



1) Please provide the full trading names of all entities to be insured under this arrangement (You / Your):

Name	Date Established
Address	Website www.

3) Please supply details of all principals, and senior professional staff:

Name	Age	Qualifications	Date Qualified	Date of Engagement

4) Please provide a breakdown of staff numbers:

Principals	Qualified Staff	Unqualified Staff	Manual Staff	Others

5) Please provide a breakdown of turnover/fees generated:

	Last full financial year	Current financial year	Estimate for next year
Work in UK	£	£	£
Work in EU	£	£	£
Work in USA/Canada	£	£	£
Work elsewhere	£	£	£

6) Please provide details of Your 3 largest contracts undertaken over the last 5 years in the space provided below:

Client	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Completion Date

7) Please provide a description of the services you provide:

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8) Do you undertake any work or provide advice/services in any of the following areas:

Valuation, accountancy, auditing, tax, mortgage, loans, insurance, investments, insolvency, liquidation, receivership, mergers, acquisitions, contaminated land, asbestos, pollution, medical diagnosis/treatment, structural design or project management of construction projects, nuclear, railway, automotive, pharmaceutical, aerospace, aviation and financial institutions	YES / NO
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9) Has any claim been made or loss suffered, whether insured or not, or are You aware of any circumstance which might lead to a claim in respect of any of the risks to which this proposal for insurance relates? YES / NO

10) Are You aware of any matter which might otherwise affect the consideration of this proposal? YES / NO

11) Has any application for similar insurance made on Your behalf or on behalf of any of the present or past partners, directors or principals, or predecessors in business, ever been declined, renewal refused, or cancelled? YES / NO

If the answer to any of the above questions is YES, please provide full details below, or on another sheet if required:

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Please tick which limit of indemnity you require:			
£250,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	Other	<input type="checkbox"/>

Current Insurer			
Renewal Date		Limit of Indemnity	
Excess	£	Premium	

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 Underwriters.

Signature of Principal:

Date: