

PERSONAL DETAILS	
Name of Proposer	
Trading Name(s)	
Address to which the quotation is to apply	
Postcode:	Telephone No.
Contact Name:	
Email Address:	

How long have you traded from this address	Years	Elsewhere	Years
When is your existing insurance policy due for renewal?			
Who is your existing insurer?			
Have you or your partners ever been declared bankrupt, convicted of arson or any dishonesty offence eg fraud, theft, handling of stolen goods?			Yes/No
If yes please provide details			
Has any insurer ever cancelled or refused to insure or imposed special terms or declined to continue any insurance for you?			Yes/No
If yes please provide details			

IF YOU ARE THE SOLE DIRECTOR OR PRINCIPAL				
Is this a part-time occupation				Yes/No
If YES please give brief details of other part-time/full time employment				
Details of all Principals, Partners & Directors				
Name	Age	Qualifications	Date Qualified	No. Years Qualified
If a principal has less than 5 years experience, please email us a CV				

PROFESSIONAL INDEMNITY	
Do you currently have Professional Indemnity Insurance in force?	Yes/No
Current Insurer	
Renewal Date	
Premium	
Number of years continuously insured for PI (please provide relevant date)	
This policy will not cover work undertaken prior to inception of the Policy unless the retroactive date has been advised.	

Please list your largest 3 projects undertaken since business established					
Description/Country	Client	Commenced	Completed	Your Fee	Total Value

Are you members of any Trade Associations or Professional Body e.g. Chartered Society of Designers (If YES please specify)	Yes/No

Please indicate the % of your work which is designed only in comparison to project were you arrange for manufacture/production	
Design only projects	% Turnover
Do you wish to extend Cover to include:	
(a) Infringement of Intellectual Property Rights e.g. copyright	Yes/No
(b) Breach of Confidentiality	Yes/No
(c) Rectification (first party) Cover	Yes/No
(d) Irrecoverable Fees Cover	Yes/No
(e) Production Disparagement	Yes/No
Do you always prepare a written specification for your client for each project incorporating "Sign Off" procedures?	Yes/No
Are all changes to the specification contract recorded?	Yes/No
Do you always obtain final client sign off before production? (Please email us a copy of Standard Terms and Conditions)	Yes/No

Please give details of the number of staff and projected payments to		
Principle/Partners		£
Clerical/Sales Employees		£
Manual Employees		£
Labour Only Sub Contractors		£
Individual Sub Contractors		£



BUSINESS RELATIONSHIPS			
Is the company or any individual connected or associated (financially or otherwise) with any other company or organisation for whom work may be undertaken for or in connection with the proposed? (If YES, please provide full details)			Yes/No
Are you a member of a consortium or engaged in any single project partnership (If YES, please give the names of the consortium or other member/partners and their capacities in the consortium/partnership. Full information will be required)			Yes/No
Do you require sub-consultants to carry Professional Indemnity Insurance?			Yes/No
Minimum Limit	£	% of fees paid to sub-consultant	£
Underwriters retain rights of recourse against sub-contractors unless specifically agreed otherwise			

LIMITS OF INDEMNITY (Please tick the level required)			
Public Liability			Yes/No
1 Million	2 Million		
Professional Indemnity Standard			Yes/No
£100,000	£250,000	£100,000	£1,000,000
Employer Liability £10,000,000 Standard Level			Yes/No

DECLARATION	
Has any Insurer ever declined to offer renewal terms, imposed special terms or cancelled cover for the Firm or Principal Partner or Director?	Yes/No
Has any prosecution prohibition notice or improvement order been made against you under the Health & Safety Legislation during the last 5 years?	Yes/No
Are any of your Principals/Partners aware “after full enquiry” of any circumstances, which may give rise to a Claim against the Firm?	Yes/No
Have any claims been made against you in the last 5 years (or pending) in respect or risks to be covered by the insurance?	Yes/No
Are you aware of any shortcoming in your work for a client which is likely to lead to a claim against you? This includes (a) a shortcoming known to you, but not your client, which cannot reasonably be put right. (b) a complaint from your client about your work or anything you have supplied which cannot be immediately resolved (c) an escalating level of complaint from your client on a particular project (d) a client withholding payment due to you after any complaint. If YES, please give full details i.e. Date, Claimant, Type, Amount and current status etc.	Yes/No

IMPORTANT NOTICE CONCERNING DISCLOSURE

In completing this Proposal you must disclose all material facts i.e. those which an Insurer would regard as likely to influence the assessment or acceptance of the risk. Failure to do so could invalidate the insurance. If you are in doubt as to what facts are material you should, for your own protection, disclose them.

I/We declare that to the best of my/our knowledge and belief the information given in this Proposal is true in every respect.

I/We agree that this Proposal should be the basis of the contract between me/us and the Company and to accept the Company's Policy applicable to the insurance.

I/We declare that if anything on this Proposal was written by another period he/she acted as my/own Agent for this purpose.

I AGREE WITH THE ABOVE STATEMENTS

Yes/No