



Confidential

Professional Indemnity proposal form

Company Name	
Address	
Email	VAT No
Telephone	Fax
Insurance broker to whom quotation should be sent	

1 General Information *(If additional space is required please list separately)*

a. Date established _____

b. Name and Address of any subsidiary, affiliated, associated companies or branch offices which you wish to cover

Name and Address	Main Activity
_____	_____
_____	_____
_____	_____

c. Number of Directors/Partners _____ Total number of staff _____

d. Names, positions, professional qualifications and number of years experience of Directors/Partners and Senior Managers

Names of Directors, Partners, Principals	Qualifications	Year obtained	Length of time as Director, Partner or Principal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide copies of relevant curriculum vitae with brochures/literature relating to your company

e. Name of person to whom correspondence should be addressed _____

2 Business activities

a. Please briefly describe the nature of your business

b Please indicate your approximate gross income/fees.

Please state currency e.g., US\$

i. Last financial year	ii. Estimate for this financial year
iii. Estimate for next financial year	iv. Of which estimated income from UK operations (if applicable)

c. Please name the principals for whom you regularly act

d. Are you involved in the manufacture, construction, alteration, repair or sale of products other than in a consultancy capacity? *If "Yes", please supply details*

YES	NO
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e. Do you enter into any written agreement or operate under a standard form of contract? *If "Yes" please supply copies.*

YES	NO
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delete as appropriate

f. Are you a member of any trade association? *(If "Yes" please detail)*

YES	NO
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5 Insurance/Claims History

a. Are you currently insured against the risks covered by ITIC?

YES	NO
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If "Yes": (if "No" please give details of most recent insurance)

- i. Name of insurer ? _____
- ii. Limit of indemnity? _____
- iii. Excess/Deductible _____
- iv. Premium _____
- v. Expiry date _____

b. Has any insurer

- i. Declined to insure you

YES	NO
-----	----
- ii. Cancelled your insurance

YES	NO
-----	----
- iii. Refused to renew your insurance

YES	NO
-----	----
- iv. Imposed penalties or special terms

YES	NO
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delete as appropriate

If "Yes" please give details on a separate sheet

c. Have any claims for professional negligence, successful or not, ever been made against your company or its present Directors?

YES	NO
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delete as appropriate

If "Yes" please give details on a separate sheet

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1	Limit	Deductible	Please state currency
Alternative 2	Limit	Deductible	Please state currency

7 Quality Assurance

Have you obtained quality assurance accreditation in accordance with BS5750/ISO9002?

YES	NO
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8 Please supply any literature about your company which is relevant to this proposal.

DECLARATION

I/We undertake that if this proposal is accepted I/We will act and abide and agree to be bound by the Rules of the Company and any modification or alteration thereof made in accordance therewith from time to time by the decision of the Company.

I/We declare that to the best of my/our knowledge and belief, the information given above is true and that I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence the underwriter's assessment of this proposal).

Signed _____

Status of Signatory _____

Date _____

This proposal form must be completed and signed by a person who is authorised to bind the proposer.