



CHURCHILL INSURANCE CONSULTANTS

MISCELLANEOUS PROPOSAL FORM PROFESSIONAL INDEMNITY INSURANCE

Churchill Insurance Consultants Ltd.

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IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1. Name(s) (including trading names) of the Proposer(s):

Name	Date Commenced

Website Address

Email Address

2. Address(es) of the Proposer(s) - All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in Charge

3. Is cover required for predecessor practices to the Proposer(s)?

No

Yes

If **YES**, please give provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

4. Please state:

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposer/s

5a. (If applicable) Please state the name of any Professional Body of which the proposer is a member:

5b. (If applicable) Please state the name of any Trade Association of which the proposer is a member:

6. Is cover required for the previous business activities of any Principal?

No	Yes
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If YES, please state:

Name of Principal			
Name of Previous Firm			
Period	From: To:	From: To:	From: To:
Fees for Last 3 Yrs	Y/E: () Y/E: () Y/E: ()	Y/E: () Y/E: () Y/E: ()	Y/E: () Y/E: () Y/E: ()
Reason for Leaving			
Position in Firm			
Is there separate insurance covering the activities of this Firm for the Period stated above?			

7. Is cover required for any past Partner or Principal?

No	Yes
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If YES please state:

Name in full of Principals	Qualifications	How long with Proposer(s)

8. Please state total numbers of:

Principals	Contract Hired Staff	Qualified staff	Others

9. **DO NOT ANSWER IF THIS PROPOSAL IS FOR RENEWAL OF INSURANCE WITH CHURCHILL INSURANCE CONSULTANTS**

Name of current insurers	<input type="text"/>
Name of your broker	<input type="text"/>
Renewal date	<input type="text"/>
Limit of indemnity	<input type="text"/>
Premium	<input type="text"/>
Excess	<input type="text"/>

10a. Please provide a full description of all of your activities:

Please provide a brochure, if available.

10b. Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

Total	

10c. Do you anticipate any major changes in these activities in the forthcoming 12 months?

No	Yes
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If **YES**, please give full details:

10d. Where do you perceive your exposure to claims to lie? In what circumstances might you envisage a claim arising?

10e. Have you undertaken any other activities in the past for which cover is required?

No	Yes
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If **YES**, please give full details:

10f. Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

No	Yes
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If **YES**, please give full details:

11a. Is any work put out to sub-contractors?

No	Yes
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If **YES** please state:

11a i. What percentage of gross income/fees was paid to sub-contractors in the last financial year?

11a ii. Is any work put out to sub-contractors?

No	Yes
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11a iii. Do you get an indemnity from sub-contractors, in writing?

No	Yes
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If **YES**, to what limits?

11b. Do you require any sub-contractor to be indemnified under your insurance arrangements?

No	Yes
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If YES, please state:

Name	Qualifications	Fees Paid (last financial year)

12. State for the whole Proposer(s); Gross income/fees received for each of the last five financial years:

	5 Years ago	4 Years ago	3 Years ago	2 Years ago	Last Complete Year	Current Year Estimate	Forthcoming year Estimate
Year Ending							
UK Work							
USA / Canada							
Other / Overseas							
TOTAL							

13a. Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client	Start Date	Description	Total Contract Value	Fee	Approximate Completion Date
1					
2					
3					

13b. What is the total fee income received in the last financial year from your largest client?

13c. What is the average fee received in the last completed financial year?

14a. Have you at any time undertaken any work where the "end product" is situated outside the United Kingdom?

No	Yes
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If **YES**, please provide full details:

Country	Start Date	Description	Total Contract Value	Approximate Completion Date	Services Provided

14b. Do you work other than from its UK offices? No Yes

14c. Have you at any time accepted liability other than under the jurisdiction of the UK courts? No Yes

If **YES** to either **14b.** or **14c.** then please provide full details listing jurisdiction and amount of work involved on a separate sheet.

15. Do you use a standard form of contract, agreement or letter of appointment? No Yes

If **YES**, please attach a copy.

16a. Do you commit your clients to contracts with third parties? No Yes

16b. If **Yes**, do you always obtain your clients' written acceptance of the terms of contracts before committing them? No Yes

If **No**, please provide full details.

17a. Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership? No Yes

If **Yes**, please give full details (including names of other parties) special arrangements must be made to cover this type of work

17b. Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

No	Yes
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If **Yes**, give full details of the nature of the association together with the name and business of the third party.

18a. Do you require insurance for: Loss of Documents

No	Yes
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18b. Do you require insurance for: Dishonesty of Employees

No	Yes
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18c. Do you require insurance for: Libel & Slander

No	Yes
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18d. Do you require insurance for: Breach of Copyright

No	Yes
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18e. Do you require insurance for: Unintentional Breach of Confidence

No	Yes
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18f. Do you require insurance for: Claims involving pollution etc.

No	Yes
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Some policies give this cover automatically

19. For what Limit(s) of Indemnity are quotations required?

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

20a. In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of ANY of the risks to which this proposal relates?

If **YES**, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

20b. What steps have been taken to prevent a recurrence?

21. Is any Principal, **AFTER FULL ENQUIRY**, aware of:

21 i. Any circumstance which might give rise to a claim against the Proposer, any predecessor or any past or present Principal?

No

Yes

21 ii. Any circumstances which might cause any loss to the Proposer, any predecessor or any past or present Principal?

No

Yes

21 iii. Any matter which might otherwise affect the consideration of this proposal for insurance?

No

Yes

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

22. Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

No

Yes

If **Yes**, please provide details:

RELATED COVERS

Do you have the following covers in place?

(If yes, please provide your renewal date)

Business Insurance

No	Yes
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Directors & Officers

No	Yes
----	-----

Crime Insurance

No	Yes
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Cyber Liability

No	Yes
----	-----

Private Medical Insurance

No	Yes
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Please use the space below to provide any additional information

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

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 is 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 Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Churchill Insurance Consultants Ltd may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform us in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact us.

Signature of Principal:

Date:

A copy of this proposal should be retained by you for your own records

All questions must be answered fully, and those questions not relevant to you should be marked N/A.

If there is insufficient space, please provide details on your letterhead.

Churchill Insurance Consultants Ltd is owned by Brokerbility Holdings Ltd and are authorised and regulated by the Financial Conduct Authority (Registration Number: 305786).

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