



Miscellaneous Proposal Form



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1. Name(s) (including trading names) of all entities to be Insured:

Name(s)	Date Established

Website

Email Address

Telephone Number

2. Please state below the current address/es of Firms(s) from which business is transacted (Please list all locations by Town (or country if overseas) and identify the supervising Partner/Director at each location. (Please continue on a separate sheet if necessary).

Address:	Principal in charge

3. Please provide the following details of all current Partner / Directors / Sole Practitioners (Principals)

Name	Age	Qualifications	Date Qualified

4. Please state total number of:

Principals/ Partners/Directors	Qualified Staff	Other Technical Staff	Administrative/ other Staff	Total

5. a) Has the name of the Proposer ever been changed?

YES NO

5. b) Has any other practice or business amalgamated or merged with you?

YES NO

5. c) Have you purchased any other practice or business?

YES NO

If YES to either a), b) or c), please provide details:

6. If the Proposer is a sole practitioner what procedures are in place for periods of absence from the office or illness?

7. Please list the professional/regulatory bodies, trade associations or societies to which you belong:

Miscellaneous Proposal Form

8. a) Financial Year End (day/month/year):

8. b) Please state gross income/fees for:

	Past Financial Year	Current Financial Year	Estimate for Next Financial Year
UK			
USA/Canada			
Elsewhere			
Total			

8. c) Average fee from any one client: £

8. d) Largest fee from any one client: £

If any overseas work has been carried out please provide details

9. a) Please provide a clear description of the current activities of the Firm

9. b) Has the firm's activities changed in the last 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months?

9. c) Please categorise those activities described above by indicating the percentage that each represents. Please state whether this is a percentage of fees, payroll or turnover, etc.

	Approximate Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	100 %

Miscellaneous Proposal Form

10. a) Please provide details of your largest 5 contracts undertaken in the last 5 years:

	Name of Client	Nature of project/contract	Total Contract Value	Income to the business
1			£	£
2			£	£
3			£	£
4			£	£
5			£	£

10. b) Do you use a standard form of contract, agreement or letter of appointment? YES NO

If YES, please provide a copy

10. c) Do you always confirm verbal reports in writing? YES NO

If NO, please explain why:

11. a) Do you use the services of consultants, sub-contractors or agents? YES NO

If YES, please confirm:

Name	Qualifications	No Years of Experience

11. b) Approximate Percentage of annual fee income paid to sub-contractors? %

11. c) What activities do they undertake:

11. d) Do you ensure they have the relevant qualifications? YES NO

11. e) Do you ensure them to maintain their own Professional Indemnity Insurance? YES NO

If YES, what minimum limit of indemnity do you require them to have? £

12. Do any of the Principal(s), Partner(s) or Director(s) of the Proposer have any financial interest in any other practice, company or organisation? YES NO

If YES, please provide details:

Miscellaneous Proposal Form

13. a) Are satisfactory written references obtained prior to the engagement of any employee responsible for accounts, money or goods? YES NO

13. b) Are petty cash and cash in hand checked independently of the employees responsible at least monthly and additionally without warning every six months? YES NO

13. c) Are bank statements, receipts, counterfoils and supporting documents checked at least Monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? YES NO

13. d) Are employees receiving cash and cheques in the course of their duties required to pay in daily? YES NO

13. e) Do all cheques drawn for more than £25,000 require at least two signatures? YES NO

13. f) Are all computer records backed-up daily? YES NO

If YES, are these back-up records maintained in an off-site location? YES NO

13. g) Has the Proposer(s) suffered any loss through fraud or dishonesty at any time? YES NO

If YES, please provide details including dates, circumstances, amounts involved and steps taken to prevent a recurrence:

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14. Is the Proposer currently insured for Professional Indemnity insurance? YES NO

If YES, please state:

Name of Insurer	Renewal Date	Limit of Indemnity	Excess	Premium

15. Has the Proposer ever been refused this type of insurance, had special terms imposed by insurers or had a similar insurance cancelled? YES NO

If YES, please provide full details:

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16. a) What limit of indemnity is required?

£250,000 £500,000 £750,000

£1,000,000 £2,000,000 £5,000,000

Other - Please specify £

16. b) There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? Please tick as appropriate:

£500 £1,000 £2,500

£5,000 £10,000 £25,000

Other - Please specify £

Miscellaneous Proposal Form

17. 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 or any past or present Principal?

YES NO

17. 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 provide full details below or continue on a separate sheet

Date of Claim	Brief Details	Amount of Claims Paid £	Reserves Outstanding £

17. c) If applicable what action been taken to prevent a recurrence of a claim?

17. d) After enquiry, are any of the Proposers Principals, Partners, Directors, aware of any claim pending or any circumstance which might give rise to a claim against the Proposer of the present or previous Principals, Partners, Directors of the Proposer?

YES NO

If "YES" please provide full details

17. e) Have present insurers been notified of all claims and all circumstances and all circumstances Which may give rise to claims?

YES NO

If "YES" please provide full details

Miscellaneous Proposal Form

18. Additional Information:

DECLARATION

I/We declare on behalf of the Proposer that the above statements and details are true and that I/we have not misstated or suppressed any material facts. I/We agree that this Proposal Form, together with any other information supplied by me/us, shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer or Insurers to complete this insurance.

Signature of Principal/ Partner/Director:

Name of Signatory

Position

Date
