



Professional Indemnity Proposal Form

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

1)

Trading Name:		Establishment Date:	
Address:			
Postcode:		Tel No:	
Email:			

2)

Details of all Principles, Partners or Directors		
Name:	Age:	Qualifications:

3)

	UK	USA/Canada	Other	Total
Total Gross Fees in Last Financial Year:	£	£	£	£
Estimated Gross Fees for Next Financial Year:				
Largest Fee from Any One Client:				

4)

Full Description of Business Activities, with Percentage Breakdown (give estimate if new startup):	
	%
	%
	%
	%
	%

5)

Details of the 3 Largest Contracts in the last 5 Years (give details of current projects if new business):			
Client	Description	Contract Value	Fee
1)			
2)			
3)			

6)

Have any claims in respect of the risks to which this form relates ever been made against the business or any Principles, Partners or Directors?	YES:		NO:	
--	-------------	--	------------	--

Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY , aware of any circumstance which might give rise to any such claim?	YES:		NO:	
--	-------------	--	------------	--

Has any proposal in respect of risks to which this form relates ever been declined, or has any such insurance ever been cancelled or renewal refused?	YES:		NO:	
---	-------------	--	------------	--

If you have answered **YES** to any of the above, please give details on a separate sheet.

7)

Other Material Information that may affect the Proposal:

8)

Does the firm currently hold Professional Indemnity Insurance?	YES:		NO:	
---	-------------	--	------------	--

9)

Name of Current Insurers:	
Renewal Date:	
Limit of Indemnity:	
Premium:	
Excess:	

10)

What Limit of Indemnity do you require?	£100,000	£250,000	£500,000	£1,000,000
--	----------	----------	----------	------------

Declaration:

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

Signature of Principal:		Date:	
--------------------------------	--	--------------	--

PLEASE PROVIDE A FULL CV FOR EACH PARTNER/PRINCIPAL, WHEN RETURNING THIS FORM.

Carpol Insurance Consultants Ltd are Authorised & Regulated by the Financial Services Authority.

155 South Ealing Road, London, W5 4QP

Tel: 020 8579 9320

Fax: 020 8932 4214

Email: underwriting@carpolinsurance.co.uk

Website: www.carpolinsurance.co.uk