

## PROFESSIONAL INDEMNITY INSURANCE (Miscellaneous Classes) PROPOSAL FORM

### I. GENERAL DATA

Company Name:		
Address:		Website:
Tel:	Fax:	Email:
Year of Establishment:		Tax Registration Nr.:
Member of Professional Association <input type="checkbox"/> YES <input type="checkbox"/> NO		

### II. DETAILS OF PRACTICING PRINCIPALS–PARTNERS–OFFICERS

Full Name	Qualifications – Date Qualified / Years of Experience	Position in Firm – Years

**(Note: Please attach CV if the Company has been established less than 3 years or is a sole Partner)**

### PERSONNEL

Qualified Staff	Administrative	Contract hired Staff	Other (Specify)	Total Nr

### III. GENERAL QUESTIONS

1. Are you connected or associated (financially or otherwise) with any Firm or Company?  YES  NO

If YES, give details:

.....  
 .....

2. Are you member of a consortium or group practice or engaged in a project partnership?  YES  NO

If YES, give the names of other members/partners and their capacities in the consortium / partnership. Full information will be required.  
**(Note: If coverage is required for work done whilst a member of a consortium, a copy of the consortium agreement will be required.)**

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### IV. PROFESSIONAL ACTIVITY

1. Please provide full description of your activities and indicate respective approximate percentage of total income/ fees:  
 (Note: Additional information may be required)

.....  
 .....

2. Could you please mention below major potential risks associated to your professional activity?  
 .....
3. Are you admitted to any Association, conform to professional code of practice or accredited to any quality assurance systems such as ISO9000? (If YES, give details):  YES  NO  
 .....
4. Do you have written procedures or check lists for the services performed and for ensuring that Clients requirements are identified and can be satisfied? (If YES, give details):  YES  NO  
 .....
5. Are you directly involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of **products**, other than consultancy/ services as described above? (If YES, give details)  YES  NO  
 .....
6. Are any Clients generating more than 30% of your total fee income? (If YES, please give details)  YES  NO  
 .....
7. Do you use a standard form of contract agreement or letter of appointment? **If YES, enclose copy.**  YES  NO
8. Is any work put to Sub-contractors? (If YES, give details):  YES  NO  
 .....
- a) What percentage of your fees is paid to Sub-contractors? .....%
- b) Do you require sub-contractors to carry insurance and for what limits? .....
- NOTE:** Insurance Company retains rights of recourse against sub-contractors unless specifically agreed otherwise.

**V. GROSS INCOME FEES** (last 2 years & estimation for current year)

	201...	201...	201... (est)
Domestic	€	€	€
Abroad (excluding USA/Canada)	€	€	€
<b>TOTAL</b>	€	€	€

**VI. EXPERIENCE (Largest & typical projects / contracts during the last years)**

YEAR	DESCRIPTION	TOTAL FEES (€)

**VII. PREVIOUS INSURANCE & PREVIOUS CLAIMS INFORMATION**

Have you previously been insured? (If so, please specify below):  YES  NO

Insurance Company	Policy Period	Limit of Indemnity

- a) Has any Insurer decline, cancelled a Policy or refused renewal of any prior Policy?  YES  NO
- b) Have you been subject to any disciplinary proceedings or incurred any fines or other sanctions by governmental, regulatory or professional body?  YES  NO
- c) Have any claims been made against your Firm during the past years?  YES  NO
- d) Are you aware of circumstances that may result in claim?  YES  NO

Where YES, give respective details:

.....

.....

**VIII. INDEMNITY REQUIRED**

Any one Claim:  500,000€  1,000,000€  2,000,000€  Other:  
 Aggregate per Year 1,000,000€ 2,000,000€ 4,000,000€

Deductible:  1,000€  5,000€  10,000€  Other:

**Extensions Required**

- Do you need Retroactive Cover of liability? (If YES, specify Date, Specific Activity – Contract)  YES  NO
  - Do you need Extended Geographical Cover? (If YES, specify countries, geographical areas)  YES  NO
- .....
- .....

I declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. In case insurance cover is concluded, I/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

Stamp of the Firm

Date:

Signature / Name  
(Partner/Principal/Director):

**IMPORTANT NOTICE**

1. All questions must be answered to enable a quotation to be given
2. All information provided is confidential.
3. This proposal is for an annually renewable “claims made” Insurance Policy