



PROPOSAL FORM  
**PROFESSIONAL INDEMNITY INSURANCE**

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Registered in England under  
Company Number: 5426773  
Authorised and Regulated by the  
Financial Conduct Authority.  
Registration: 466937

# Professional Indemnity



**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 Proposer or Underwriter 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.

Circle answers to YES/NO questions to indicate your response.

**1. Please provide the following details (including trading names) of the Proposer/s:**

Name		Date Commenced
Tel:	Fax:	
www:	Email:	

**2. ADDRESS/ES of 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?**

**YES / NO**

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

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

**4.**

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposers

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5. Please state the name of any Professional body or Trade Association of which the proposer is a member

<b>Professional Body</b>	
<b>Trade Association</b>	

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

**YES / NO**

If **YES**, please state:

Name of Principal			
<b>Name of Previous Firm</b>			
<b>Period</b>	From / / To / /	From / / To / /	From / / To / /
<b>Fees for Last 3 Yrs</b>	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
<b>Reason for Leaving</b>			
<b>Position in Firm</b>			
<b>Is separate insurance in place to cover the activities of this firm for the period stated above?</b>	Yes / No	Yes / No	Yes / No

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

**YES / NO**

If **YES**, please give:

Name	Qualifications	How long with Proposer/s

8. Please state the number of:

<b>Principals</b>		<b>Qualified Staff</b>		<b>Contract Hire Staff</b>		<b>Other Staff</b>	
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**9. DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH BRUNEL PROFESSIONAL RISKS LTD:**

<b>Name of current insurers</b>	
<b>Name of your broker</b>	
<b>Renewal date</b>	
<b>Limit of indemnity</b>	
<b>Premium</b>	
<b>Excess</b>	

**10.**

**(a)** Please provide a full description of all of your activities:

**PLEASE PROVIDE A BROCHURE, IF AVAILABLE.**

**(b)** Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

	%
	%
	%
	%
	%
	%
	%
	%
	%
	<b>100%</b>

(c) Do you anticipate any major changes in these activities in the forthcoming 12 months? **YES / NO**

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

(d) Where do you perceive your exposure to claims to lie? In what circumstances might you envisage a claim arising? **YES / NO**

(e) Have you undertaken any other activities in the past for which cover is required? **YES / NO**

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

(f) 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? **YES / NO**

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

**11.**

(a) Is any work put out to sub-contractors? **YES / NO**

If **YES**, please state:

<b>What percentage of gross income/fees was paid to sub-contractors in the last financial year?</b>	<b>%</b>
<b>Are sub-contractors required to carry professional indemnity insurance?</b>	
<b>Do you get an indemnity from sub-contractors, in writing?</b>	
<b>If YES, to what limits?</b>	

(b) Do you require any sub-contractor to be indemnified under your insurance arrangements? **YES / NO**

If **YES**, please state:

<b>Name</b>	<b>Qualifications</b>	<b>Fees Paid (last financial year)</b>

**12. State for the whole Proposer/s:**

Gross income/fees received for each of the last five financial years:

				Last Complete Year	Current Year	Forthcoming Year Estimate
Year End	/ /	/ /	/ /	/ /	/ /	/ /
UK Work	£	£	£	£	£	£
USA/Canada	£	£	£	£	£	£
Other Overseas	£	£	£	£	£	£
<b>TOTAL</b>	£	£	£	£	£	£

**13.**

(a) 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					

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

(c) What is the average fee received in the last completed financial year?

**14.**

(a) Have you **at any time** undertaken any work where the "end product" is situated outside the United Kingdom? **YES / NO**

If **YES**, please give the following details:

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

(b) Do you work other than from its UK offices? **YES / NO**

(c) Have you at any time accepted liability other than under the jurisdiction of the UK courts? **YES / NO**

If **YES** to either (b) or (c) 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? YES / NO

If **YES**, please attach a copy

16. (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in Single Project Partnership? YES / NO

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

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation? YES / NO

If **YES**, give full details of the nature of the association together with the **name** and **business** of the third party.

17) Do you require insurance 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.

18. (a) For what Limit/s of Indemnity are quotations required? £

(b) 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? £

19. (a) 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? YES / NO

**(b)** 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? **YES / NO**

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

What steps have been taken to prevent a recurrence?

**20.** Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

**(i)** Give rise to a claim against the Firm, any predecessor or any past or present Principal? **YES / NO**

**(ii)** Cause any loss to the Firm, any predecessor or any past or present Principal? **YES / NO**

**(iii)** 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? **YES / NO**

**(iv)** Otherwise affect the consideration of this proposal for insurance? **YES / NO**

If **YES** to any of the above, please give details



**PLEASE READ THESE PARAGRAPHS CAREFULLY BEFORE SIGNING THE DECLARATION:**

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance makes a fair presentation of their risk to the prospective insurer.

**DUTY TO MAKE A FAIR PRESENTATION**

You have a duty to make a fair presentation of the risk to be insured to the insurer. This requires the disclosure of any information which would influence the judgement of a prudent insurer in deciding whether to accept your insurance, impose special terms, or charge an increased premium.

A proposal or any other document relating to the contract of insurance, must be answered fully and accurately. All representations must be substantially correct if relating to matters of fact, or made in good faith if they are matters of expectation or belief. Please do consider the questions regarding “any other information” very carefully in the light of the duty of fair presentation. The provision and documentation of this information is your responsibility.

Please be aware that a failure to make a fair presentation of your risk may affect the payment of your claims, cause additional charges to be made by the insurer, or even invalidate the policy.

You are required to disclose what should “reasonably have been revealed by a reasonable search of information available to you”. Please note that this includes what is in the knowledge of all senior management within your organisation (senior officers not just directors), and what is known to other organisations.

Information must be disclosed in a way which is reasonably clear and accessible to a prudent insurer.

This duty arises not only at inception of the policy but also at renewal or in the event of any material change in your risk during the period of insurance.

If you have any doubt as to what constitutes a relevant fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

I/we declare any Partner or Director in any organisation, business partnership, or company which they have had an interest whether personal or business:

- Have never been charged, pending trial, or convicted of a criminal offence other than a motoring offence or any other offence that is spent under the rehabilitation of Offenders Act 1974
- Have never been declared bankrupt, insolvent, subject of an individual voluntary arrangement with creditors or in voluntary liquidation, a winding up administration order or administrative receivership, proceedings in the last 10 years
- Have never been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements in the last 10 years
- Have never been subject to a recovery action by HM Revenue & Customs
- Have never had insurance declined, renewal refused, cover cancelled or special conditions imposed by an Insurer'
- Confirms that the attached schedule accurately reflects the risks that cover is required for.

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 circumstance or information. I/we agree that this proposal together with any other information supplied by me/us shall form our fair presentation of the risk to be insured. 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 Underwriters.

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. Brunel Professional Risks Limited 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 Brunel Professional Risks Limited 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 Brunel Professional Risks Limited.

**Date:** ...../...../.....

**Signature of Principal** .....

**Position within the company** .....