

Professional Indemnity Insurance Application Form

IMPORTANT NOTICE

This Application Form must be completed and signed by a Principal, Partner, or Director of the Proposer(s). The person completing and signing the Application Form should be authorised by the Proposer(s) to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

You must give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management or those responsible for arranging this insurance, know or ought to know following a reasonable search.

You must take care in completing this form by ensuring that all information provided is correct, accurate and complete.

All questions must be answered to enable a quotation to be given.

Completing and signing this Application Form does not bind the Proposer(s) or LMIS Global (Europe) BV to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this Application Form (please indicate section number).

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

SECTION 1.1 - Your Business

Business Name (including any additional trading names):	
Main Address:	
Post Code/Zip Code:	
Email:	
Telephone Number:	
Website Address:	
Company Registration Number:	

SECTION 2 - Your Employees

Total number of employees:				
Number of Principals, Partners or Directors:				
Number of other professionally qualified staff:				
Number of non-technical or administrative staff				
Number of other staff (please specify)				
What are the qualifications of your Principles, Partners, Directors or other key professional personnel?				
Name	Qualifications	Year Qualified	Years as Principal Partner or Director	
			This practice	Previous practice
If you only have one Principal, what arrangements do you have in place to ensure continuity of business when that Principal is travelling, on leave, ill or away from the office?				



What professional licences do you, your Principals, Partners, or Directors hold?	
What professional societies and associations are you, your Principals, Partners, or Director's members of?	

SECTION 3 - Your Business		
Please provide full details of your business and activities:		
Please provide the percentage breakdown of each type of professional service or advice that you provide to clients:		
Type of Work	%	
Total	100%	
Do you anticipate any major changes in these activities in the forthcoming 12 months?	Yes	No
If Yes – please provide details:		



Do you engage in any other professional or business activities other than what is described above?	Yes	No
If Yes , please provide details of the type of work and the fee income from these other activities.		
Where do you perceive your exposure to claims to lie? In what circumstances might you envisage a claim arising?		
Are you or any of your Principals, Partners or Directors connected or associated with any other business or practice?	Yes	No
If Yes , please provide details.		
Is cover required for the previous business activities of any Principal?	Yes	No
If Yes , please provide details. (Name of principal, name of previous firm, period, fees for last 3 years, reason for leaving, position in firm).		



Is cover required for any past Partner or Principal?	Yes	No
If Yes , please provide details:		
Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products or prototypes, other than in a pure consultancy capacity as described above?	Yes	No
If Yes , please provide details:		
Most insurers automatically exclude liability arising from claims involving pollution. It may be possible to obtain limited cover for such claims. Please state:		
Do you knowingly undertake any work which involves contaminated or polluted land or property, or provide advice as to whether or not land or property might be contaminated or polluted?	Yes	No
If available, do you require a quotation to include coverage for claims involving pollution?	Yes	No
If Yes , please ask for a Pollution Questionnaire.		
Is any work put out to sub-contractors?	Yes	No
If Yes , please state:		



What percentage of gross income / fees was paid to sub-contractors in the last financial year?		
Are sub-contractors required to carry Professional Indemnity insurance?		
Do you get an indemnity from sub-contractors, in writing?		
If Yes , to what limits?		
Do you require any sub-contractor to be indemnified under your insurance arrangements?	Yes	No
If Yes , please state:		
Name	Qualifications	Fees Paid (Last financial year)

SECTION 4 – Details of your Contractual Agreements

Do you use a standard form of contract, agreement, or letter of appointment?	Yes	No
Does the Proposer(s) or any Principal have any association with or financial interest in any other Practice, Company or Organisation?	Yes	No
If Yes , give full details of the association together with the name and business of the third party.		

SECTION 5 – Your Financial Details

When does your Financial Year end?				
Please state gross income/fees received for each of the last five financial years (or estimate of current year if a new business):				
		Last complete year	Current Year (Estimate)	Forthcoming Year (Estimate)
€	€	€	€	€



Please provide percentage of fees derived from work in:					
Europe	UK	USA/Canada	Other (please specify)		
%	%	%	%		
What are your five largest projects or contracts during the past five years?					
Client Name	Service Performed	Location	Start and End date	Fees	
What is the total fee income received in the last financial year from your largest client?				€	
What is the average fee received in the last completed financial year?				€	
Have you at any time undertaken any work where the 'end product' is situated outside Europe?				Yes	No
If Yes , please give the following details:					
Country	Start Date	Description	Total Contract Value	Approximate Completion Date	Services Provided
Do you work other than from European offices?				Yes	No
Have you at any time accepted liability other than under the jurisdiction of your local national courts?				Yes	No
If Yes , please provide full details listing jurisdiction and amount of work involved.					

SECTION 6 – Your Risk Management

Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?	Yes	No
Has the Proposer(s) suffered any loss in the last 6 years through fraud or dishonesty?	Yes	No
If Yes , please state date, circumstances, amount and steps taken to prevent a recurrence:		
Do all cheques drawn for more than €25,000 require at least two signatures?	Yes	No
Is cash in hand and petty cash checked independently of the employees responsible at least monthly and additionally without warning at least every six months?	Yes	No
Are employees receiving cash and cheques in the course of their duties required to pay in daily?	Yes	No

SECTION 7 – Your current arrangements

Name of Current Insurer			
Name of Current Broker			
Renewal Date			
Limit of Indemnity (state currency)			
Premium (state currency)			
Excess (state currency)			
If you do not have cover in place, please provide limits of indemnity required:			
	500,000	1,000,000	2,000,000



SECTION 8 – Your insurance requirements		
Loss of Documents	Yes	No
Dishonesty of Employees	Yes	No
Libel and Slander	Yes	No
Breach of Copyright	Yes	No
Unintentional Breach of Confidence	Yes	No
For what limit(s) of Indemnity are quotations required?	€	
There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?	€	

SECTION 9 – Your Claims History		
In respect of ANY of the risks to which this proposal relates, has any claim ever been made (whether successful or not) against the Proposer(s), any predecessor or any past or present Principal?	Yes	No
Has any loss been suffered by the Proposer(s), 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 give details.		



SECTION 10 – Claims Declaration

Is any Principal, AFTER FULL ENQUIRY , aware of any circumstance which might:		
Give rise to a claim against the Proposer(s), any predecessor or any past or present Principal?	Yes	No
Cause any loss to the Proposer(s), any predecessor or any past of present Principal?	Yes	No
Has any proposal for similar insurance made on behalf of the Proposer(s) or any of the present or past Partners, Directors or Principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?	Yes	No
Otherwise affect the consideration of this proposal for insurance?	Yes	No

SECTION 11 – Insurance Declaration

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, 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.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

	Day	Month	Year
Date:			
Signature (Individual, Partner, Principal or Director)			
Position:			



PLEASE USE THIS SPACE FOR ANY SUPPLEMENTARY INFORMATION NOTING RELEVANT SECTION

