

Professional Indemnity Insurance Renewal Proposal Form

Please answer all questions fully, if necessary on a separate piece of paper, and if you have a brochure, CV or other information concerning your business please also attach it to this proposal form.

Please return this form (and any additional information) by post, email or fax.

1.	Name of Insured/Proposer	
	Business Name	
	Address	
	Postcode:	
	Telephone number	
	Email Address	
	Web address	

2. Full description of your business activities

3.	Date business established:				
	What date does your financial year end?				
	Number of:	Directors/Partners	Qualified Staff	Others	

4.	Do you engage consultants or sub-contractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----	---	-----	--------------------------	----	--------------------------

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii) Maintains Professional Indemnity Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5. By ticking this box, you confirm that:

1. No proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director has never been declined or any such insurance has never been cancelled, the renewal refused or any special terms imposed (other than general market increases)
2. No Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body
3. No claim has been made against your business or any principal, partner, director or employee whilst in this or any other business
4. After full enquiry, you are not aware of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business
5. Your work does not involve the manufacture, supply, installation or repair of any product or you do not accept responsibility for the manufacture, supply, installation or repair of any product

If you are unable to comply with the above statement, please provide details on a separate sheet

6.	The firm's current Insurance Renewal Date			
	Limit of Indemnity Required	Excess	Premium	

Expert Insurance Group and **PI Expert** are trading styles of Affinity Select Insurance Services Limited which is authorised and regulated by the Financial Conduct Authority (300348)
 Telephone: **01825 745 410** Email: **enquiries@eig.email** Fax: **01825 761 479**
 Horsted Square, Bellbrook Business Park, Uckfield, East Sussex TN22 1QG

Professional Indemnity Insurance Renewal Proposal Form

7. Please list the firm's three largest contracts undertaken in the last three years

Location and Type of Service Provided	Contract Value	Your Fee	Duration
			Start Date: End Date:
			Start Date: End Date:
			Start Date: End Date:

8. Give details of your fees/income derived from clients based in

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere – Please Specify	£	£	£

9. For the previous financial year, please list the activities you have undertaken and provide an approximate percentage breakdown of your income / fees for each activity

	%
	%
	%
Total	100%

10. Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

12. **Additional Material Information – In addition, please list any associations or membership bodies you are part of**

Declaration

11. I/We declare that the statements and particulars in this 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 whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal / Partner / Director

Date

.....