



MISCELLANEOUS PROFESSIONAL INDEMNITY INSURANCE

This is a fillable PDF form. Please download or open the file directly in [Adobe Reader](#) to complete it electronically. Please type in your answers in the fields you wish to complete and save a copy for your records

If you choose to submit the form with an Electronic Signature, this locks all fields which means that neither you or any other person opening the form can alter your answers. Alternatively, print the form, "wet" sign and date it and scan/fax/post return.

We can provide quotations without the form being signed.

**NOTE: MICROSOFT'S PDF READER PACKAGED WITH
WINDOWS 10 WILL NOT WORK CORRECTLY**

Names/s (including trading names) of the Proposer/s:

Name and Address

Date Commenced:

Website Address:

Email Address:

Please State

UK

USA/Canada

Other

Total

Total Gross Fees in last financial year:

Estimated Gross Fees in next financial year:

Largest Fee from any one client:

Please provide a full description of activities undertaken

Is the failure of any of your products or services liable to result in any of the following?

Loss of life or injury to a person?

Yes

No

Destruction or damage to physical property

Yes

No

Immediate and large financial loss

Yes

No

Significant cumulative financial loss

Yes

No

Insignificant cumulative financial loss

Yes

No

If you have answered "YES" to at least one of the above, please give full details:

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, 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 the 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 one or more of the above, please give full details:

Do you currently purchase Professional Indemnity Insurance? Yes No

Name of Current Insurer	Renewal date	Limit of Indemnity	Premium

Please give details of your three largest contracts commenced in the past three years or anticipated if a new business:

Start Date	Completion Date	Services	Name of Contract	Income to you

Please provide details of any additional relevant information in the following section:

Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/ Company noted below.

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

Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, www.privacy-notice.co.uk We recommend that you review this notice

Name of Principal Signing this form:

Signature of Principal:

Date*:

** If electronically signing this form a date need not be entered - this is only if the form is being completed by hand - (a digital signature automatically includes a time and date stamp and secures the application)*