



Professional Indemnity

Proposal Form Business and Management Consultants



Number of employees:

Last year	Current year	Estimate next year

Partners and directors:

Name	Qualifications	No. of years experience

Where a partner or director has been in their profession for less than five years, please send us their brief CV along with this proposal form

Do you undertake any work in relation to the following: the law (other than generic advice on employment law), investment of client funds, audit, accountancy, tax, insolvency, liquidation, receivership, disposals, mergers, acquisitions, pollution, turnaround management or do you have responsibility to your clients for: the procurement of goods or services on their behalf, pricing policy, legally binding them in other ways?

YES NO

If YES, please provide full details.

Your business activity

Please split your last completed financial year's income approximately between the following professional disciplines. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year:

- a) Strategic consultancy %
- b) Organisation, design and development consultancy %
- c) Quality management %
- d) Manufacturing systems consultancy %
- e) Financial management - consultancy only %
- f) Project management %
- g) Human resources consultancy %
- h) Recruitment consultancy:
 - i) Permanent staff %
 - ii) Temporary staff %
- i) Marketing consultancy %
- j) Telecommunications consultancy %
- k) Computer and IT consultancy %

If over 30% please complete the Hiscox IT form in addition to this.



- l) Outsourcing and facilities management consultancy %
- m) Design and creativity consultancy %
- n) Quality assurance consultancy %
- o) Health and safety and fire consultancy %
- p) Interim/locum management %
- q) Training services %
- r) Other - please supply full details below: %

Please give details of the three largest contracts carried out in the past three years(or coming year if a new venture):

Name of client	Nature of their business	Service provided by you	Total value of contract	Income to you from the contract

Project Management

If you have stated any income under Project Management:

i) Please provide brief details of a typical project:

Type of work	Your fees	Contract value	Start/end date	Name of client

ii) Are you responsible for the direct appointment of any advisory or professional consultants? YES NO

Please note that it is a condition of this insurance that any advisory professional consultant appointed by you must carry their own PI insurance to an equivalent level.



Outsourcing and facilities management consultancy

If you have declared any income under Outsourcing and facilities management consultancy:

Do you become involved in any contractual negotiations? YES NO

If YES, please give full details:

Design and creativity consultancy

If you have declared any income under Design and creativity consultancy please advise what you design and what your client will do with your completed design:

Interim management

If you have stated any income under Interim/locum:

i) What position(s) do you undertake and what are your responsibilities?

ii) What is the reason for your employment in this position?

iii) What level of decision making do you accept without referral to higher level management?

a) Day to day management YES NO

b) Strategic management with budgetary responsibility YES NO

Financial management

If you have declared any income under Financial management, please confirm:

Do you accept responsibility for strategic/budgetary decisions? YES NO

If YES, do you obtain sign off by senior management/board? YES NO

Do you give advice in relation to:
Audit, accountancy, tax, insolvencies, liquidations, receiverships, mergers, acquisitions, disposals, procurement of goods or services or pricing policy? If YES please provide details. YES NO



**Health and safety
and fire consultancy**

Are you involved in the: Oil, gas, chemical, marine,
aeronautical, nuclear or pharmaceutical industries?
(please note we can not provide cover for this work.)

YES NO

Please describe any involvement you may have with:
Food hygiene, mechanical equipment and machinery, safety critical areas.

Please note we have exclude this work.

Please describe any work you have undertaken in the following area, if none please state
none:
Development of occupational health and safety management systems (OHSMS)

If you carry out a quality assurance role, do you always ensure that
any health and safety recommendations have been implemented
by your client and that written sign off procedures are in place?

YES NO

If NO, please explain why:

Recruitment Consultancy

Do you recruit / place medical / care / manual / engineering /
driving staff?

YES NO

If YES please provide details:

**Please note that our policy will not provide vicarious liability cover, i.e. the policy will
not cover you for the work of any personnel supplied by you to a client, unless you
have breached a duty of care in supplying them. If vicarious liability cover is required
please advise us with an explanation for why/what it is required for.**



Sub-contractors

Do you use independent sub-contractors?

YES NO

If YES:

a) What approximate percentage of your turnover is paid to sub-contractors?

%

b) For which work are they used?

c) Do you ensure they have their own PI insurance?

YES NO

Current cover

Have you ever bought Professional Indemnity Insurance in the past? YES NO

If YES, please provide details:

Name of Insurer	Limit of indemnity	Excess	Premium	Renewal Date	No. of years continuously held

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£



You must complete this section.

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES NO

A client withholding payment due to you after any complaint.

YES NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt?

YES NO

2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

YES NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES NO

If YES, please provide details:

Date	Details



DECLARATION

You must complete this section.

Please read the declaration carefully and sign at the bottom.

MATERIAL INFORMATION

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

DATA PROTECTION

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name _____
(in capitals)

A copy of this proposal should be retained for your records.