

## PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

FOR

### MISCELLANEOUS PROFESSIONS

This proposal must be completed in ink by a Partner, Director or Principle of the Firm. If there is insufficient space to answer any questions use additional sheets of the Firm's headed paper and attach it to the form.

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**1. Name of the Firm: (including all current/former firm(s) for whom cover is required)**

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**2. Address: (all offices must be shown)**

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**3. Date of commencement of:**

**(a) Current Firm**

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**(b) Cessation of Former Firm(s)**

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**4. Please provide full details of activities undertaken by the Firm and any intended changes in these.**

**5.**

Names in full of all Partners/Directors/Principals	Qualifications	Date Obtained	How long a Partner/Director/Principal

**6. Please give total number of:**

(a) Partners/Directors/Principals \_\_\_\_\_

(b) Qualified staff \_\_\_\_\_

(c) Other Staff \_\_\_\_\_

**7. (a)** Does the firm enter into any written agreements or letters of appointment? **YES/NO**

If YES please enclose copies.

**(b)** Does the firm issue any literature, etc. describing the services offered? **YES/NO**

If YES please enclose examples

**8. a)** Please give the total annual gross fees in each of the last three Financial Years and an estimate for the current and coming 12 month periods:

	IRELAND	OVERSEAS
2010/11	€ _____	€ _____
2011/12	€ _____	€ _____
2012/13	€ _____	€ _____
Last 12 Months	€ _____	€ _____
Coming Year	€ _____	€ _____

Please state the date of your Financial Year End \_\_\_\_\_

**9. (a)** Please provide details of the five largest Contracts undertaken in the past 5 years

Title of Contract	Fee
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**(b) Please provide details of the two largest Contracts expected to be undertaken in the forthcoming year**

Title of Contract	Fee
_____	_____
_____	_____

**10. Is any of the work for which you are responsible subcontracted? YES/NO**

If YES please state:

- (a) Brief details of the work carried out by them;
- (b) Do they carry professional indemnity insurance; YES/NO
- (c) If YES how much € .....
- (d) What % of income/fees is paid to such persons.

**11. Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of materials and equipment, other than in a pure consultancy capacity as previously described? YES/NO**

If YES please give full details.

**12. (a) Has the Firm or any of the Partners/Directors/Principal ever been a member of consortium or a joint venture? YES/NO**

If YES please give details.

**13. Do you require this insurance to provide for legal actions bought?**

- |     |   |        |
|-----|---|--------|
| (a) | Only in the Courts of Ireland.                              | YES/NO |
| (b) | In the Courts of Ireland and the EU.                        | YES/NO |
| (c) | In Courts anywhere in the world other than the USA & Canada | YES/NO |
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**14. Is the Firm represented in the USA or Canada and or their territories?**

YES/NO

If YES then full details must be given.

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**15. (a) Does the Firm or any Partners/Directors/Principals have an association with or a financial interest in any other firm or organisation?**

YES/NO

If YES please give full details.

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**16. Please give the following details:**

- (a) Name of current Insurers \_\_\_\_\_
- (b) Limit of Indemnity \_\_\_\_\_
- (c) Excess applicable \_\_\_\_\_
- (d) Expiry date \_\_\_\_\_
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**17.** Has any Insurer ever, in respect of the Firm and or the Partners/Directors/  
Principals and/or its former Partners/Directors/Principals:

- |     |                               |        |
|-----|-------------------------------|--------|
| (a) | Declined to insure            | YES/NO |
| (b) | Imposed special terms         | YES/NO |
| (c) | Cancelled or avoided a policy | YES/NO |

If YES to any of the above please supply full details.

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**18.** Has any claim for professional negligence, error or omission ever been  
made against the Firm and or Partners/Directors/Principals or  
employees and or their predecessors in the Firm whether insured or  
not?

YES/NO

If YES please give full details.

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**19.** Are any of the Partners/Directors/Principals or employees AFTER ENQUIRY  
aware of any circumstances which are likely to give rise to a claim against the  
Firm or its predecessors in business or any of its present  
or former Partners/Directors/Principals or employees?

YES/NO

If YES please give full details.

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**20.** For what limits of indemnity do you require quotation.

- €1,300,000
  - €3,200,000
  - €6,500,000
  - €10,000,000
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**21. Do you require any of the following extensions?**

- |  |        |
|--|--------|
| (a) Libel & Slander .                        | YES/NO |
| (b) Dishonesty of Employees.                 | YES/NO |
| (c) Loss of Documents .                      | YES/NO |
| (d) Unintentional Breach of Copyright .      | YES/NO |
| (e) Unintentional Breach of Confidentiality. | YES/NO |

If the answer to any of the above is YES then the relevant claims information as requested in questions 18 & 19 must be supplied.

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**DECLARATION**

I/We declare and warrant that all the statements and particulars here given are true and that no information whatever has been withheld which might influence a prudent Insurer's judgement and acceptance of this Proposal. Should the above Particulars alter in any way I/we will advise Insurers as soon as possible.

I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in Insurers refusing to provide indemnity or voiding the policy in every respect.

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Name of Proposer \_\_\_\_\_

Signed by \_\_\_\_\_  
on behalf of all Partners/Directors/Principals

Date \_\_\_\_\_