



Professional indemnity

Proposal form (Miscellaneous professions)



The information you provide in this proposal form

This is a proposal for a contract of insurance between you and us and you have a duty to make a fair presentation of the risk to us in accordance with the law.

If you do not meet your duty to make a fair presentation of the risk to us then we may at our option take one or more of the following actions

- 1 Cancel your policy
- 2 Declare your policy void (treating your policy as if it had never existed)
- 3 Change the terms of your policy
- 4 Refuse to deal with all or part of any claim or reduce the amount of any claim payments

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.



1 Your details

1.1 Company/Firm's name (include all names under which you undertake business)

Main office address

Telephone number

Contact email address

Practice website

State number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover

Date established

1.2 Is cover required for anything other than work undertaken by the above firm(s)? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

If 'Yes', please provide details:

1.3 State type of business/profession to be insured



2 The firm

2.1 Please list below your details if you are a sole trader or those of the partners/directors/members of the company

Name	Date of birth	Qualifications	Years in industry	How long as partner/director/member of the firm(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



3 Staff

3.1 Please advise total number of staff excluding partners, directors, members:

3.2 Please advise number of staff who have five or more years experience in the business undertaken

3.3 All others

Sole practitioners only

3.4 What arrangements do you make when you are unable to attend your business?

3.5 Is the company/firm or any partner/director/member/principal a member of any professional association?
If 'Yes' please provide details



4 Subcontractors

4.1 Does the company/firm engage or intend engaging in the future, any external sub consultants/ sub contractors?

4.2 Do you ensure they hold their own Professional indemnity insurance?



5 Associated companies

5.1 Does the company/firm or any partner/director/member act on behalf of or undertake work for any other firm, company or organisation in which the company/firm or any partner/director/member has a financial interest?

Yes No

5.2 Does any other firm, company or organisation have a financial interest in the company/firm?

Yes No

5.3 Is cover required under this insurance for this work?

Yes No

If 'Yes' to 5.1, 5.2, or 5.3 give details of work carried out for and fees earned from the company/firm or organisation.

5.4 Do you operate under any formal terms of engagement with the company/firm/organisation in 5.1 or 5.2 above?

Yes No

5.5 If you do not use any formal terms of engagement, please provide details of the arrangements you operate under.



6 The business/work undertaken

6.1 Please provide FULL details of all business activities undertaken



7 Your clients

7.1 Do you use standard conditions of engagement/contract?

Yes

No



8 Gross fee turnover

8.1 State the gross fees received for the following years

	Current year income	Last completed year income	Previous year income
UK Law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
EU Law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
US Law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Fee/turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.2 Within the past three years what is the approximate average fee you have received?

£

8.3 Within the past three years what is the largest fee you have received?

£

8 Gross fee turnover *continued*

8.4 Give details of the three largest contracts started in the last three years.

Client name	Client business	Nature of services you provided	Total contract value £	Your contract value £

8.5 Please state the split of the company/firm's turnover between each of your professional activities undertaken

Activity	% of total income for last year
1	
2	
3	
4	
5	

8.6 Please give details of what you regard as your speciality within your area of work:



9 Risk management

9.1 Does the company/firm operate any internal quality assurance systems?

Yes No

If 'Yes', please give details

9.2 Does the company/firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee, director, partner, member or principal responsible for money, accounts or goods?

Yes No

9.3 Do all cheques drawn for more than £25,000 require two signatures?

Yes No

9.4 Is cash in hand and petty cash checked independently of the employees responsible?

Yes No

At least monthly?

Yes No

Additionally, without warning at least every six months?

Yes No

9.5 Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?

Yes No

9.6 Please confirm that your annual accounts have been prepared and/or certified by an independent accountant or auditor?

Yes No

9.7 Please confirm that the responsibilities for authorisation of transactions, processing of transactions and completing transactions will be carried out by entirely separate employees/principals/directors/members?

Yes No



10 Claims and circumstances

10.1 Has the company/firm suffered any loss or identified any potential loss through fraud or dishonesty of any employee, director, members or principal?

Yes No

If 'Yes', give full details including amounts involved.

10.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the company/firm or its present and/or past partners, directors, members?

Yes No

If 'Yes', give full details including amounts involved.

10.3 Have all claims been notified to Insurers?

Yes No

10.4 Are any of the partners, directors or members or employees after enquiry, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm(s) or its predecessors in business, or any of its present or former partners, directors or members?

Yes No

If 'Yes', please provide details.



11 Current insurance

11.1 Has any proposal for Professional indemnity insurance ever been declined by an insurer to whom you have applied?

Yes No

If 'Yes', please provide details

11.2 Do you currently have Professional indemnity insurance?

Yes No

If 'Yes', please provide details

Renewal date dd/mm/yy	Insurer	Broker	Limit of indemnity £ any one claim/aggregate - please advise	Excess £	Premium £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



12 Quotation requirements

12.1 Please advise your requirements

Limit of indemnity £

Excess £

<input type="text"/>	<input type="text"/>
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13 Declaration

13.1 Fair presentation of risk

In order to comply with your duty of fair presentation of the risk you must provide us with any information that may influence us in the acceptance of this risk and the terms provided. If you are not sure if something is important or relevant you should tell us about it. Relevant information is something that could affect the terms of your policy or our decision to renew your policy.

Before signing the declaration, please read the following Data Protection Notice

AXA Insurance UK plc is part of the AXA Group of companies which takes your privacy very seriously. For details of how we use the personal information we collect from you and your rights please view our privacy policy at www.axa.co.uk/privacy-policy.

If you do not have access to the internet please contact us and we will send you a printed copy.

Please read this declaration carefully and then sign below

- I/We confirm that the particulars given in this proposal form are a fair presentation of the risk that we wish to insure
- I/We confirm that a reasonable search of information available to me/us has been undertaken and that the particulars given in this proposal form represent all relevant information known to me/us or that I/we ought to be aware of
- I/We understand that if a fair presentation of risk has not been given then this insurance may not fully protect me/us in the event of a claim
- I/We will tell you of any change to the details given before the start date of the contract, if any variation is required during the period of insurance and prior to each renewal.

Signature of partner, director or member:

Date:

Print name:

Position:

Please note: until we have confirmed that we have accepted this proposal, you are NOT insured under this policy.



Additional notes

A large, empty rectangular box with a thin black border, intended for writing additional notes.

This document is available in other formats.

If you would like a Braille, large print or audio version, please contact your insurance adviser.

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