

SignElite

Professional Indemnity

Professional Indemnity 'Short' Proposal Form

The completion of this form in no way binds the proposer to purchase insurance, nor does it bind the 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)	Name:	Establishment Date:
Address:		

2) Details of all Principals, Partners or Directors:		
Name	Age	Qualifications (attach CV's if available)

3)		UK	USA/Canada	Other	Total
	Total Gross Fees in the last financial year	£	£	£	£
	Estimated Gross Fees for the next financial year	£	£	£	£
	Largest Fee from any one client	£	£	£	£

4)	Full Description of Activities, with percentage breakdown (estimated if no historical data)

5) Details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business)				
	Client	Description	Contract Value	Fee
1				
2				
3				

- 6) Have any claims in respect of the risks to which this form relates ever been made against the business or any of the principals, partners or directors? YES ____ NO ____
- Are any of the principals, partners or directors, **AFTER FULL ENQUIRY**, aware of any circumstance which might give rise to any such claim? YES ____ NO ____
- Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused? YES ____ NO ____
- If the answer to any of the above 3 questions is **YES**, then please provide full details on a separate sheet.

7)	Other material information
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- 8) Does the firm currently hold Professional Indemnity Insurance YES ____ NO ____
- What Limit of Indemnity do you require ? £250,000 ____ £500,000 ____ £1m ____ Other (please state) _____

I/we declare that to the best of my/our knowledge and belief the answers given are true and complete. I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy. I/we agree that the information provided on this Proposal Form and any other information supplied by me/us shall be incorporated in and form part of the insurance contract. FAILURE TO DISCLOSE ALL MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF A SPECIFIC QUESTION MAY INVALIDATE YOUR INSURANCE.

Signature of Proposer(s) _____ Title of signatory _____ Date ____ / ____ / ____