



MANCHESTER
UNDERWRITING MANAGEMENT

Proposal Form

Miscellaneous Professions

IMPORTANT:

- You **MUST** complete all sections of this Proposal Form. The Proposal Form must be signed and dated once completed.
- This Proposal Form is for a contract of insurance and you, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of your knowledge and belief at the time of disclosure. You must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Proposal Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any such Insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Certificate Wordings and Policy Summaries, which are available on request.

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

Entity Name(s)	Date Established

2) Please provide website address

www.

3) Please provide all addresses, with details of principal in charge:

Address	Name of Principal

4) If cover is required for Your previous businesses (predecessor practices), provide details below:

Entity Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the Principals require cover for any previous professional business activity not covered elsewhere please provide details below:

Name of principal to be covered			
Name of previous Company			
Period at previous Company	From: dd / mm / yyyy To: dd / mm / yyyy	From: dd / mm / yyyy To: dd / mm / yyyy	From: dd / mm / yyyy To: dd / mm / yyyy
Fees for last 3 years of trading	yyyy: £ yyyy: £ yyyy: £	yyyy: £ yyyy: £ yyyy: £	yyyy: £ yyyy: £ yyyy: £
Position held at previous Company			
Reason for leaving			

6) Please provide full details of any associated/subsidiary entities:

Entity Name(s)	How Associated	Details of services provided

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

Name	Age	Qualifications	Date Qualified	Date of engagement

8) Please supply details on total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others

9) Please provide details if any Principal or member of the senior professional staff has ever been convicted of a criminal offence (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body:

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10) Please provide full details if any Principal or member of the senior professional staff has been made personally bankrupt or has been associated with any business which has ceased trading either voluntarily or compulsorily:

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11) Please provide details of current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	£
Excess	£
Premium	£

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

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

13) Please provide a full description of all professional activities provided:

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14) Please provide a breakdown of activities described above, and percentage of income generated for each discipline (must equal 100%).

	%
	%
	%
	%
	%
	%
	%
Total	100%

15) Do You anticipate professional activities/services provided will change over the forthcoming twelve months?

YES/NO

If YES please provide full details:

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16) Are You involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in a pure design or consultancy capacity as previously described?

YES/NO

If YES please provide full details:

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17) Do You engage the services of sub-contractors?

YES/NO

If YES please provide answers to the following, otherwise skip to the next question

What percentage of fees/turnover was paid to sub-contractors over during the last financial year?

%

Do You always require Your sub-contractors hold their own Professional Indemnity Coverage, and verify that it is in-force?

YES/NO

If YES please confirm the minimum limit you require them to maintain:

£

18) Please provide details of Your 3 largest contracts undertaken over the last 5 years :

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

19) Please provide details of Your 3 largest contracts to be undertaken over the next 12 months:

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

20) What is the average fee per client received over the last 12 months?

£

21) Do You enter in to contracts which are subject to the law of other countries?

YES/NO

If YES provide details below:

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22) Please provide details of overseas work in the last 5 years:

Country	Start Date	Description of Work	Total Contract Value	Firms Contract Value / Fee	Est. Completion Date

23) Do You always use written agreements for each contract undertaken?

YES/NO

24) Have You ever entered into a Consortium, Group Practice or Single Project Partnership?

YES/NO

If YES please provide details below:

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25) Does the company ever enter into contracts on behalf of clients?

YES/NO

If YES, is written sign off for the contract terms always obtained from your client prior to doing so?

YES/NO

26) Please state what limit of Liability is required:

£250,000 £500,000 £1,000,000 Other:

£

Please state excess required:

£

27) If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:

Date:

DD / MM / YYYY

28) Has any claim been made or loss suffered by You or any predecessor, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?

YES/NO

If YES, please provide details below:

Date of claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

29) Are You aware of any of the following?

Any circumstance which might lead to a claim against any You or any predecessor, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?

YES/NO

Any matter which might otherwise affect the consideration of this proposal?

YES/NO

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:

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.

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. Manchester Underwriting Management 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 Manchester Underwriting Management Ltd. 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 Manchester Underwriting Management Ltd.

Signature of Principal:

Date:

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