

PROFESSIONAL INDEMNITY
INSURANCE
PROPOSAL FORM

MISCELLANEOUS PROFESSIONS

Please complete and return to:

ASE Insurance Agency (UK) Limited
The Old Post Office
2 Mill Road
Maldon
Essex CM9 5HZ

asecontact@aseinsurance.co.uk

ADVICE ON COMPLETING THE PROPOSAL FORM

To allow us sufficient time to time negotiate with Insurers, please ensure you return this proposal form as soon as possible. It is essential that you allow sufficient time to complete the proposal form and provide accurate information.

DEFINITIONS OF TERMS USED IN THIS PROPOSAL FORM

- 'Principal' means: Any Partner(s), Director(s), Member(s)
- 'Employee' means: Any person who is or has been under a contract of service for or on behalf of the Firm.
- 'Senior Management' means, in accordance with the Insurance Act 2015: those individuals who play significant roles in the making of decisions about how the Insured's activities are to be managed or organised. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'senior management' and those persons responsible for the Insured's insurance.

DUTY OF FAIR PRESENTATION

Under English law, you owe a duty of disclosure to the Insurer which includes your duty to make a fair presentation of the risk. A 'fair presentation' is one:

- which clearly discloses all material circumstances which the Insured's Senior Management, including persons responsible for the Insured's insurance, know or ought to know following a reasonable search or which is sufficient to make the Insurer ask questions about the risk. A circumstance is material if it would influence an Insurer's judgment in determining whether to take the risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed;
- which discloses information in a manner which is clear and accessible to a prudent Insurer;
- in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

Failure to disclose a material circumstance may entitle an Insurer to:

- in some circumstances, avoid the Policy from inception and in this event any claims under the Policy would not be paid;
- impose different terms on your cover; and/or
- proportionately reduce the amount of any claim payable.

This duty applies:

- before your cover is placed;
- when it is renewed; and
- at any time that it is varied.

Your Policy wording may also provide that this duty continues for the duration of the Policy.

You should contact us immediately for assistance if you are unsure whether information may be material, or if it comes to your attention that you may have not disclosed full and accurate information.

GENERAL INSTRUCTIONS RELATING TO COMPLETION OF THE FORM

- Please ensure this proposal form is completed by a Principal of the business.
- A response to all questions must be entered. Where a question is not relevant to your business, please respond N/A.
- If the proposal form is completed by just one of the Principals, please ensure that full consultation is made with the Senior Management, prior to submission of this form and that they, in turn, have consulted those for whom they are responsible.
- If you have completed the form electronically, please print and sign it before returning it to us, either electronically or by post.
- If there is insufficient space to answer any questions please provide full details on your headed paper. Please ensure that any additional information is signed, dated and makes clear reference to the question(s) on the Proposal Form, to which it refers.
- Depending upon the qualifications and/or experience of the Principal(s), Insurers reserve the right to request a Curriculum Vitae and details of any circumstances or claims pertaining, in the past 5 years, irrespective of whether they were employed by the business at the time.
- Completion of this proposal form does not automatically bind the Principal, the Firm or Insurers to effect a contract of insurance.
- A copy of this proposal should be retained for your own records.

CLAIMS AND CIRCUMSTANCES

Whilst every question on the proposal form is important and constitutes material information upon which Insurers rely, Insurers will be particularly interested in your history of claims and/or circumstances.

In order to ensure that all notifiable matters are declared, the recommended practice would be for each Principal including all members of the Senior Management and other senior members of staff to sign a declaration to the effect that he/she has investigated the areas for which he/she is responsible and can confirm that there are no claims or circumstances other than those declared in the proposal form.

After completion of the proposal form and prior to the expiry of the firm's current insurance, a check should be undertaken within the Business to ensure that there are no claims or circumstances of which anyone is aware other than those already notified in the proposal form.

If any new matters are discovered, these should be immediately notified to ASE Insurance Agency if we are your current Broker. If we are not your current Broker, then you should notify your current Broker/Insurers and ASE. Such notifications should reach your current Broker/Insurers and ASE Insurance Agency prior to the expiry date of the firm's current insurance.

CONTACT US

Your completed proposal form can either be emailed or posted to us using the contact details below. Please retain a copy for your own records. Please do not hesitate to contact us if you have any questions.

ASE Insurance Agency (UK) Ltd
The Old Post Office
2 Mill Road
Maldon
Essex CM9 5HZ
01621 851 916
asecontact@aseinsurance.co.uk

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MISCELLANEOUS PROFESSIONS

This proposal form must be completed in black ink by a Partner, Principal or Director of the Company. All questions must be answered to enable a quotation to be given but the completion and signature of this proposal does not bind you or the Underwriters to enter into a Contract of Insurance. If there is insufficient space to answer any question fully, please attach a signed and dated continuation sheet.

If you have a brochure, please provide a copy as well as any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS IN BLACK INK TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

Section 1 – Your Company and Staff

a) Name of Individual or Company(s) ('You') including any Subsidiary Companies for whom cover is required:

a)	Date Established:
b)	Date Established:
c)	Date Established:

b) Address of all offices, including those of any overseas local offices or representatives:

Address	Name of Partner, Principal or Director responsible
Registered or principal office	
Second location (if any)	
Third location (if any)	

c) Name(s) of any previous company(s) requiring cover and details of the nature of work undertaken:

Date Ceased Trading:

d) Please provide details of all Partners, Principals or Directors:

Names of all Partners, Principals or Directors	Age	Qualifications	Date(s) Qualified	No of years with this Company

Please attach a C.V for any Partner, Principal or Director with less than 5 years experience in this occupation.

e) Please provide details of all full-time and part-time Consultants who are under a contract of service with you:

Name of all Consultants	Age	Qualifications	Date(s) Qualified	No of years with you

If less than 5 years experience in this occupation, please provide details of previous occupations:

f) Is cover required for any Partner in respect of liability arising out of a previous business? YES NO
 If 'YES', please give details:

Name	Name of previous firm	Nature of firm's business	Date Partner left the previous firm and the reason for leaving

g) Are you admitted to membership of any Association or Professional Body? YES NO
 If 'YES' please give details:

h) Have you or any person employed by you ever been subject to disciplinary proceedings by any Professional Body? YES NO
 If 'YES', please give details:

i) Please state the total number of:-

a) Partners, Principals or Directors	
b) Other Qualified staff	
c) Other Technical staff (excluding Administrative staff)	
d) Administrative and all other staff	
TOTAL	

j) How do you ensure that you and your staff keep up to date with changes in legislation and other legal developments which affect the type of work you do and the services you offer? Please provide details:

k) If you are a sole principal, please provide details of the arrangements for office supervision during your absence:

l) Do you work to a professional code of practice? Yes No

m) Do you have written checklists and/or work procedures for the services which you provide? Yes No

n) Do you have standard contract terms and conditions which you use in every case? Yes No

If 'YES', please provide us with copies.

If 'NO', please explain why and detail the alternative methods you use to confirm terms of engagement with your clients: Yes No

o) Are you accredited, or in the process of being accredited, to any BS or similar Quality Assurance standard?

If 'YES', please provide details: YES NO

Section 2 – Companies with whom you are associated

a) Do you undertake work for any partnership, company or organisation in which any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such partnership, company or organisation? Yes No

b) Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice, company or organisation? Yes No

If you have answered 'YES' to either of questions a) or b) please provide full details :

c) What percentage of your income is derived from the associated companies detailed above? %

d) Is cover required for the work you undertake for the associated companies detailed above? (Cover is restricted to claims made by independent third parties) Yes No

e) Has any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No

f) Has any Partner, Principal or Director been made personally bankrupt? Yes No

If you have answered 'YES' to either of questions e) or f) please provide full details:

Section 3 – Your Activities

a) Please provide a full and clear description of your activities and those of any other company declared in **Section 1 question a)**, including any features of your work which you believe may be of interest to Insurers:

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b) Please state your gross income/fees (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of income/fees billed to clients based in the following territories:

Year	UK	Overseas excl. USA & Canada	USA & Canada	Total
20 to 20				
20 to 20				
20 to 20				
Next				
Financial Year Ending (e.g. 31/12):		/		

c) Do you enter into any contracts where legal jurisdiction is anything other than UK? Yes No

If you have declared fees from any territory other than the UK or answered 'YES' to Question c) please give full details including nature of contract, dates, countries involved, contract values and jurisdiction applicable:

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d) Please list the activities declared and state the approximate percentage of work carried out in each instance:

i)	%	TOTAL 100%
ii)	%	
iii)	%	
iv)	%	
v)	%	

e) Please provide details of your 3 largest contracts undertaken in the past 5 years and/or to be undertaken within the next 12 months:

Dates	Client	Details of contract and services provided	Total contract value	Your fee

f) Are you or any individual partner or director a member of any consortium or joint venture (JV)? Yes No
 If 'YES', please provide full details:

Name of consortium/JV	Your role in the consortium/JV and the services you provide	Fees (£)

g) What percentage of your income is paid to sub-contractors? %

h) Do you want us to provide cover to sub-contractors under your policy for claims made against them in respect of work they perform on your behalf? Yes No
 (Note: Your vicarious liability for the actions of sub-contractors employed by you is covered automatically)

Please give details of the work undertaken by sub-contractors on your behalf and how you review it:

j) Do you enter into written agreements with your sub-contractors? Yes No

k) Are sub-contractors required to hold their own Professional Indemnity Insurance and if so, for what amount?
 Yes No £

l) Have any major changes in your activities/structure taken place in the past twelve months or expected to take place in the next 12 months? Yes No

m) Is cover required for any previous, now ceased, activity which is different from that declared within this proposal Form? Yes No

If you have answered 'YES' to questions **l)** or **m)** please provide full details:

n) Do you undertake any contracts which involve you or your sub-contractors in:
 i) manufacture, construction, erection or installation Yes No
 ii) the supply of materials , plant, goods or equipment Yes No

If you have answered 'YES' to either of these questions please provide full details, including the proportion of fees earned from this work and the nature of the products involved:

o) What do you think are the most significant risks associated with your activities and what do you do to minimise your exposure to them?

If you are involved in the construction industry, please continue with the following questions in relation to Project Partnering Contracts. If not, you may move on to Section 4.

Section 3 Appendix – Project Partnering Contracts

a) Have you now or in the past entered into any contracts in the form of PPC 2000 and if so, what has been the average contract value? Yes No

b) Do you intend to enter into any contracts in the form of PPC 2000 in the future? Yes No
If you have answered 'NO' to questions a) and b) you may move on to Section 4. If 'YES', please continue from question c).

c) Please provide full details of your 3 largest Project Partnering Contracts:

Date	Client	Total contract value (£)	Your fee (£)	Your role, as set out in the PPC 2000 Agreement (eg Client Representative)

d) On average, how many PPC 2000 Contracts have you been involved in annually over the last 3 years?

e) Who within your company is responsible for negotiating your participation in PPC 2000 Contracts?

Name	Age	Qualifications	Position in the company

f) Do you generally enter into PPC 2000 Contracts with the same, regular partners? Yes No

g) Do you always use the same standard form of contract? Yes No

h) Do you always take legal advice from your own lawyer before entering into a PPC 2000 Contract? Yes No

If you have answered 'NO' to any of questions f) to h) please provide full details:

Section 4 – Your Professional Indemnity Insurance arrangements

a) Please provide details of your current insurance. **You need not answer this question if you are currently insured with us.**

If you are not currently insured, please state 'Not Insured'..

Insurer	Renewal Date	Limit of Indemnity (Any One)	Premium (excl IPT)	Excess	Retroactive Date

b) For how long have you been continuously insured?

Years

c) Has any Insurer ever:-

- | | | |
|--|-----|----|
| i) declined to offer Insurance to you or any Partner, Principal or Director? | Yes | No |
| ii) imposed any special terms on your Company or any Partner, Principal or Director? | Yes | No |
| iii) cancelled or voided an Insurance for you or any Partner, Principal or Director? | Yes | No |

If you have answered 'YES' to any of these questions please provide full details:

d) What Limit of Indemnity do you now require? Please indicate by ticking the box(es) below:

£100,000	£250,000	£500,000	£1,000,000	Other	Please state	£
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e) An excess of at least £500 to £1000 will normally be a requirement of this insurance. However, a reduction in premium may be available if you are prepared to accept a higher, voluntary excess (each and every claim). If you are prepared to consider this, please state the amount of the excess you require our quotation to be based upon.

£2,500	£5,000	£10,000	£25,000	Other	Please state	£
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Section 5 –Your Systems for dealing with money

a) Do you always obtain satisfactory written references when engaging senior employees? Yes No

b) Are you able to confirm that no Partner, Principal, Director or Employee is allowed to sign cheques on his / her signature alone? Yes No

c) Are Employees who receive cash/cheques in the course of their duties required to pay in daily? Yes No

If you have answered 'NO' to any of the above please explain why by giving full details:

d) How often are checks carried out on all entries in the Cash Book with all paying in books, receipts counterfoils and vouchers being reconciled with Bank Statements, including the balance of cash and unrepresented cheques, independently of Employees receiving or banking monies belonging to you as well as in trust on behalf of others?

WEEKLY MONTHLY QUARTERLY OTHER

Section 6 – Your Claims history

CLAIMS- PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY -FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE ATTACH A SIGNED AND DATED CONTINUATION SHEET TO ENABLE YOU TO PROVIDE FULL DETAILS.

a) Fidelity

- i) Have you sustained any loss through the fraud or dishonesty of any person? Yes No
- ii) Do you know of any fraud or dishonesty at any time of any past or present Partner, Principal, Director or Employee? Yes No

b) Professional Indemnity:-

- i) Has any claim, whether successful or not, ever been made against you, your predecessors in business or any past or present Partner, Principal, Director or Employee? Yes No
- ii) Are you or any of the Partners, Principals, Directors or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against you, your predecessors in business or any past or present Partner, Principal, Director or Employee? Yes No

If you have answered 'YES' to **any** of the Claims Questions please provide full details including dates, amounts involved, brief details of the nature of the claim, whether the claim is paid or still outstanding and state the steps taken to prevent a reoccurrence.

Additional Information

Please use this space to provide additional information in support of the answers given within the proposal form or simply to provide further details about you or your activities which you feel would be of interest to us. Please clearly show the question number to which the information relates.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated 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 Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

<hr/>	Date: _____
Signature of Partner, Principal or Director	
<i>If you are unable to digitally sign this document, please print and hand sign this page only and send with completed proposal form.</i>	

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS