



Professional Package Supplemental Questionnaire to Professional Indemnity Proposal

The package policy is not available for all industries. Please check with your broker before completion.

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Supplementary Questionnaire. It is very important that the person completing the Supplementary Questionnaire 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. Insurers rely upon the answers provided in this Supplementary Questionnaire when deciding whether or not to offer insurance to the Proposer, and if so, on what terms.

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

1. Proposer(s) Name

2. Principle Address:

3. Proposer's Industry Sector: _____
4. Annual Turnover: _____
5. Select additional cover required:
 - Directors & Officers Liability Insurance (*if this cover is required the Directors & Officers Liability Proposal Form will need to be completed*)
 - Public Liability Insurance
 - Employers Liability Insurance
 - Office Contents Insurance, All Risks Insurance and Business Interruption Insurance

SECTION 2 – STATEMENTS IN RESPECT OF PUBLIC AND EMPLOYERS LIABILITY

The Proposer can confirm that

6. None of its operations include the manufacture, production, supply or distribution of any products other than computer software. True False
7. All of its operations are Classroom &/or Office based and does NOT involve any Physical &/or Manual Training. True False
8. After full enquiry, none of its principals, partners, directors or employees are aware of, or carrying any injuries or diseases that could give rise to a claim. True False
9. After full enquiry it is NOT aware of any claim(s) that have been made against its business or against any of its principals, partners, directors or employees whilst engaged in its current business or any other activity. True False
10. After full enquiry it is NOT aware of any circumstance or incident which has or could result in any claim being made against its business or against any of its principals, partners, directors or employees, whilst engaged in its current business or any other activity. True False
11. Please confirm total number of employees including principals and directors. _____

If the response to any of the Statements 6-10 is False please provide full details in the Additional Information Section

SECTION 3 – ADDITIONAL EMPLOYERS LIABILITY QUESTIONS

Answers to the below questions are mandatory and without complete answers to the below questions it will not be possible to provide Employers Liability Insurance

12. Current Insurer
(this is the name of the insurer for the expiring policy period) _____
13. Current Insurance Cover Start Date _____
14. Current Insurance Cover End Date _____
15. Original Insurer
(the Insurer with who employers liability insurance was originally taken out with) _____
16. Broker Reference Number
(the unique reference that the broker will have to identify the Policy) _____
17. Policy Type
(Is the Proposer applying for cover for a parent or subsidiary company?) Parent / group company
Subsidiary company
18. Proposed Policyholder Name _____
19. Employer Name
(this is the employer name which is known by the employee) _____
20. (a) Proposed Policyholder's Address:
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City / Town _____
County _____
Country _____
Postcode _____
- (b) Proposed Policyholder's Employer Reference Number
(this identifies the Unique ID / PAYE Code) _____
21. (a) Parent Company Address (if applicable):
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City / Town _____
County _____
Country _____
Postcode _____
- (b) Parent Company's Employer Reference Number
(this identifies the Unique ID / PAYE Code) _____
22. (a) Subsidiary Company 's Address (if applicable):
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City / Town _____
County _____
Country _____
Postcode _____
- (b) Subsidiary Company's Employer Reference Number
(this identifies the Unique ID / PAYE Code) _____

Please provide details of other subsidiaries, if more than one, in the Additional Information Section.

SECTION 4 – EMPLOYERS LIABILITY LIMIT

The Limit of insurance provided for Employers Liability is £10,000,000

SECTION 5 – SELECT LIMITS OF INSURANCE FOR PUBLIC LIABILITY

Please select the Limit of insurance required for Public Liability:

£1,000,000 £2,000,000 £5,000,000

SECTION 6 – STATEMENTS IN RESPECT OF OFFICE CONTENTS, ALL RISKS AND BUSINESS INTERRUPTION (Optional)

This section is only available if the Public Liability option is purchased

The Proposer can confirm that

23. It does not have any premises, locations, offices or places of business located where the first characters of the post code are any of the following: BB1, 3, 5, 6 or 7, CF1, 5 or 6, DY, FY, EC, M3, MK, PE, SS, WN8 6, 8 or 9. True False
24. Its place of business is constructed of brick or stone with a slate, tiled or profiled metal roof. True False
25. All external windows (including sky lights) are closed and locked with key operated window locks, or permanently screwed shut when the premises are unattended. True False
26. The final exit door, is secured or locked with five (or more) lever mortice deadlocks and matching boxed striking plate, to minimum BS 3621 standard (or the equivalent). True False
27. All other external doors or internal doors providing access to its offices are secured with either five (or more) lever mortice deadlocks and matching boxed striking plate, to minimum BS 3621 standard (or the equivalent) or by two key operated security bolts to engage the door frame. True False
28. Where a contents limit of £50,000 or more is purchased the office is protected by a hard wired intruder alarm system which meets British Standard 4737/BS EN 50131 or a wireless Class VI alarm system which meets BS 6799. Such alarm system has been installed by either a NSI (National Security Inspectorate) approved or SSAIB (Security Systems and Alarm Inspection Board) registered company. True False
29. After full enquiry it is NOT aware of any claim(s) or loss(es) whether successful or not has occurred or has been made by or on behalf of its business or by any current or past person, principal, partner, director or employee whilst engaged in its current or in any past business or any other activity, in respect of office contents, all risks or business interruption. True False
30. After full enquiry it is NOT aware of any circumstance(s) or incident(s) which has or could result in any claim being made in respect of office contents, all risks or business interruption. True False
31. If more than one place of business exists then the proposer confirms that all the above statements apply to each location. True False

If the response to any of the Statements 23-31 is False please provide full details in the Additional Information Section

SECTION 7 – SELECT LIMITS OF INSURANCE FOR OFFICE CONTENTS, ALL RISKS AND BUSINESS INTERRUPTION

Please select the Limit of insurance required:

	CONTENTS	ALL RISKS	BUSINESS INTERRUPTION	
	LIMIT			
Option 1	£5,000	£1,000	£10,000	<input type="checkbox"/>
Option 2	£10,000	£2,500	£25,000	<input type="checkbox"/>
Option 3	£25,000	£5,000	£50,000	<input type="checkbox"/>
Option 4	£50,000	£10,000	£75,000	<input type="checkbox"/>
Option 5	£100,000	£25,000	£100,000	<input type="checkbox"/>

SECTION 8 – ADDITIONAL INFORMATION

Note: Additional information is subject to further consideration by Insurers. 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 Package 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 Insurers 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.

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DATA PROTECTION

By signing this Supplementary Questionnaire the Proposer consents to the Insurer or its representatives using the information Insurers may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Insured where this is necessary in compliance with the provisions of the Data Protection Act 1998. 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 Insurers. If the Proposer is in any doubt as to what constitutes a material fact they should consult their insurance broker.

DECLARATION

The Proposer warrants that all the information contained in this Supplementary Questionnaire is true and includes all material information. The Proposer warrants that if the information supplied herein changed between the date of this Supplementary Questionnaire and the inception date of the Policy, the Proposer will immediately notify the Insurers of such change, and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Supplementary Questionnaire on behalf of the Proposer.

More information is attached to this Supplementary Questionnaire

Signature: _____

Dated: _____

Print Name: _____

Position*: _____

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

