

MISCELLANEOUS PROFESSIONAL INDEMNITY PROPOSAL FORM

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

1) COMPANY NAME/TRADING NAME(S) INCLUDING PREVIOUS TRADING STYLES:					
2) FIRMS PRIMARY ADDRESS AND EIRCODE:					
3) WEBSITE ADDRESS		4) DATE 1ST ESTABLISHED:			
5) FIRMS BUSINESS DESCRIPTION:					
6) FIRMS GOVERNING BODY:					
7) DETAILS OF MAIN PRINCIPALS, PARTNERS OR DIRECTORS OF THE FIRM: (PLEASE ATTACH CV'S IF AVAILABLE)					
Full Name		Qualifications		Year Qualified	
8) PLEASE STATE NUMBER OF:					
Partners / Principals / Directors		Other Qualified Staff		All Other Staff	
9)	ROI	UK	USA/Canada	Other	Total
Total Gross Fees in last financial Year ending:/...../.....	€	€	€	€	€
Total Gross Fees in previous financial year 1 :	€	€	€	€	€
Total Gross Fees in previous year 2:	€	€	€	€	€
Estimated Gross Fees for next financial year:	€	€	€	€	€
Largest Fee from any one client:	€	€	€	€	€

10) FULL DESCRIPTION OF ACTIVITIES, WITH PERCENTAGE BREAKDOWN (ESTIMATED IF NO HISTORICAL DATA):				
				%
				%
				%
				%
11) DETAILS OF THE 5 LARGEST PROJECTS IN THE LAST 5 YEARS (OR UPCOMING IF NEW BUSINESS):				
Start Date	Client	Description	Total Contract Value	Own Contract Value
12) HAVE YOU ENTERED ANY CONTRACTS SUBJECT TO NON ROI LAW? IF YES PLEASE GIVE DETAILS AT THE END OF THE FORM.			YES	NO
13) DOES THE FIRM CURRENTLY HOLD PROFESSIONAL INDEMNITY INSURANCE?			YES	NO
Current Insurers				
Current PI Broker				
Premium				
Excess				
Renewal Date				
Retroactive Date				

14) WHAT LIMIT OF INDEMNITY IS REQUIRED?		
15) CLAIMS AND OTHER CIRCUMSTANCE STATEMENTS		
(a) No claims for professional negligence, error or omissions or the like have ever been made against The Firm or any predecessor(s) in business or against any Partners/Directors/Principals either directly or in respect of any Company of which they were a Partner/Director/Principal of.	TRUE	FALSE
(b) After enquiry within The Firm, the Proposer is not aware of any circumstances which have occurred which may give rise to a claim.	TRUE	FALSE
(c) The Firm or any Partners/Directors/Principal has not had any Insurers decline to offer PI renewal terms, nor has had their PI policy cancelled or voided, or had any special premium increase or special terms being imposed due to a material fact.	TRUE	FALSE
(d) The Firm or any Partners/Directors/Principal do not act, or have not acted, in any capacity other than those declared	TRUE	FALSE
(e) The Firm or any Partners/Directors/Principal have not ever been the subject of investigations or disciplinary proceedings by any Regulatory Body or the Health & Safety Executive	TRUE	FALSE
(f) The Firm or any Partners/Directors/Principal do not undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation.	TRUE	FALSE
g) The Firm or any Partners/Directors/Principal have never been declared bankrupt, disqualified from being a company director, involved with a company that has gone into liquidation/administration/CVA or had a CCJ against them.	TRUE	FALSE
If you answer 'False' to any of the questions above please provide details at the end of the form.		
16) CONTACT NAME	17) CONTACT EMAIL	
18) MOBILE NUMBER	19) TELEPHONE	

20) MATERIAL INFORMATION

You must search for all material information and disclose it to us without misrepresentation. Material information is anything which might reasonably influence our decision to offer you insurance or the terms (including the premium) on which any offer is made. It includes facts, circumstances, allegations and events. Material information includes special or unusual facts concerning you or your business, any particular concerns you may have which have led you to seek or increase your insurance cover and any other facts relevant to the risk taken by us. You should assume that all information specifically sought by us is material, whether in this Proposal Form or otherwise.

Please check carefully all the information and advise your insurance adviser if any corrections or additions are required as soon as reasonably practicable.

21) DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature:		Date:	
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ANY ADDITIONAL INFORMATION (PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED):