

Manufacturing Professional Indemnity

PROPOSAL FORM

Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper

Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information that you know or ought to know following a reasonable search of information available to you. Please take all reasonable care to answer all of the questions honestly, clearly and to the best of your knowledge. If you do not answer all the questions correctly, or the declaration honestly, your policy may be cancelled and any claim rejected or not fully paid.

The completion and signature of this proposal does not bind the proposer or Travelers to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

General Information*Please answer all questions*

1. Full name of proposer including trading names if any (if not a limited company include full names of partners) NB Include any subsidiary companies for which cover is required

2. (a) Registered address

Postcode

- (b) Correspondence address
(if different from the above)

Postcode

3. Please state the aggregate limit of indemnity required

 £

4. Name of any additional business entities, whether currently trading or not, that require cover

Name of company	Details of activities	Date ceased trading (if applicable)

5. Are you a member of any association?

Yes No

If "Yes" give details

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6. Give details of typical projects or assignments undertaken during the past five years

Year	Details

7. Give details of the three largest contracts undertaken in the past three years

Year	Details	Contract value
		£
		£
		£

8. Give details of the three largest contracts being undertaken in the next year

Year	Details

9. Detail below the activities for which cover is required

Nature of business activities	Turnover/fee income <i>(delete as appropriate)</i>
	£
	£
	£
	£
	£

10. State the total number of

Description	Number
- Partners, principals or directors	
- Quality assurance staff	
- Administration staff	
- Other (specify below)	

11. Give the approximate percentage of turnover derived from

Description	Percentage
- General consultancy	%
- Other (specify below)	%
	%
	%
	%
	%

12. Give a breakdown of your clients

Description	Percentage
	%
	%
	%
	%
	%
	%
	%

13. Give the maximum value of any one contract that you would enter into with a client for the provision of advice, plan, design, formula or specification

£

14. Give details of your turnover

	(a) For the last financial year ending / /	(b) For the current financial year ending / /	(c) Estimated for the forthcoming financial year ending / /
UK	£	£	£
Europe	£	£	£
USA/Canada (a supplementary questionnaire may be required)			
	£	£	£
Rest of the world	£	£	£

15. Do you keep duplicate computer system records? Yes No

If "Yes" give details of where they are kept

16. Are you accredited to or in the process of becoming accredited to BS EN 9000 Quality Systems or subject to any other form of external assessment? Yes No

If "Yes" give details

If "No", Is anyone responsible for quality control? Yes No

If "Yes", does the person report to senior management? Yes No

17. What do you consider to be the most significant potential risks associated with the activities declared and how have these been minimised?

18. Do you always prepare and agree a written specification of the intended work with your clients before contracts are accepted and amend same as appropriate during contract stages? Yes No

If "No" provide details as to why not

19. Do you use conditions of contract in every case? Yes No

If "Yes" supply a copy

20. (a) Do you always obtain written references when engaging new partners, directors, employees or agents? Yes No

(b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business of client accounts? Yes No

(c) Has the business discharged any employee or severed relationships with any partner or director due to unsatisfactory performance? Yes No

If "Yes" to any of the above give details

21. (a) Is cover required for errors, acts or omissions occurring prior to the first date of the period of insurance given at the beginning of this proposal form? Yes No

If "Yes" specify the retroactive date required

Retroactive cover is subject to there being no basis for you believing that a claim may be brought as a result of any prior errors, acts or omissions

(b) Give details of the cover in force since the retroactive date

Dates	Insurer

22. (a) Are you or any of the partners, principals, directors or employees aware (after full enquiry) of any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, principal, director or employee? Yes No

If "Yes" give details including dates, amounts and nature of incident

(b) Has the business sustained any loss during the past ten years as a result of the fraud or dishonesty of any partner, director, employee or agent of the business? Yes No

If "Yes" give details

23. (a) Do you have a formal procedure for customer complaints? Yes No

(b) Are customer complaints reviewed by senior management at regular intervals? Yes No

24. (a) Do you engage independent or specialist consultants or subcontractors? Yes No

(b) What type of work is undertaken by them? Give details

(c) Do you ensure that they carry professional indemnity insurance? Yes No

(d) Do you ensure that the Limit of Indemnity under their policy equals that under this policy? Yes No

(e) Have they entered into a binding contract with you accepting full responsibility for their own professional neglect, error or omission? Yes No

If "No" to (c) (d) or (e) give details

25. What procedures are in place to ensure that you do not breach third party intellectual property rights or copyrights?

Give details

26. What deductible are you prepared to carry? Please tick below

£2,500 (min)	
£5,000	
£10,000	
£25,000	
£50,000	
Other (specify)	

Declaration

Must be signed by a Principal/Partner/Member/Director or functional equivalent

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers of any change to any material fact.

I/We also declare that if any information on this proposal form has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We also declare that no other insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my/our insurance or invited renewal at special terms.

I/We declare that no partner or director has ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 (Ireland) or the Rehabilitation of Offenders Act 1974 (UK), been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

Signature of the Proposer

Print name and position held

For and on behalf of

Date

NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY

Using Personal Information

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <http://www.travelers.co.uk/main/privacy-policy.aspx>.

Travelers operates through several underwriting entities through the UK and across Europe. Please consult your policy documentation or visit the websites below for full information.

travelers.co.uk

travelers.ie