

Specified Professions Professional Indemnity Insurance Proposal

- Please Answer All Questions, Leaving No Blank Spaces
- If You Have Insufficient Space To Complete Any Of Your Answers, Please Continue On Your Firms Headed Paper, Referring To The Question Answered.

Section 1 - Proposer Details

- (A) Name(S) Of Firm(S) _____
(B) Address (Es) Of Firm(S) _____
(C) Date(S) Established _____
(d) Telephone / Facsimile Number(S): _____
(e) Web-Site Address(Es) (If Applicable) _____
- Is The Firm A Member Of Any Professional Association Or Regulatory Organization? Yes No
If 'Yes' Please Advise Which Association/ Organization

- Please Give The Following Details Of All Partners/Principals/ Directors Of The Firm

Name	Qualifications	Date Qualified	How Long A Partner/ Principal/ Director

- During The Past 6 Years Has The Name Of The Firm(S) Been Changed Or Has Any Amalgamation Or Take Over Taken Place?

Yes No

If Yes, Please Provide Details:

5. A) Please Give Total Numbers Of Partners/ Principals/ Directors And Staff.

Total Number Of Partners/ Principals/ Directors:		Total Numbers Of Staff:	
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B) Please Categorise The Staff And Explain The Nature Of Their Work:

Categories Of Staff	Number	Nature Of Work
Partners/ Principals/ Directors		

C) Is Coverage Required For Any Former Partner/ Principal Or Director? Yes No

If Yes, Please Provide Details:

Full Name	Qualifications	Period With Firm	Status

Section 2 - Professional Activities & Income Details

6. Please Provide A Clear Description Of:-

(A) Services Provided For A Fee

(B) Any Other Activities

7. Please Categories The Activities Described In Question 6 Above And Indicate The Approximate Percentage Of The Gross Annual Fee Income/ Gross Annual Turnover Of The Firm This Represents.

Nature Of Work	%

8. Please Provide Details Of The Firms Gross Annual Fee Income/ Gross Annual Turnover From The Activities Outlined In Question 6 As Follows:

Gross Fee Income (Please Advise The Annual Date That Your Firms Financial Year Ends)	Past Financial Year	Current Financial Year	Estimate For The Coming Financial Year
(i) European Union (Including Norway & Switzerland)			
(ii) USA/ Canada (Including Work Performed Elsewhere For Persons, Companies, Firms Or Organisations Having An Address In The USA/ Canada)			
(iii) Rest Of The World (Please Specify)			
(iv) Largest Fee From Any One Client Or Group			
(v) Average Fee Per Client Or Group			
(vi) Gross Fees Paid To Self Employed Persons And/ Or Subcontractors			

9. A) What Substantial Changes In The Amounts Stated In Questions 7 And 8 Are Foreseen During The Next 12 Months?

b) Please Provide Details Of Any Major New Operations Planned For The Next 12 Months.

c) Does The Firm Have Assets or Power Of Attorney within the USA? Yes No

If Yes, Please Provide Details.

10. Do You Operate Any Quality Assurance Systems? Yes No
If 'Yes', Please Specify

11. A) Please Advise What Percentage Of The Firms Business Involves The Subcontracting Of Work To Others.

b) If Subcontracting Exists, Please Describe The Services Undertaken And Supply A Specimen Of The Contract Terms Applicable To This Work.

c) Do You Insist That Subcontractors Maintain Their Own Professional Indemnity Cover? Yes No

12. Does The Firm Undertake Any Work In The Following Areas:

a) Investment Business/ Investment Advice In Respect Of Any Financial Products Including Employee Benefit Plans, Health Care Plans Or Pensions Yes No

b) Any Safety, Environmental Or Security Audits/ Surveys Yes No

c) Work Involving Any Construction/ Engineering Works And/ Or Valuations And/ Or Condition Surveys Of Physical Property Yes No

d) Any Design, Manufacture, Supply Or Maintenance Of Any Product Yes No

If 'Yes' To Any Of The Above, Please Provide Full Details

13. Please List On You Headed Paper, Details Of The 5 Largest Jobs Undertaken In The Past 3 Years And Any Contracts For Which Income Is Declared In Question 8 (Iii)

14. A) Is This Firm/ Company, Or Any Partner/ Principal, Or Director
A Member Of A Consortium Or Association? Yes No

If Yes, Please Provide Details.

B) Does Any Partner/Principal Or Director Hold A
Partnership/Directorship Or Have Any Other Financial
Interest In Any Other Firm? Yes No

If Yes, Please Provide Details

c) Is Cover Required For Your Firm/Company In Respect Of This Work? Yes No

If Yes, Please Provide Details

d) If The Firm Has Any Associated/Subsidiary/
Parent Company (ies), Is Any Work Undertaken
By The Firm for These Companies? Yes No

If Yes, Please Provide Details And Advise What Percentage Of The Total Fee Income Is
Attributable So Such Work?

_____ %

Section 3 - Internal Controls

15. Has The Firm Ever Been The Subject Of An Audit, Inquiry Or Investigated By Any Regulatory Organisation Or Association?

Yes No

If 'Yes' Please Provide Details

16. A). Has The Proposer Sustained Any Loss Through The Fraud Or Dishonesty Of Any Person:

Yes No

B). Is The Proposer Aware Of Any Allegation Or Occurrence Of Fraud Or Dishonesty At Any Time Committed By Any Past Or Present Partner, Principal, Director Or Employee?

Yes No

If 'Yes' Please Give Details And State Precautions Taken To Prevent A Recurrence.

c) Does The Proposer Always Require Satisfactory References Or Only When Engaging Senior Employees?

Always
 Senior Appointments Only

Nature of Reference.

Written
 Verbal

D) Is Any Employee Allowed To Sign Cheques Or Authorize Monetary Payments/ Transfers On His/Her Signature Alone?

Yes No

If Yes, Please Provide Details.

Name	Position	Length Of Service	Transaction Limit

E) Please Advise The Name Of Your External Auditors

F) Are All Operations Audited?

Yes No

G) Have Any Recommendations Been Made?

Yes No

If So, Please Provide Full Details And Confirmation
That They Have Been Complied With.

H) How Often Are Audits Carried Out?

i). How Frequently Are Checks Carried Out On All Entries In The Cashbook With Paying-Books, Receipts, Counterfoils And Vouchers And Reconciled With Bank Statements Including The Balance Of Cash And Presented Cheques, Independently Of Employees Receiving Or Banking Monies, In Respect Of Monies Belonging To The Firm As Well As In Trust On Behalf Of Others? (Please Tick)

Weekly Monthly Quarterly Other (Please Specify)

If You Have Answered YES To Questions 20 Or 21 full Details Of Each Matter Must Be Advised Before Quotation Can Be Considered. We Must Remind You That It Is Imperative To Answer These Questions Correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, If Subsequently A Claim Should Arise.

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Declaration

I/We Declare That The Statements And Particulars In This Application/ Proposal Are True And That No Material Facts Have Misstated, Misrepresented Or Suppressed After Enquiry. I/ We Agree That This Application/ Proposal, Together With Any Other Information Supplied By Me/ Us Shall Form The Basis Of Any Contract Of Insurance Effected Between The Insurer And Me/ Us. I/ We Undertake To Inform The Insurer Of Any Material Alteration To Those Facts Occurring Before The Inception/ Completion Of The Contract Of Insurance.

Signed _____

Title _____
(To Be Signed By Partner/ Principal/ Director Or Equivalent)

Company/ Firm _____

Date _____

Please Enclose With This Proposal Form:

1. A Brochure (If Available).
 2. Copy Standard Contract Terms/ Standard Letter Of Engagement
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