

PROPOSAL FORM

PROFESSIONAL INDEMNITY-MISCELLANEOUS

Please Note

1. Please answer **ALL** questions in full. If there are insufficient spaces on the form, please continue on the company letterhead.
2. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
3. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue a bond or professional indemnity policy, all of the information, which the company provides, will become part of and shall form the basis of any policy issued to the Company by Skybridge Reinsurance Brokers.

1 | GENERAL INFORMATION

(Details of entities to be insured (the "Proposer")

Name Of Proposer

Principal Address

Postal Address

Contact Person

Phone Number

Fax Number

Co. Reg. No.

E-Mail Address

Website

Professional

Association(s)

VAT Number

Date Established

Principal Activities

(If commenced within the past 24 months – Please attach CV of key personnel/ Directors/ Principals)

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation / Non-profit Organisation / Government / Sole Proprietor

2 | INSURANCE HISTORY

1. Are you in the present or have you in the past been Insured?

Yes No

If yes, please state insurers:

Limit of Indemnity:

Excess (Each and Every Claim):

Premium:

Date of expiry of coverage:

Retroactive Date:

2. For the type of Insurance now being proposed, has any Insurer ever:

- I. Declined Proposal or renewal? Yes No
- II. Required an increased premium or imposed special terms? Yes No
- III. Required an increased premium or imposed special terms? Yes No

If any answer is Yes to any of the above 3 questions, please provide full details

3 | REQUIRED COVER

1. State the LIMIT OF INDEMNITY and EXCESS required:

Limit				
Excess				

- 2. Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes No
- 3. Is cover required for predecessor practices to the Proposer/s? Yes No

If YES, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

- 1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:
 - I. Give rise to a claim against the Proposer, any predecessor or any past or present Principal? Yes No
 - II. Cause any loss to the Proposer, any predecessor or any past or present Principal? Yes No
 - III. Otherwise affect the consideration of this proposal for insurance? Yes No

If yes, please provide details:

- 2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal? Yes No

If yes, please identify details (including loss date, amount claimed and a brief description):

3. What steps have been taken to prevent a recurrence?

5 | ADDITIONAL INFORMATION

I. Please provide details of all current Principals including qualifications:

Name in full of all Principals/ Directors/Partners	Qualifications	Date Qualified	How many years full-time practical industry experience?

II. Is cover required for the previous business activities of any Principal? Yes No
If yes, please provide full details:

Name of Principal:

Name of Previous Firm:

Period: From / / From / /

To / / To / /

Fees for Last 3 years: 20__ -

20__ -

20__ -

Reason for leaving:

Position in Firm:

Is there separate insurance covering the activities of this Firm for the Period stated above?

Yes No

III. ADDRESS/ES of Proposer/s, all address/es must be shown together with the Principal responsible for the work at each office:

Address	Principal in charge

6 | STAFF COMPLIMENT

1. Please state total numbers of staff members:

Partners / Principals / Directors	_____
Qualified Staff (Excluding principals)	_____
Contract Hired Staff	_____
All other	_____
Total	_____

7 | ACTIVITIES

1. i) Please provide a full description of all of your activities:

NOTE: (Please provide a brochure / company profile, if available)

ii) Please categorise the activities outlined above and indicate the approximate percentages of the gross income/fees each represents:

	%
	%
	%
	%
	%
Total	100%

iii) Do you anticipate any major changes on these activities in the forthcoming 12 months?

Yes No

If Yes, please provide full details:

iv) Have you undertaken any other activities in the past for which cover is required?

Yes No

If Yes, please provide full details:

v) Are you involved in any process manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

Yes No

If Yes, please provide full details:

2. Is any work put out to sub-contractors?

Yes No

If Yes, please state:

What percentage of gross income/fees was paid to sub-contractors in the last financial year?%

8 | FINANCIAL INFORMATION

1. State for the whole Proposer’s Gross Income/ Revenue:

	Last Year	Current Year Estimate	Forthcoming financial year
Year end:	/ /	/ /	/ /
Home:			
Overseas			

2. Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client Contract	Start Date	Description	Total Value	Fee Completion	Approx. Date
1					
2					
3					

3. What is the total fee income received in the last financial year from your largest client?

Yes No

4. Do you use a standard form of contract, agreement or letter of appointment?

If YES, please attach a copy

Yes No

5 i) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

Yes No

If Yes, please give full details (including names of the other parties) special arrangement must be made to cover this type of work.

ii) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

Yes No

DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date:
