



Professional Indemnity Enquiry Form

Important Notice

1. This is an enquiry form only, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
2. Please complete, sign and date. All questions must be answered to enable a quotation to be given but completion does not bind you or the insurer to enter into any contract of insurance.
3. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed form (and of any other supporting information) for future reference.
4. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence the insurer's assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should contact us immediately.

1. General Information:

(a) Name of company:

(b) Address of registered or principle office

(c) Website Address

(d) Date of Establishment

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(e) Please provide details of directors, partners or principals of the business

Name	How long as a director/ partner/ principal?	Relevant qualifications and year of qualification

(f) What is the total number of:

(i) Professionally qualified staff and principals	
(ii) Other technical staff	
(iii) Clerical administrative staff	
(iv) Total	

(g) Please provide details of offices or subsidiaries that are to be covered by this insurance:

Name	Country of registration	Ownership relationship with the main practice

2. Business Activities

Please detail the business's gross turnover / fees for the last 3 financial years and an estimate for the next financial year emanating from the following territories:

	Year	UK	USA	Rest of World	Total
Estimate for next year					

2. Business Activities (cont)

Please indicate which of the following services are by the practice by showing the approximate percentage of gross fees for the past twelve months:

Type of Work	% of Turnover / fees		
	UK	USA	Rest of World
Total			

Provide a full description of all your activities;

What is the total fee received in the last year from the largest client?

What is the average fee received last year per client?

Has your business work split materially changed over the past 3 years?

Yes No

If YES, please provide full details

Do you anticipate any material changes to your business activities in the coming year?

Yes No

If YES, please provide full details

2. Business Activities (cont 2)

What percentage of fees is paid to sub-consultants employed directly by the business?

 %

Give details of work carried out by such sub-consultants;

Do you obtain verification that such sub-consultants carry and maintain in force professional indemnity insurance?

Yes No

Do you analyse the financial stability of each sub-consultant?

Yes No

Is the business or any partner, principal, or director connected or associated (by way of shareholding, financial interest, contract of employment or otherwise) with any other company or organisation?

Yes No

If YES, please provide full details

Is the practice owned or controlled by any other business entity?

Yes No

If YES, please provide full details

Is or has the business been a member of a consortium, joint venture, group practice or similar associations?

Yes No

If YES, please provide full details

3. Risk Management

List the five largest contracts undertaken during the last 5 years.

Client	Industry	Scope of Services	Contract Value	Fee	Start date	End date

List three typical contracts undertaken during the last 3 years

Client	Industry	Scope of Services	Contract Value	Fee	Start date	End date

Does the business always enter into standard written contracts (own or market recognised)?

Yes No

If NO, please provide details:

If YES, do your standard delivery terms:

(i) Accept liability for consequential or indirect losses

Yes No

(ii) Accept liability for financial damages greater than the value of the contract

Yes No

(iii) Include any form of liquidated damages

Yes No

- (iv) Warrant a performance standard greater than reasonable care and skill Yes No
- (v) Provide for an unlimited warranty period Yes No
- (vi) Allow for changes to the scope of work without a written variation of contract Yes No
- (vii) Provide indemnities to your clients (except intellectual property rights, death, bodily injury and/or property damage) Yes No

If YES, please provide details:

- Are all contracts reviewed by a qualified lawyer? Yes No
- Do you always ensure there is a signed contract in place prior to starting work? Yes No
- Do all contracts clearly define the scope of services provided? Yes No
- Are changes to the scope of work always written into contract? Yes No
- Do you have a contract approval process? Yes No
- Do you have a peer review process? Yes No

Can you confirm the following "goodpractice"?

- (a) Satisfactory written references are always obtained from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods? Yes No
- (b) All cheques drawn for more than £ 25,000 require two signatories. Yes No
- (c) Cash in hand and petty cash are checked independently of the employees responsible at least monthly and additionally, without warning, at least every six months. Yes No
- (d) Bank statement, receipts, counterfoils and supporting documents are checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank. Yes No
- (e) Employees receiving cash and cheques in the course of their duties are required to pay in daily. Yes No
- (f) Employees are required to account for money received at least weekly. Yes No

(f) Employees are required to account for money received at least weekly.

Yes

No

If NO to any of the above please provide details of your system

4. Claims

Regarding all the types of insurance covers to which this proposal form relates, are you or any of the partners, principals, or directors, after having made full enquiries, including of all staff, aware of any of the following matters in the past 6 years?

(a) Any claims (successful or otherwise) or cease and desist orders been made against the company, its predecessor, or present or past partners, principals, or directors

Yes

No

(b) Any circumstances which may give rise to a claim against the company, its predecessor or any past or present partner, director, principal or employee.

Yes

No

(c) The receipt of any complaints, whether oral or in writing, regarding services performed, products or solutions sold or provided, or advice given by you

Yes

No

(d) Any loss or damage that has occurred to the company or its predecessor

Yes

No

(e) Any privacy breach, virus, DDOS, or hacking incident which has, or could, adversely impact(ed) your business

Yes

No

(f) Any unforeseen down time to your website or IT network of more than 3 hours?

Yes

No

(g) Any allegation of loss or loss sustained as a result of the fraud or dishonesty of any person employed by the business?

Yes

No

If YES to any of the above, please provide full details:

5. Declaration

I the undersigned hereby confirm that I am duly authorised and do give consent to the use of information as set out above.

I also hereby declare that I am authorised to complete this enquiry form on behalf of the company. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms conditions limitations and exclusions of the policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. Signing of this enquiry form does not bind the insurer to offer nor the applicant to accept a contract of insurance.

Signed*

Name

Position within the company

Date

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*the signatory should be a director or senior officer of, or a partner of, the company.