any time accepted liability other than under the jurisdiction of the UK courts?

YES  NO

If YES to either (b) or (c) then please provide full details listing jurisdiction and amount of work involved on a separate sheet.

15) Do you use a standard form of contract, agreement or letter of appointment?

YES  NO

If YES, please attach a copy.

16) Do you commit your clients 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 provide full details.





- 17) (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

YES		NO	
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If **YES**, please give full details (including names of other parties) **special arrangements must be made to cover this type of work**

- (b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES		NO	
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If **YES**, give full details of the nature of the association together with the **name and business** of the third party.

- 18) Do you require insurance for:

Loss of Documents	YES		NO	
Dishonesty of Employees	YES		NO	
Libel & Slander	YES		NO	
Breach of Copyright	YES		NO	
Unintentional Breach of Confidence	YES		NO	
Claims involving pollution etc.	YES		NO	

Some policies give this cover automatically.

- 19) For what Limit/s of Indemnity are quotations required?

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

- 20) (a) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

YES		NO	
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Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES		NO	
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If **YES**, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(b) What steps have been taken to prevent a recurrence?

21) Is any Principal, **AFTER FULL ENQUIRY**, aware of:

(i) Any circumstance which might give rise to a claim against the Proposer, any predecessor or any past or present Principal?

YES		NO	
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(ii) Any circumstances which might cause any loss to the Proposer, any predecessor or any past or present Principal?

YES		NO	
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(iii) Any matter which might otherwise affect the consideration of this proposal for insurance?

YES		NO	
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If **YES** to any of the above, please give details:

22) Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
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If **YES**, please give details:



23) Is there any other information that the Proposer considers material to the insurance required?

YES		NO	
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If YES, please give details.

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may in certain circumstances entitle the Insurers to avoid the contract of insurance from inception and repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Company PLC may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Company PLC in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Company PLC .

**Signature of Principal:**

**Date:**

A copy of this proposal should be retained by you for your own records.

**All questions must be answered fully, and those questions not relevant to you should be marked N/A**

**If there is insufficient space, please provide details on your letterhead.**



PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION