



IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

All 'material facts' and any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all 'material changes' may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

This Proposal Form must be completed in ink by an authorised individual, a partner, principal or director of the proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers additional information should be provided on the proposer's letter headed paper.

Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from an insurance advisor in the first instance.

Additional information should be provided on your own separate HEADED notepaper clearly identifiable as forming part of the proposal form.

GENERAL DETAILS

1. Insured/Proposer name:

2. Address of the principal office:

	Postcode:

Telephone No:	Fax No:
Email:	Website:

3. In what year was the business established?

4. a) Please list all additional business entities (whether or not currently trading):

Insured Name	Year established	Year of cessation

b) Do you require cover in respect of all past activities of the business included in 4(a)? Yes No

5. Please list addresses of all other offices currently trading:

Address	Postcode

6. Is/are the firm(s) or any principal partner or director a member of a consortium, joint venture, single project partnership or group practice? Yes No

If 'YES', please supply details:

7. Does the firm(s) or any principal partner or director, carry out any work on behalf of any business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? Yes No

If 'YES', please supply details:

8. a) Has the firm previously been insured for professional indemnity? Yes No

If 'YES', please supply details:

Renewal Date	Limit of Indemnity	Premium	Excess	Insurer Name

- b) In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes No

If 'YES', please supply details:

STAFF AND PARTNERS

1. Please give details of any principal, partners or directors:

Name	Date of birth	Relevant Qualifications	Year became Partner/Director

2. Is cover required for the professional activities of any principal, partner or director prior to joining the business? Yes No

If 'YES', please supply details:

Name	Name of previous business	Activities	Start date	Leave date

3. Please give details of number of permanent staff in current business:

	Full time	Part time
Principal, Partners or Directors		
Qualified		
All Others		

ACTIVITIES

1. Please state your total gross income for the last 3 Financial Years plus an estimate for the current and forthcoming years:

Year ending	UK	USA/Canada	Elsewhere	Total
/ /				
/ /				
/ /				
/ /				
/ /				

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2. Please specify the nature of any earnings declared in Question 1 from:

- (a) Territories subject to the law of the USA or Canada:

- (b) Elsewhere (excluding UK, USA or Canada):

3. a) Please provide a full description of all your activities:

b) For your last completed Financial Year, please provide the percentage split, in your income between categories of work:

	%
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100 %

4. Is cover required for any other activity undertaken in the last six years, which has now ceased? Yes No

If 'YES', please provide details:

5. Is the Firm aware of any change in activity/structure that will occur in the coming Financial Year? Yes No

If 'YES', please provide details:

6. Is the Firm involved in any process of manufacture, construction, alteration, repair, installation, sale or supply of products, other than in a pure consultancy capacity? Yes No

If 'YES', please provide full details:

7. Is the Firm a member of any Trade or Professional body(ies)? Yes No

If 'YES', please provide details:

8. Do you use independent specialist consultants? Yes No

If 'YES', please provide details:

Do you require them to carry a minimum level of professional indemnity cover? Yes No

If 'YES', please provide details:

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CLAIMS INFORMATION

1. Please provide details of any Professional Indemnity claims and/or circumstances made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principal, either individually or otherwise for any negligence, errors, omission breach of professional duty or the like, whether successful or not:

Date of claim	Claimant	Details of claim/circumstance including any payments made	Open/Closed

2. After enquiry are any of the partners, directors or principal aware of any pending claim and/or circumstance which may give rise to a claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal? Yes No

If 'YES', please supply details:

Date of circumstance	Claimant	Details

DECLARATION

By signing this proposal form you consent to Prime Professions Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

Print name:	
Signature: (Partner)	
On behalf of:	
Date:	

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

From time to time, we may disclose personal information (other than sensitive personal data) to other members of the Primary Group. We or they may use that information to advise you of our services which may be of interest to you. If you would prefer not to receive information, please contact an Account Executive at Prime Professions Limited.
