



**MANCHESTER**  
UNDERWRITING MANAGEMENT

## IT Consultants Short Proposal Form

**IMPORTANT:**

**In this application:**

“**You / Your**” refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

“**Firm**” means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

“**Principal**” means any Director, Partner, Member or Sole Trader.

Answers should relate to all work for which cover is required - past, present and future.

**You MUST** complete all sections of this Application Form. The Application Form must be signed and dated once completed.

This Application 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 Application 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 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 Policy Wordings and Summaries, which are available on request.

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

Name(s)	Date Established	Website

Address

**2) Please supply details of all Principals:**

Name	Age	Qualifications	Date Qualified	Date of Engagement

**3) Please provide a breakdown of staff numbers:**

Principals	Qualified Staff	Unqualified Staff	Manual Staff	Others

**4) 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			

**5) Current Insurer Details:**

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

**6) Please select the Limit of Indemnity You require quotations for:**

**7) 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/Fee	Est. Completion Date

**8) Risk Management - please answer the following questions**

If any of your services or products fail, could there be a loss of life or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you always use a standard written contract for each client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of your services or products should fail, could there be destruction or damage to physical property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do all contracts include an outline of the scope of services to be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of your services or products should fail, could there be an immediate and large financial loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do all contracts include a limitation of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of your services or products should fail, could there be a significant cumulative financial loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do all contracts include a consequential loss and economic loss exclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9) Has any claim been made or loss suffered, whether insured or not, or are You aware of any circumstances which might lead to a claim in respect of any risks 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 you have answered YES to any Risk Management question in 8, or YES to either 9, 10 or 11 we require you to provide full details below, or on another sheet to be attached to this form.

**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:

Name of Principal Signing this form:

Dated: