

Proposal Form

Professional Indemnity Insurance MISCELLANEOUS PROFESSIONS

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. The Insurer relies upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Proposer, and if so, on what terms. The Proposal Form applies to the "Proposer" which includes all person(s) or businesses applying for insurance.

This Proposal Form is not suitable for Accountants, Architects, Design and Construct Contractors, Engineers, Brokers, IFA's, Printers, Publishers, Solicitors, Surveyors, Technology Companies, Tour Operators and certain other occupations. If you are unsure whether this Proposal is suitable for your business seek advice from your insurance broker before completion.

SECTION 1 – ABOUT THE PROPOSER (Please write in block capitals or cross the appropriate boxes as required)

| 1. | Proposer(s) Name (Company/Trading Name): |
|----|--|
| 2. | Main Address (Also include any other locations): |
| 3. | Date Established: |
| 4. | Website & Contact Email Address: |
| 5. | Person to contact about insurance and contact telephone number(s): |
| 6. | Professional or Trade Association Membership: |
| 7. | Company Registration Number: |
| 8. | Please provide a full description of the Proposer's activities: |
| 9. | Proposed inception date for policy: |

angel

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SECTION 2 – ABOUT THE BUSINESS

| 10. | During the past 6 years (or since the Proposer commenced trading, if less) has the Proposer's name been changed, has any other business been purchased or has any merger or consolidation taken place? If Yes, please provide full details. | | | | | | No 🗌 | | |
|-----|--|--|----------------------------------|----------------|----------------------------------|-----------------------|---------------------------------|-----------------|------|
| | | | | | | | | | |
| 11. | Is the Proposer connecte | d or ass | ociated (financial | lv or otherwi | se) with any | other entity? | | Yes □ | No 🗌 |
| | If Yes, is cover required f | • | | • | ounds on any | | = | No \square | |
| | If Yes, provide name, nat | - | | - | - | om the associated | entity. | 165 | NO 🗀 |
| | , | | | | | | , | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12. | List all partners, principal | s, direct | ors and consultar | nts under a c | ontract of se | rvice: | | | |
| | (use separate sheet if neces | ssary) | | | | | | | |
| | Name | | Qualificat | ions | Dates(s | s) Qualified* | Years | Experience | |
| | 1. | | | | | | | | |
| | 2. | | | | | | | | |
| | 3. | | | | | | | | |
| | 4. | | | | | | | | |
| | 5. | | | | | | | | |
| | * Attach a CV where the Pro | poser ha | s been established | less than 5 ye | ears and/or who | ere any individual ha | s no relevant | qualifications. | |
| 13. | List total number of empl | oyees sp | olit between the fo | ollowing: | | | | | |
| | (include part time employees | s) | | | | | | | |
| | Principals and Senior Qualified | | r Technical and Qualified Admini | | strative Other (Speci | | cify) Total | | |
| | | | | | | | | | |
| 14. | | | | | | | | | |
| 17. | Trovide the Proposer's te | rovide the Proposer's turnover in each of the financial periods derived from clients based in the territories to | | | | | | | |
| | Territory | | Last Financial Year Ended | | Current Financial Year Ending | | Coming Financial Year Ending | | ar |
| | | | | | / | | | | _ |
| | ROI€ | | | | | | | | |
| | UK - € equivalent | | | | | | | | |
| | USA/CAN - € equivalen | t | | | | | | | |
| | Elsewhere - € equivaler | nt | | | | | | | |
| | Total € | | | | | | | | |
| | | | | | | | | | |

SECTION 2 – ABOUT THE BUSINESS (Continued)

| Description of Services/Activities | ROI | UK | USA/Canada | Elsewhere* | Total | |
|--|--|--|--|-----------------|----------|--------|
| a) | | | | | | |
| b) | | | | | | |
| c) | | | | | | |
| d) | | | | | | |
| e) | | | | | | |
| | | | | | 100% | , |
| *Please provide details of territories design | nated as "Elsewhere". | | • | | • | |
| | | | | | | |
| | | | | | | |
| Does the Proposer require coverage commence, which is different to the d | | | | | Yes 🗌 | N |
| If Yes, please provide full details. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Does the Proposer require coverage Proposer has entered into in the past | for any consortiur | n, joint ventur | e or single project | partnership the | Yes 🗌 | N |
| Does the Proposer require coverage Proposer has entered into in the past If Yes, please provide full details. | for any consortiur or is planning to in | n, joint venture the future? | e or single project _l | partnership the | Yes 🗌 | N |
| Proposer has entered into in the past | for any consortiur or is planning to in | n, joint venture the future? | e or single project | partnership the | Yes 🗌 | Ν |
| Proposer has entered into in the past If Yes, please provide full details. | or is planning to in | the future? | | • | Yes 🗌 | Ν |
| Proposer has entered into in the past | or is planning to in | the future? | | • | Yes 🗌 | N |
| Proposer has entered into in the past If Yes, please provide full details. What percentage of turnover on average. | or is planning to in age over the last 3 y consultants are | the future? vears has beer they engaged | n paid to outside or s in a binding cont | sub consultants | | |
| Proposer has entered into in the past If Yes, please provide full details. What percentage of turnover on avera or third parties? If fees are paid to outside or sub | or is planning to in age over the last 3 y consultants are for or or omission for the consultants. | the future? vears has beer they engaged he work they u | n paid to outside or s in a binding cont indertake? | sub consultants | | |
| Proposer has entered into in the past If Yes, please provide full details. What percentage of turnover on avera or third parties? If fees are paid to outside or sub responsibility for their own neglect, en | or is planning to in age over the last 3 y consultants are for or or omission for the consultants. | the future? vears has beer they engaged he work they u | n paid to outside or s in a binding cont indertake? | sub consultants | | |
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| Proposer has entered into in the past If Yes, please provide full details. What percentage of turnover on average or third parties? If fees are paid to outside or sub responsibility for their own neglect, entered in the proposer ever failed to complet the proposer ever failed to complete the past of the past | age over the last 3 y consultants are to some and the consulta | the future? vears has been they engaged he work they u and projects u or project? | i paid to outside or s in a binding cont indertake? indertaken. | sub consultants | Yes Yes | Ζ |

| 21. | Does the Proposer have written procedures or checklists for the services performed? | | | | | | Yes □ | No 🗌 | |
|---|--|---|--|---|--|---|--|---------|--|
| 22. | Are all the Proposer's contracts and letters of engagement in writing? | | | | | | Yes 🗌 | No 🗌 | |
| 23. | Are changes to work orders or design specifications during the course of a contract always confirmed in writing? | | | | | | ed in Yes 🗌 | No 🗌 | |
| 24. | | | | | | | | No 🗌 | |
| 24. Does the Proposer always obtain satisfactory written references when engaging employees? Yes ☐ No ☐ If the answer to any of the questions above is No, please provide full details of alternative procedures in place. | | | | | | | | | |
| | | | | | | | | | |
| SECT | ION 4 – PREVIOUS INS | JRANCE | | | | | | | |
| 25. | 5. Has any Proposal for Professional Indemnity Insurance (or similar insurance) made by or on behalf of the Proposer or its business or other activity, or any predecessors of the Proposer or its business or other activity or any principal, partner or director of the Proposer been declined in the past or has such insurance been cancelled, renewal refused or has any special terms been imposed on them? | | | | | | other | No 🗌 | |
| | If Yes, please provide fu | ıll details. | | | | | | | |
| 26. | Does the Proposer curre | ently purchase Pro | ofession | al Indemnity Insurand | ce? | | Yes □ | No 🗌 | |
| | If Yes, please provide th | ne following inform | ation: | | | | | | |
| | Insurer | Limit | | Excess | | Premium | Retroactive | Date | |
| | | € | | € | € | | | | |
| | | | | | | | | | |
| SECTION 5 – PREVIOUS EXPERIENCE | | | | | | | | | |
| o_o. | | | | | | | | | |
| 0_0. | | ERIENCE | | | | | | | |
| 27. | After full enquiry has the | | ed any l | loss through the fraud | d or dish | nonesty of any person? | Yes □ | No 🗌 | |
| | | e Proposer sustain | of any | fraud, dishonesty, | bankrupi | | _ | No 🗆 | |
| 27. | After full enquiry has the | e Proposer sustain e Proposer aware r present principal, ny claim been ma | of any , partner | fraud, dishonesty, lar, director or employe | bankrupt ee? | tcy or administration o | order Yes 🗌 | | |
| 27. 28. | After full enquiry has the After full enquiry is the applicable to any past o | e Proposer sustain e Proposer aware r present principal, ny claim been ma ilst in this or any o | of any , partner ade aga other bus | fraud, dishonesty, fr, director or employed inst the Proposer's siness? | bankrup ee? busines | tcy or administration of | order Yes rtner, Yes | No 🗆 | |
| 27. 28. | After full enquiry has the applicable to any past of the applicable to any past of the applicable and after full enquiry has a director or employee who (This is regardless of what the full enquiry is the claim being made again | e Proposer sustain e Proposer aware r present principal, ny claim been ma ilst in this or any o nether the claim wa | of any, partner ade aga other bus as succe | fraud, dishonesty, fr, director or employed inst the Proposer's siness? essful or not or whether cumstance or incide | bankrup ee? business ner the c | tcy or administration of s or any principal, par claim(s) was insured or the n has or could result in | order Yes ortner, Yes onot). | No No | |
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| ADDITIONAL INFORMATION |
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| Note: Additional information is subject to further consideration by the Insurer. Use separate sheet if necessary. |
| PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION |
| Similar to other professional insurances, the Angel Professional Indemnity Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurer during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Proposer ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker. |
| Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG. |
| DATA PROTECTION |
| By signing this Proposal Form the Proposer consents to the Insurer or its representatives using the information the Insurer may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Proposer where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessitate providing such information to third parties. |
| MATERIAL FACTS |
| All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by the Insurer. If the Proposer is in any doubt as to what constitutes a material fact they should consult their insurance broker. |
| DECLARATION |
| The undersigned declares on behalf of the Proposer that to the best of their knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal on behalf of the Proposer. |
| ☐ More information is attached to this Proposal Form |
| Signature: Dated: |

Print Name:

Position*:_

^{* (}Must be Chairman, Managing Partner, Managing Director or other Director responsible for insurance)