



Professional Indemnity Insurance

Application Form

*On completion this form should be returned to:
18c Warwick Street, Worthing, Sussex, BN11 3DJ.
Tel. 01903 211462 Fax. 01903 214634
Email. enq@unicover.org.uk*

Please complete all questions using **BLOCK CAPITALS**. If any of the questions are not relevant, please indicate with **N/A**. If there is insufficient space for your answers, please continue on a separate sheet of paper. A Director or Senior Partner of the Firm **MUST** sign and date this Proposal Form.

Name:		
Address:		
		Postcode:
Telephone:		Fax:
Email:		
When was your business established?		

We can extend this insurance to include associated and subsidiary companies provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all the companies named.

Name:		
Address:		
		Postcode:
Telephone:		Fax:
Email:		

Name:		
Address:		
		Postcode:
Telephone:		Fax:
Email:		

Have you ever conducted business with any other company with which you have a financial or managerial connection? **YES / NO**
If **YES**, please give full details:

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Please list below your details and those of any partners or directors of the company(s) listed above:

Name	Qualifications and year obtained	How long a Director?

Where a partner or director has been working in the relevant industry for less than 5 years please send us their CV along with this proposal form.

Is cover required for predecessor practices to the Proposer/s? **YES / NO**

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

Name of Predecessor	Date Commenced	Date Ceased	Reason for cessation

Is cover required for the previous business activities of any Principal? **YES / NO**

If **YES**, please state:

Name of Principal			
Name of previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for last 3 years	£ £ £	£ £ £	£ £ £
Reason for leaving			
Position in firm			
Is there separate insurance covering the activities of this Firm for the above period?			

Please provide the total number of:

Partners/Directors	<input type="text"/>	Typists	<input type="text"/>
Qualified Staff	<input type="text"/>	Juniors	<input type="text"/>
Trainees	<input type="text"/>	Others	<input type="text"/>

Do you use independent sub-contractors? **YES / NO**

If **YES**:

- a) What approximate percentage of your turnover is paid to sub-contractors? %
- b) For which work are they used?

- c) Do you ensure they have their own P.I. insurance? **YES / NO**

Is your business a member of any professional organisation or trade association? **YES / NO**

If **YES**, please give details below:

We need to know your turnover including fee income and where it comes from. Please fill out the table below:

	Past Year ending / /	Current Year	Estimate for the coming year
Total Turnover including fee income	£	£	£

Estimated percentage split of your turnover including fee income for:

Work carried out for UK clients	%	%	%
Work carried out for Overseas clients excluding USA/Canada	%	%	%
Work carried out for Overseas clients including USA/Canada	%	%	%

Please provide a detailed description of the Firm's activities:

Please categorise the activities described above and indicate the approximate percentage of the gross income/fees this represents:

Category	%
Total	100%

Please give details of the five largest contracts you have carried out in the past three years:

Name of client	Nature of business	Total value of contract	Income to you from the contract
1.			
2.			
3.			
4.			
5.			

Average value of the contracts you get involved in, in the last three years?

£

Does the Firm use a standard form of contract, agreement or letter of appointment? **YES / NO**

If **YES**, please enclose copies.

Does the Firm issue any Brochures, Leaflets, Books, etc. describing the Firm's services or offering any service or facility? **YES / NO**

If **YES**, please enclose copies.

Do you have your own Web Site? **YES / NO**

What is the Web Site address?

Do you have any facility within your Web Site for any third party to register or leave any message or questions? **YES / NO**

If **YES**, please give details:

Has anyone ever successfully damaged or altered your World Wide Web Site or have you ever suffered any loss due to the authorised contents of your Web Site? **YES / NO**

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

Has any claim been brought against you arising out of the performance of your business activities or has anyone threatened to bring such a claim? **YES / NO**

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

Are you aware of any shortcoming in your work which may lead to a claim against you in the future? This includes a shortcoming known to you but not your client, a complaint from your client about your work even though you may regard it as unjustifiable or the refusal by a client to pay any amount owed to you. **YES / NO**

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

Have you suffered any loss from the dishonesty or malice of any employee, subcontractor or self-employed freelancer? **YES / NO**

Do you have any grounds for suspecting that such a person has acted dishonestly or maliciously when working for you or on your behalf? **YES / NO**

If **YES** to either, please provide full details:

Please provide us with details of any other information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details:

Do you currently have Professional Indemnity insurance? **YES / NO**

If **YES**, what is the renewal date?

Name of Insurer

Limit of Indemnity

Excess

Premium

Do you require cover for:

Loss of Documents	YES	NO
Dishonesty of Employees	YES	NO
Libel & Slander	YES	NO
Breach of Copyright	YES	NO
Unintentional Breach of Confidence	YES	NO
Claims involving pollution etc.	YES	NO

Some policies give this cover automatically

What Limits of Indemnity do you want us to quote for?

£
£
£

What excesses would you like us to quote with?

£
£
£

I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signature of
Principal/Partner/Director

Date