

# Miscellaneous Professions Proposal Form

## PROFESSIONAL INDEMNITY

### 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 questionnaire 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 DETAILS

1. Name

2. a) Address

b) Main Tel. No.

c) Fax No.

d) Email address

e) Website address

3. In what year was the business established?

4. a) Please list any additional business entities whether or not currently trading that require cover:

Insured Name	Year Established	Year of Cessation

b) Do you require cover in respect of all past activities of the business included in Questions 1 and 4 (a)? Yes    No

Please state the retroactive date required

5. Please list addresses of all other offices currently trading

Address	Postcode

6. Please state your total gross income (turnover and/or commission and invoiced fees including VAT) for the last three complete financial years, current and forthcoming years invoiced in:

Year Ending	UK	USA/Canada	Elsewhere	Total

7. Please specify the nature of any earnings declared in Q.6 from:

a) Territories subject to the law of the USA or Canada

b) Elsewhere excluding UK

**STAFF AND PARTNERS**

1. Please give details of any principal, partners / directors.

Name	Date of Birth	Relevant Qualifications	Year Qualified	Year became Partner / Director

2. Is cover required for the professional activities of any partner / director prior to joining the business?

Yes No

If 'Yes', please advise:

Name	Name of Previous Business	Activities	Start Date	Leaving Date

3. Please give details of number of permanent staff (other than partners/directors) in current business:

	Full Time	Part Time
Professionally qualified		
Not professionally qualified but has more than three years supervised professional experience		
All others		

4. Do you require any consultants or self employed staff to be covered for work they undertake for and on behalf of your business?

Yes No

## RISK MANAGEMENT

1. Is there a senior partner / director to oversee operations in all offices? Yes No

2. a) Do you engage independent Contractors / Sub-Contractors or Consultants? Yes No

What is the nature of the majority of work undertaken by them?

b) Do you ensure consultants carry professional indemnity insurance? Yes No

c) What limit of indemnity do you require Contractors / Sub-Contractors (Consultants) to carry?

d) What percentage of gross fee income was paid to Sub-Contractors or Consultants in the last financial year?

3. If the whole Business is accredited with a recognised quality standard, please select it from the list:

Investors in People

None / Other

ISO9002

If none, do you take steps to ensure:

a) You adequately understand the client's requirements? Yes No

b) The client fully understands the scope of your proposed services? Yes No

4. Does the business, any partner or any director, carry out any work on behalf of any business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? Yes No

If yes, please supply details:

5. 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 or client accounts? Yes No

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

d) Has the business discharged any employee or severed relationships with any partner or director within the past ten years? Yes No

If yes, please supply details:

6. Does the firm have a system in place for ensuring that time limits and critical dates are met? Yes No

If yes, please supply details:

7. a) Have you held professional indemnity insurance in the last two years? Yes No

Professional indemnity insurance for:

Policy Period	Limit of Indemnity	Excess	Premium	Insurer Name

b) In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes No

If yes, please supply details:

**CLAIMS INFORMATION**

1. a) Has any claim (whether successful or not) been made against the proposer or any principal, partner, director, employee or agent in respect of the type of liabilities to which this proposal relates? Yes No

Date of Claim	Claimant	Details of Claim	Amount Paid	Amount Outstanding	Total

b) Please give details of any improvements to management or working procedures put in place to prevent a recurrence of a claim

2. After enquiry, is the proposer or any of the business partners, directors or employees aware of any claim pending or circumstance which may give rise to a claim against the business or the additional businesses referred to in General Details Q.4 or any of the present or previous partners or directors of any business?

Date of Circumstance	Claimant	Details of Circumstance

**BUSINESS ACTIVITIES INFORMATION**

1. Please give full details of the activities undertaken for which cover is required and of any intended change in these:

- Acoustic Consultant
- Actuarial Consultant
- Agricultural Consultant
- Arbitrator
- Asbestos Surveyor
- Auctioneers
- Barrister
- Broadcasters
- Building Societies
- Careers Advisory Service
- Charity Trustees
- Charity Trusts
- Childcare Advisor
- Civil/Struct/Mech Engineers
- Coach Operator
- Company Registrar
- Company Search Agent
- Conference Organiser
- Consulting Chemist
- Designers
- Draughtsman
- Education Advisor
- Employment Agency
- Environmental Consultants
- Exhibition Consultants
- Export Agent
- Food Industry Consultant
- Forestry Consultant
- Freight Forwarder
- Funeral Director
- Graphic Designer
- Health &/or Safety Consultant
- Housing Association
- Interior Designer
- Investigator
- Landscape Architect
- Law Centre
- Law Costs Draughtsman
- Law Search Agent
- Management Consultant
- Market Research Consultant
- Mech./Electrical Engineering
- Mortgage Broker
- Patent Agents
- Project Manager/Co-ordinator
- Public Relations Consultant
- Publishers
- Quality Consultants
- Relocation Agent
- Research Association
- Security Consultant
- Stockbrokers
- Stocktaker Consultant
- Telecommunications Consultant
- Tour Operator
- Town Planner
- Trade Associations
- Training Consultants
- Translator
- Travel Agent
- Will Writer
- Yacht Broker

2. Please provide details of the three largest sources of business during the past three years:

Client	Client Industry	Nature of Work	Fee

3. Please state as accurately as possible the percentage of your gross fee income derived from the different activities described in Q1. above.



## 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 Rehabilitation of Offenders Act 1974, 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

Occasionally we or selected parties may wish to contact you about products and services, offers and promotions, news and events. If you're happy for us to do this please check any of the contact preferences below:

Email      Yes      No

Phone      Yes      No

## 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 acting 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 <https://www.travelers.co.uk/privacy-policy>.



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.