

Application Form
for
Professional Indemnity and Liability Insurances

miscellaneous

Definitions

Each time **We** use one of the words or phrases listed below in this application form it will have the same meaning

A defined word or phrase will be printed in bold each time it appears except for headings and titles

Material Fact

Any fact matter or other information which may influence alter or prejudice **Our** appraisal of **Your** business and/or **Our** consideration of the exposures covered under the Certificate

We/Us/Our

Glemham Underwriting Limited representing certain Underwriters at Lloyds (full details of which are provided in the Certificate wording and can be supplied on request)

You / Your/ Yourself

The practice partnership or company (or principal if a sole practitioner) including all partners directors and employees proposing for this insurance This may also include any subsidiaries and previous firms (and partners) that require coverage

IMPORTANT POINTS

This Application form must be completed signed and dated by **Your** Principal Managing Director or Senior Partner

Please ensure that all questions are answered in full and that where there is insufficient space in the application form any relevant additional information is provided on a separate sheet

All **Material Facts** must be disclosed to **Us** whether or not they are the subject of a specific question herein and **You** have a continuing duty to disclose such facts to **Us** throughout the duration of the period of insurance Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void

Please provide a brochure (if available) CV's for your principals and a copy of your standard contract terms

1 (a) **Your** name(s)/trading title(s)

(b) Establishment Date(s)

(c) Principal Address (including postcode)

(d) All other addresses (including postcodes)

(e) Website

* (**Your** website content will not be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

2 (a) Please provide a full description of **Your** activities

(b) Have **You** changed **Your** name or been part of a merger de-merger or joint venture or have there been any material changes to **Your** activities in the past 6 years?
If YES please provide full details

YES / NO

3 (a) Please complete the following

Full names of all Directors and Partners	Number of Years in this capacity	Professional Qualifications	Date Qualified

(b) Number of staff (excluding those listed above)

Professionally Qualified Staff
 Technical
 Self employed/Contract staff
 Others e.g. admin
 Total

(c) Wageroll Clerical
 Manual

4 (a) Please provide details of **Your** turnover for the past 3 years together with an estimate for the forthcoming year

	Year ___/___/___	Year ___/___/___	Last Complete Financial Year ___/___/___	Forthcoming Year ___/___/___ (Est. Only)
UK & Channel Isles				
European Union				
USA/Canada				
Elsewhere				

(b) Please give details of the activities undertaken/services provided and the percentage of the current year's income related to each activity (or expected if this is a new business)

Activity Undertaken/Service Provided	Percentage of total
Total Turnover	100%

(c) Do **You** anticipate any material changes to **Your** activities or the types of project in which **You** are involved in the forthcoming 12 months?
 If YES please provide full details

YES/NO

5 Please provide details of the 3 largest contracts commenced during the last 6 years or if this is a new business please provide details of any anticipated contracts

Start Date			
Name of Client			
Project Type			
Services Provided			
Total Value of Contract			
Income to You			

6 (a) Do **You** currently buy Professional Indemnity Insurance?
 If YES please confirm

YES / NO

Existing Insurer	Indemnity Limit
Excess	Premium
Renewal Date	Retroactive Date*

*Please note that cover will only apply to work executed after the Retroactive Date This date can usually be found in the schedule which accompanies **Your** current policy or certificate

(b) Have **You** ever had any previous request for similar insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed?
 If YES please provide full details

YES / NO

(c) Please state the limit(s) of Indemnity for which **You** require quotations

GBP	GBP	GBP
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(d) Please state the amount of Self Insured Excess **You** are prepared to carry. Please note that any terms provided may be subject to a minimum Excess based on the information supplied in this application form

GBP	GBP
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Risk Management

- 7 (a) Do **You** have a compliance officer or risk manager?
If YES please provide the following YES / NO
- Name Number of years with the firm in this capacity Qualifications
- If NO please provide details of the person responsible for internal risk management
- Name Number of years with the firm in this capacity Qualifications
- (b) Have any of **Your** Principals Directors or Partners been made personally bankrupt or been personally involved with any business which has been placed into receivership liquidation or been wound up at the request of its creditors? If YES please provide full details below YES / NO
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- (c) Do **You** ensure that all contracts are subject to terms of engagement which are either industry standard are provided by **Your** Professional Institute or are reviewed and approved by **Your** solicitor?
If NO please explain YES / NO
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- (d) Do **You** seek to limit **Your** liability in contract?
If YES please state the upper limit at which liability is capped or explain YES / NO
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- (e) Do **You** engage subcontractors or enter into any contracts where **You** are contractually liable for the actions of subcontractors? YES / NO
- If YES please answer the following
- (i) What percentage of **Your** annual turnover is paid to subcontractors? %
- (ii) Do **You** have a clearly defined process for the vetting selection management and control of subcontractors YES / NO
- (iii) Are all subcontractors are engaged on contractual terms that either mirror or are at least as onerous as the contractual terms under which **You** have been engaged YES / NO
- (iv) Are all subcontractors are required to carry adequate insurance prior to their appointment YES / NO
- (v) What is the minimum limit of Professional Indemnity Insurance that **You** accept for **Your** subcontractors? GBP
- (f) Are all of **Your** current contracts progressing to timescale within budget and with no unresolved issues or problems? If NO please provide full details below YES / NO
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- (g) Do **You** obtain written signoff from **Your** client at each stage of a design contract prior to commencing the next stage? YES / NO
- (h) Do **You** undertake any due diligence to ensure that prospective clients are financially stable with an acceptable credit rating? YES / NO

Claims Experience

Professional Indemnity Insurance is underwritten on a claims made basis and as such **We** will exclude any claim and/or circumstance which may give rise to a claim which is known by **You** prior to the inception date of the Certificate AFTER FULL ENQUIRY of all relevant persons please answer the following

- 8 (a) Have any Professional Indemnity claims been made against **You** or against any former Principal Director or Partner of **You** (including whilst in previous employment) whether successful or otherwise? YES / NO

- (b) Have any claims for dishonesty ever been made against **You** or against any former Principal Director Partner or Employee of **Yours**? YES / NO

- (c) Are **You** aware of any circumstance which could reasonably be foreseen to give rise to a claim against **You** or **Your** predecessors in business or any of the present or former Principals Directors or Partners? YES / NO

If **You** have answered YES to any of the above please provide full details (including date of loss allegation quantum and current status) Please use a separate sheet of paper if there is insufficient space below

GLEMHAM UNDERWRITING LIMITED CAN OFFER A PREMIUM INSTALMENT FACILITY
PLEASE CONFIRM IF YOU WOULD LIKE TO RECEIVE FURTHER DETAILS

DECLARATION

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief

I/we confirm that all **Material Facts** have been disclosed

I/we understand and agree that this application form shall be the basis of the contract with Glemham Underwriting Limited

Signature of Your Director/Partner:	
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Date:	
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You are reminded of the **IMPORTANT POINTS** on the front of this application form
Please retain a copy of this application form for your records