

Once completed, please either: Post to -

Charles Insurance,

**29 Hickman Road, Penarth,
Vale of Glamorgan
CF64 2AL**

OR fax to -

029 2071 2919

OR scan and e-mail to

chris@pro-indemnity.co.uk

In case of difficulty with these forms, please ring

029 2070 2333

for assistance

Professional Indemnity Proposal Form

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

1)

Name:	Establishment Date:
Address:	

2) Details of all Principals, Partners or Directors

Name	Age	Qualifications

3)

	UK	USA/Canada	Other	Total
Total Gross Fees in last financial year :	£	£	£	£
Estimated Gross Fees for next financial year:	£	£	£	£
Largest Fee from any one client:	£	£	£	£

4) Full Description of Activities, with percentage breakdown (estimated if no historical data):

	%
	%
	%
	%
	%

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

Client	Description	Contract Value	Fee
1			
2			
3			

6)

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?	YES		NO	
Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY , aware of any circumstance which might give rise to any such claim?	YES		NO	
Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?	YES		NO	

If **YES** to any question, please provide details on a separate sheet.

7) Other material information:

8) Does the firm currently hold Professional Indemnity Insurance?

YES		NO	
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What Limit of Indemnity do you require?	£
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name of current insurers	
name of your broker	
renewal date	
limit of indemnity	
premium	
excess	

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:

Date: