



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: _____
(12 month policy period assumed)

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? Yes ☐ No ☐

If Yes, please provide full details.

11. Is the Proposer connected or associated (financially or otherwise) with any other entity? Yes ☐ No ☐

If Yes, is cover required for any work undertaken for any associated entity?

Yes ☐ No ☐

If Yes, provide name, nature of the work undertaken and income derived from the associated entity.

12. List all partners, principals, directors and consultants under a contract of service:

(use separate sheet if necessary)

Name	Qualifications	Dates(s) Qualified*	Years Experience
1.			
2.			
3.			
4.			
5.			

* Attach a CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

13. List total number of employees split between the following:

(include part time employees)

Principals and Senior Qualified	Other Technical and Qualified	Administrative	Other (Specify)	Total

14. Provide the Proposer's turnover in each of the financial periods derived from clients based in the territories below:

Territory	Last Financial Year Ended ____/____/____	Current Financial Year Ending ____/____/____	Coming Financial Year Ending ____/____/____
UK £			
EU - £ equivalent			
USA/CAN - £ equivalent			
Elsewhere - £ equivalent			
Total £			

SECTION 2 – ABOUT THE BUSINESS (Continued)

15. Please allocate below, as a percentage total of 100%, the split in turnover of the services provided in the last complete financial year or estimate for first year if a new start up business:

Description of Services/Activities	UK	EU	USA/Canada	Elsewhere*	Total
a)					
b)					
c)					
d)					
e)					
					100%

*Please provide details of territories designated as "Elsewhere".

16. Does the Proposer require coverage for any other activity, now ceased or which is planned or due to commence, which is different to the description of the Proposer's business given in question 15? Yes ☐ No ☐

If Yes, please provide full details.

17. Does the Proposer require coverage for any consortium, joint venture or single project partnership the Proposer has entered into in the past or is planning to in the future? Yes ☐ No ☐

If Yes, please provide full details.

18. What percentage of turnover on average over the last 3 years has been paid to outside or sub consultants or third parties? _____%

If fees are paid to outside or sub consultants are they engaged in a binding contract accepting responsibility for their own neglect, error or omission for the work they undertake? Yes ☐ No ☐

If No, please provide full details including nature of work and projects undertaken.

19. Has the Proposer ever failed to complete a piece of work or project? Yes ☐ No ☐

If Yes, please explain the reason and type of project.

20. Is all the Proposer's work undertaken using well-established techniques and practices? Yes ☐ No ☐

If No, please explain any new techniques or practices used or planning to be used.

SECTION 3 – RISK MANAGEMENT

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? Yes ☐ 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.

SECTION 4 – PREVIOUS INSURANCE

25. 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? Yes ☐ No ☐

If Yes, please provide full details.

26. Does the Proposer currently purchase Professional Indemnity Insurance? Yes ☐ No ☐

If Yes, please provide the following information:

Insurer	Limit	Excess	Premium	Retroactive Date
	£	£	£	___/___/___

SECTION 5 – PREVIOUS EXPERIENCE

27. After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person? Yes ☐ No ☐
28. After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes ☐ No ☐
29. After full enquiry has any claim been made against the Proposer's business or any principal, partner, director or employee whilst in this or any other business? Yes ☐ No ☐
- (This is regardless of whether the claim was successful or not or whether the claim(s) was insured or not).
30. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee of this or any other business? Yes ☐ No ☐

(This includes but is not limited to any client currently withholding payment for work or any escalating level of complaint on a particular project and whether it has been notified to a current or previous insurer).

If the answer to any of the questions above is Yes, please provide full details.

SECTION 6 – LIMIT OF INDEMNITY AND EXCESS

Select the Limit of Indemnity required:

£100,000 ☐ £250,000 ☐ £500,000 ☐ £1,000,000 ☐
£2,000,000 ☐ £3,000,000 ☐ £5,000,000 ☐ OTHER £ _____

Select the Excess required:

£250 ☐ £500 ☐ £1,000 ☐ £2,500 ☐
£5,000 ☐ £7,500 ☐ £10,000 ☐ OTHER £ _____

ADDITIONAL INFORMATION

[illegible]

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: _____

Dated: _____

Print Name: _____ Position*: _____

Position*:

* (Must be Chairman, Managing Director or other Director responsible for insurance)