



# Business Consultancy Professions

## Application Form

### IMPORTANT:

#### In this Application:

- **You / Your** refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.
- **Firm** means any business whether a sole trader, partnership or company, limited in liability or otherwise.
- **Principal** means any Director, Partner, Member or Sole Trader.
- Answers should relate to all work for which cover is required - past, present and future.
- **You MUST** complete all sections of this Application Form. The Application Form must be signed and dated once completed.
- This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.



1) Please provide full trading names of all **Firms** to be insured under this arrangement (**You / Your**):

Name(s)	Date Established

2) Please provide website address:

www:

3) Please provide all addresses:

Address


4) If cover is required for **Your** previous businesses (predecessor practices), provide details below:

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the **Principals** require cover for any previous professional business activity not covered elsewhere please provide details below:

Name of <b>Principal</b> to be covered			
Name of previous <b>Firm</b>			
Period at previous <b>Firm</b>	From: dd / mm / yyyy To: dd / mm / yyyy	From: dd / mm / yyyy To: dd / mm / yyyy	From: dd / mm / yyyy To: dd / mm / yyyy
Fees for last 3 years of trading	yyyy: \$..... yyyy: \$..... yyyy: \$.....	yyyy: \$..... yyyy: \$..... yyyy: \$.....	yyyy: \$..... yyyy: \$..... yyyy: \$.....
Position held at previous <b>Firm</b>			
Reason for leaving			

6) Do **You** have any association with or financial interest in any other Firm? If YES, give full details below of the nature of the association, with the name and business of the third party.

YES

NO

7) Please supply details of all <b>Principals</b> :				
Name	Age	Qualifications	Date Qualified	Date of engagement

8) Please supply details of total numbers of staff:			
Principals	Qualified Staff	Unqualified Staff	Others

9) Has any <b>Principal</b> ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? If Yes, please provide full details.	YES	NO

10) Please provide full details if any <b>Principal</b> has been made personally bankrupt or has been associated with any business which has ceased trading either voluntarily or compulsorily:

11) Please provide details of <b>Your</b> current Professional Indemnity insurance arrangements below:	
Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	\$
Excess	\$
Premium	\$
If <b>You</b> currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:	
Date	

12) Please provide a breakdown of turnover/fees generated:						
Year End	/ /	/ /	/ /	/ /	Last full financial year	Current financial year estimate
Work in Canada	\$	\$	\$	\$	\$	\$
Work in USA	\$	\$	\$	\$	\$	\$
Work elsewhere	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

14) Please provide a full description of all services provided.

15) Please provide a breakdown of activities described above, and percentage of income generated for each discipline (must equal 100%) in the last complete financial year:	
	%
	%
	%
	%
	%
<b>Total</b>	<b>100%</b>

16) Do <b>You</b> anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, please provide full details below:	<b>YES</b>	<b>NO</b>

17) Do <b>You</b> undertake any work or provide advice/services in any of the following areas:					
Valuation	YES	NO	Accountancy / Tax / Auditing	YES	NO
Mortgage / Loans	YES	NO	Acquisitions / Mergers	YES	NO
Insurance	YES	NO	Contaminated land / Asbestos / Pollution	YES	NO
Investments	YES	NO	Railway / Automotive	YES	NO
Insolvency / Liquidation / Receivership	YES	NO	Medical diagnosis / treatment	YES	NO
Structural design	YES	NO	Project management of construction projects	YES	NO
Nuclear	YES	NO	Pharmaceutical	YES	NO
Financial Institutions	YES	NO	Aerospace / Aviation	YES	NO
If YES, please provide full details below:					

18) Are <b>You</b> involved in any process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in a pure design or consultancy capacity? If YES, please provide full details below:	<b>YES</b>	<b>NO</b>

19) Do <b>You</b> engage the services of sub-contractors?	YES	NO
If YES, please provide answers to the following, otherwise skip to the next question.		
What percentage of fees/turnover was paid to sub-contractors during the last financial year?	%	
Do <b>You</b> always require <b>Your</b> sub-contractors to hold their own Professional Indemnity coverage, and verify that it is in force?	YES	NO
If YES please confirm the minimum limit <b>You</b> require them to maintain:	\$	

20) Please provide details of <b>Your</b> 5 largest contracts that have been completed in the last 6 years.					
Client	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Completion Date

21) Please provide details of <b>Your</b> 5 largest contracts currently in hand.					
Client	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Completion Date

22) Do <b>You</b> undertake any projects where work is outside Canada?	YES	NO
--	-----	----

If YES, please provide details of the 3 largest projects below:					
Country	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Completion Date

23) Have <b>You</b> ever entered into contracts which are subject to the law of countries other than Canada? If YES please provide full details below:	YES	NO

24) Have <b>You</b> at all times used written agreements for each contract undertaken which clearly outline the services to be provided and have all changes always been confirmed in writing?	YES	NO
--	-----	----

25) Other than by sub-contracting, have <b>You</b> ever entered into contracts where <b>You</b> may incur liability for the services provided by others (such as a consortium involving joint and several liability)? If YES please provide full details below:	YES	NO

26) Have <b>You</b> ever entered into contracts on behalf of clients?	YES	NO
If YES, is written sign off for the contract terms always obtained from <b>Your</b> client prior to committing them?	YES	NO

27) Please select the Limits of Liability <b>You</b> require quotations for:			
\$250,000		\$2,000,000	
\$500,000		\$3,000,000	
\$1,000,000		\$5,000,000	
Other Limit of Liability			

28) What level of excess do <b>You</b> require?	\$
---	----

29) Has any claim been made or loss suffered by <b>You</b> , whether insured or not, in respect of any of the risks to which this Application for insurance relates?	YES	NO
If YES, please provide details below:		

Date of claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

30) Are <b>You</b> aware of any of the following?		
Any circumstances which might lead to a claim against <b>You</b> , whether insured or not, in respect of any of the risks to which this Application for insurance relates?	YES	NO
Any matter which might otherwise affect the consideration of this Application?	YES	NO
Has any application for similar insurance made on <b>Your</b> behalf or on behalf of any past or present <b>Principal</b> ever been declined, refused renewal, cancelled or accepted only on special terms?	YES	NO
If the answer to any of the above is YES, please provide full details below:		

**DECLARATION**

I/we declare that, after full enquiry, the contents of this Application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this Application together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

<b>Signature of Principal:</b>	
<b>Date:</b>	

**IMPORTANT:****In this Application:**

- **You / Your** refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.
- **Firm** means any business whether a sole trader, partnership or company, limited in liability or otherwise.
- **Principal** means any Director, Partner, Member or Sole Trader.
- Answers should relate to all work for which cover is required - past, present and future.
- **You MUST** complete all sections of this Application Form. The Application Form must be signed and dated once completed.
- This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.