

MISCELLANEOUS PROFESSIONAL INDEMNITY INSURANCE

BROKER / INSURANCE AGENT

PLEASE READ THESE GUIDANCE NOTES **BEFORE** COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE REFER TO YOUR BROKER / INSURANCE AGENT.

PLEASE NOTE This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to "claims" made against the Insured and notified to Underwriters during the period of insurance.

- This Proposal Form must be typed, or completed in ink and signed and dated by the Proposer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- Please submit, with the Proposal Form, all relevant information including Financial Report and Accounts, Brochures etc.
- Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and question number.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.
- For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Underwriter's judgment and acceptance of your Proposal.
- Upon acceptance of the Underwriter's terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Insured.

Copies of the Proposal Form should be retained for your own records



Marketform

Syndicate 2468 at Lloyd's and / or Acting as agent for
Syndicate 2468 at Lloyd's

1. i) Full name of the Proposer:

ii) Head office address:

Postal Code: _____ Country: _____

Telephone Number: _____

Facsimile Number: _____

2. Names of other parties to be included:

Name	Equity interest of main Proposer	Reason for inclusion*

*e.g. Subsidiary / management control / joint venture partner etc

3. Date Proposer established:

4. i) Has any change by way of merger, take-over or change of name occurred in the last 10 years?

YES NO

If 'YES' please give full details with relevant dates:

ii) Is the Proposer financially associated with any other firm, other than in reply to question 4.i above?

YES NO

If 'YES' please give full details with relevant dates:

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

Notice to Proposers resident in the EU

The parties completing this Contract are free to choose the law applicable to this Contract. However, unless it is specifically agreed to the contrary, the Contract shall be subject to the law of the Country stipulated in the applicable EC Insurances pre-contractually required in accordance with the Third EU Non-Life Directive.

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5. Please state the Proposer's:

	Home	Other	USA	Total
i) total turnover for the last financial year	_____	_____	_____	_____
ii) percentage of 5.i sub-contracted to sub-consultants	_____	_____	_____	_____
iii) est. turnover for the current financial year	_____	_____	_____	_____
iv) estimated turnover for the next financial year	_____	_____	_____	_____
v) financial year end date	_____			

6. Please give the approximate percentages for the last financial year for the following areas of the Business:

Professional Service	Percentage
Accountancy or Audit	_____ %
Architecture	_____ %
Computing and I.T.	_____ %
Engineering	_____ %
Human Resources	_____ %
Insurance	_____ %
Investments	_____ %
Legal	_____ %
Management Consultancy	_____ %
Medical or Healthcare	_____ %
Project Management	_____ %
Property Agency/ Management	_____ %
Surveying	_____ %
Stock-broking	_____ %
Shipping/Forwarding	_____ %
Training	_____ %
Other (please specify)*	_____ %
	_____ %
	100%

*Please provide description of each service on page 4 in the space provided.

7. i) Does the Proposer belong to any Trade Associations or Professional bodies?

YES NO

If 'YES' please identify:

ii) Has an ISO qualification or similar been achieved?

YES NO

If 'YES' please identify:

8. Do you construct, manufacture or provide advice, design or services for or in connection with prototypes or innovative designs or products?

YES NO

If 'YES' please provide details:

9. Please provide the following information regarding the five largest contracts, relevant to the proposed insurance, in recent years:

Type of Contract	Territory	Fee / Receipt

10.i) Are full rights of recourse maintained against sub-contractors, consultants and product suppliers?

YES NO

If 'NO' please provide explanation:

ii) Is it ensured that sub-contractors ,consultants or product suppliers maintain their own Professional Indemnity insurance?

YES NO

11. Please list the countries in which any activities declared under Question 6. are offered and state the approximate income for each country for the last financial year:

12. Does the Proposer always:

i) effect a written contract with the client before the advice, design or services are provided?

YES NO

ii) obtain legal advice before contracts are signed?

YES NO

iii) exclude liability for consequential loss?

YES NO

If 'NO' to any of the above please provide details:

PREVIOUS INSURANCE HISTORY

PLEASE REFER TO YOUR BROKER/INSURANCE AGENT IF YOU ARE IN ANY DOUBT AS TO THE INFORMATION REQUIRED IN THIS SECTION

13. Has the Proposer previously purchased professional indemnity insurance?

YES NO

If 'YES' please provide the:

i) Name of insurers _____
Date the policy expires _____
ii) Indemnity Limit _____
Excess _____
iii) Basis of cover (claims made or losses occurring)

iv) Retroactive date _____

14. Has any insurer ever:

i) Declined a proposal or a renewal for this insurance?
YES NO

ii) Imposed special terms or increased premiums other than standard market increases?
YES NO

iii) Cancelled the insurance? YES NO

If 'YES' to any of the above please provide details:

15. i) Please state amount of indemnity required;

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ii) Please state amount of Excess the Proposer is willing to carry if available, as uninsured of each and every claim (which includes associated Defence Costs)

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PREVIOUS CLAIMS HISTORY

PLEASE REFER TO YOUR BROKER/INSURANCE AGENT IF YOU ARE IN ANY DOUBT AS TO THE INFORMATION REQUIRED IN THIS SECTION

16. i) Has any claim that would have been covered by the proposed insurance ever been made against the Proposer or any of its directors or employees during the last 10 years?

YES NO

If 'YES' please provide details including the amount claimed:

ii) Has the Proposer been involved in any dispute or arbitration concerning professional fees, advice or services to others during the last 10 years?

YES NO

If 'YES' please provide details:

17. Do any of the directors or employees, AFTER ENQUIRY, have any grounds for suspecting, or are they aware of any **circumstances which might give rise to a claim** against the Proposer or against any of the present or former directors during the last 10 years?

YES NO

If 'YES' please provide details including the potential costs:

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

FOR AND ON BEHALF OF (Name of Proposer)

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SIGNATURE

Dated

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NAME OF SIGNATORY

Position

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**PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS
FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE
APPROPRIATE QUESTION NUMBER.**



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