

# Miscellaneous Professions

## Proposal Form

### **IMPORTANT:**

## In this proposal:

- You / Your refers to all firms to be insured under this arrangement, including any predecessor or
  previous business for which cover is required.
- Firm means any business whether a sole trader, partnership or company, limited in liability or otherwise.
- Principal means any Director, Partner, Member or Sole Trader.
- Answers should relate to all work for which cover is required past, present and future.
- You <u>MUST</u> complete all sections of this Proposal Form. The Proposal Form must be signed and dated once completed.
- This Proposal Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of Your knowledge and belief at the time
  of disclosure. You must also disclose any changes to the facts disclosed that occur prior to
  commencement of insurance. The information provided in this Proposal Form, together with any
  other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

lame(s)					Date	Establishe	d	
) Please provide website	addross:							
ww:	address.		_					
) Please provide all addr	esses:							
ddress								
_								
) If anyor in required for 1	Valle prov	ious busin		nradaga	aar praatiaaa) pr	ovida dat	oilo bolou	
) If cover is required for '			-		F			<b>/</b> -
ame(s)	8	tart Date	Ena	Date	Reason for windin	ig up/leavin	9	
5) If any of the <b>Principals</b>	require c	over for ar	ny previ	ious profe	ssional business	activity n	ot covere	d else-
vhere please provide deta	ails below	:		·				
lame of <b>Principal</b> to be overed								
lame of previous <b>Firm</b>								
Period at previous <b>Firm</b>		dd / mm / dd / mm /			dd / mm / yyyy dd / mm / yyyy	From: To:	dd / mm dd / mm	
	уууу: £.			уууу: £		yyyy: £		
ees for last 3 years of	уууу: £.	уууу: £		уууу: £		уууу: £		
rading	уууу: £		уууу: £		уууу: £			
	3333.			<i>yyyy</i> . ~		7777		
Position held at previous Firm								
Reason for leaving								
	- U			<u></u>		II.		
		h or financ	rial into	rest in an	v other Firm? If Y	ÆS.		
s) Do <b>You</b> have any asso give full details below of the he third party.							YES	NC

Name		Age	Qualifications	Date C	Qualified	Date of eng	agement	
8) Please supply detail	ls of tot	tal numb	pers of staff:					
Principals	1	alified Sta		Unqualified	Staff	Others		
9) Has any <b>Principal</b> e prosecutions pending (reprimanded/disqualifie	(excludi	ing mine	or motoring off	ences), or be	en investigat	ed/	YES	NO
						·		
40) Diagon provide full	مانماما	if any F	Driveinel beek		araanalli, han	lement on boo		
10) Please provide full associated with any but								
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11) Please provide det	:ails of `	<b>Your</b> cu	ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
11) Please provide det	tails of	<b>Your</b> cu	ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
Current Insurer	tails of `	Your cu	ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
Current Insurer Current Broker	ails of `	Your cu	ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
Current Insurer	tails of `		ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
Current Insurer Current Broker	tails of `	Your cu	ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
Current Insurer Current Broker Policy Renewal Date	tails of `		ırrent Professio	onal Indemnit	ty insurance a	arrangemen	ts below:	
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity	tails of `	£	ırrent Professio	onal Indemnii	ty insurance a	arrangemen	ts below:	
Current Insurer  Current Broker  Policy Renewal Date  Limit of Indemnity  Excess		£						
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity Excess Premium If You currently have F		£						
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity Excess Premium If You currently have F date, if any:		£						
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity Excess Premium If You currently have F date, if any:	Profess	£ £ £ ional Ind	demnity covera	age in force, I				
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity Excess Premium If You currently have F date, if any: Date	Profess	£ £ ional Ind	demnity covera	age in force, I			ctive	ncial year
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity Excess Premium If You currently have F date, if any: Date	Profess	£ £ ional Ind	demnity covera	age in force, penerated:	please advise	the retroac	ctive Curr finar	ncial year
Current Insurer Current Broker Policy Renewal Date Limit of Indemnity Excess Premium If You currently have F date, if any: Date  12) Please provide a b Year End	Profess preakdo	£ £ ional Ind	demnity covera	age in force, penerated:	please advise	the retroac	ctive Curr finar estin	ncial year

£

£

£

£

£

£

£

£

£

£

Work elsewhere

Total

£

£

14) Please provide a fu	II descrip	tion of all services provided.				
		n of activities described above, ar %) in the last complete financial y		of income gen	erated f	or
						%
						%
						%
						%
						%
Total						100%
				•		
		nal activities/services provided w		the	ES	NO
fortncoming twelve mor	itns? It Y	'ES please provide full details bel	OW:			
<u> </u>						
		cess of manufacturing, construction oducts, other than in a pure desig			ES	NO
capacity? If YES please						
18) Do <b>You</b> engage the	service	s of sub-contractors?			YES	NO
If YES, please provide a	answers	to the following, otherwise skip to	the next gues	tion		
		er was paid to sub-contractors du	•			%
		b-contractors to hold their own Pi				
coverage, and verify that				<b>,</b>	YES	NO
If YES please confirm to	he minin	num limit <b>You</b> require them to ma	intain:		£	
· · · · · · · · · · · · · · · · · · ·	1	our 5 largest contracts that have b	· ·	1	1	
Client	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Co	
					1	
					1	
					+	
					+-	

Client	Start	Description of Work	Total	Contract	Your (	Contract	Est. Com-
	Date		Value		Value	/Fee	pletion Date
21) Do <b>You</b> undertak	e anv p	rojects where work is out	side the United Ki	nadom?		YES	NO
						123	110
If YES, please provid	le detail	s of the 3 largest projects	below:				
Country	Start Date	Description of Work	Total Con- tract Value	Your Cor Value /Fe		Est. Comp	letion Date
	Dute		truot varuo	Value // C	,,,		
		into contracts which are see provide full details belo		of countri	ies oth	- YES	NO
ei iliali ille UK! Il TE	S pieas	e provide full details belo	vv.				
0.00 M							<u> </u>
		ed written agreements for rices to be provided and h				YES	NO
confirmed in writing?		·		,			
		acting, have <b>You</b> ever ent				T.F.G	NO
		vices provided by others ( YES please provide full d		tium invo	lving	YES	NO
		· · · · · · · · · · · · · · · · · · ·					
25) Have <b>You</b> ever e	ntered i	nto contracts on behalf of	clients?			YES	NO
If YES, is written sign	n off for	the contract terms always	obtained from <b>Y</b>	our client			
prior to committing th		- 7		·		YES	NO
,	Limits	of Liability <b>You</b> require qu	otations for:				
£250 000		£3 000 000		1			

28) Has any claim been made or loss suffered by <b>You</b> , whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	YES	NO
If YES, please provide details below:		

£

27) What level of excess do You require?

Date of claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

29) Are <b>You</b> aware of any of the following?		
Any circumstances which might lead to a claim against <b>You</b> , whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	YES	NO
Any matter which might otherwise affect the consideration of this proposal?	YES	NO
Has any application for similar insurance made on <b>Your</b> behalf or on behalf of any past or present <b>Principal</b> ever been declined, refused renewal, cancelled or accepted only on special terms?	YES	NO
If the answer to any of the above is YES, please provide full details below:		

#### **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. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

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 Underwriters.

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. Manchester Underwriting Management Ltd. 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 Manchester Underwriting Management Ltd. 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 Manchester Underwriting Management Ltd.

Signature of Principal:	
Date:	

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