

AINSBURY freephone 0800 107 1934 professional indemnity quotation form



This application is for a 'claims made' insurance policy

This form is for professionals who are neither a solicitor nor an accountant. Application forms for firms of solicitors and accountants can be found at www.mypersonalfinances.co.uk. Please provide a full answer to every question. Definitions are enclosed with this form. A partner or director of the firm must sign and date this form and any separate sheets. **Please include with this form a sheet of your current headed notepaper, which can also be used to supplement areas where you may have insufficient space to answer a question.** Please attach relevant brochures with the application form.

1 Details of firm

Full business name

Nature of business/profession

Main office address

Preferred mailing address if different from main office address

Main office telephone number

Main office fax number

Firm's website

Contact e-mail address

Date established

Please list the names and addresses of all associated and subsidiary companies, firms, practices and/or partnerships together with any branch offices.

2 Partner and director details

Provide all information requested for each partner or director in the firm. If a partner or director has fewer than 5 years business experience, please enclose a Curriculum Vitae.

Title (Mr Mrs Ms other)	Full name	Qualifications	Number of years in the business
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please list any additional partners/directors on a separate sheet)

3 Fee income

Please provide details of the fee income of the business.

	Past financial year	Current year	Estimate for next year
Total fee income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
UK fee income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Overseas fee income (excl US & Canada)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
US & Canadian fee income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please provide details of the 5 largest projects/contracts carried out by the business in the past 5 years.

	Name of client	Nature of project/contract	Total contract value	Income to the business
1	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Does the business conduct a significant amount of work electronically?

Yes No

If yes, please provide details.

Does the business always use a standard contract?

Yes No

If yes, please attach a copy. If no, please provide details.

Does the business use consultants/sub contractors?

Yes No

If yes, what approximate percentage of the business fees are paid to consultants/sub contractors?

%

For what work are they used?

Do you ensure consultants/sub contractors are fully qualified and carry their own professional indemnity insurance?

Yes No

If no, please explain why.

4 Staff details

Number of professionally qualified staff

All others (including non-fee earning clerical and administrative)

5 Claims and circumstances

Have any claims or circumstances been reported or made against the business arising from the performance of the business activities during the last five years?

Yes No

If yes, please provide details.

Has the business ever had to waive fees or agree to perform additional services following a dispute with a client?

Yes No

If yes, please provide details.

Have you notified your current insurer of all claims and circumstances of which you are aware, after making full enquiry of all partners/directors and employees of your firm?

Yes No

If no, please provide details.

Has the business suffered any circumstance, incident, claim or loss through dishonesty or fraud of any partner, director or employee? Yes No

If yes, please provide details including any steps taken to prevent reoccurrence.

Has any partner or director ever had a civil or criminal judgement against him or her? Yes No

If yes, please provide details.

6 Previous insurance

Has the business ever been declined or refused insurance or had insurance accepted at special terms? Yes No

If yes, please provide details.

7 Current insurance

Does the business currently have professional indemnity insurance? Yes No

If you currently have insurance, please provide details.

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	How long has your firm been continuously insured?
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

8 Details of business activities

Please give full details of your current business activities.

Please provide the split of your business activity by overall income.

	Percentage
1 <input type="text"/>	<input type="text"/> %
2 <input type="text"/>	<input type="text"/> %
3 <input type="text"/>	<input type="text"/> %
4 <input type="text"/>	<input type="text"/> %
5 <input type="text"/>	<input type="text"/> %

Does the business hold ISO9000 ISO9001 ISO9002 Investors in people

Is the business a member of any relevant professional organisations? Yes No

If yes, please provide details.

Have there been any significant changes to the activities of the business since establishment or do you expect there to be any significant changes to your firm in the coming year? Yes No

If yes, please provide details.

9 Requested cover

Choose the limit of indemnity and excess you require.

Limit of indemnity

- £100,000 £250,000 £500,000 £1 million
 £1.5 million £2 million

Excess – per claim excess

- £1,000 £2,500 £5,000 £10,000
 £15,000 £20,000 Other (Please specify) £

10 Extensions

Please select extensions required (refer to definitions).

- Aggregate excess Libel and slander
 Defence reimbursement Each and every claim limit
 Loss of documents Unintentional breach of confidentiality
 Dishonesty of employees Unintentional breach of copyright

11 Other material information

Is there any other material information that is relevant to this application?
(Please see definition of 'Material Information' for further clarification.)

Yes No

If yes, please provide details.

Declaration

All personal data collected by Zurich Professional Limited will be held in accordance with the Data Protection Act 1998. Zurich Professional Limited will disclose this information to our service providers and agents for policy administration purposes. In addition, Zurich Professional Limited may exchange information with other organisations including the police through various databases to help us check information provided and to prevent fraudulent claims. By returning this form, you consent to the processing of personal data, including sensitive personal data, for these purposes and to Zurich Professional Limited transferring such information outside the European Economic Area where necessary.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

Zurich Professional Limited may share personal data within the Zurich Financial Services Group and with other companies with which we establish commercial links so we and they may contact you (by mail, email, telephone or other appropriate means) in order to keep you informed about new products, services or offers that we believe will be of interest to you. If you do not wish us to do this, please tick the box.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application is true and complete and this application, declaration, documentation and information will be the basis of the contract between the Insured and the Insurer.

I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in acceptance or assessment of the insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Document checklist

Please ensure that you have included the following documents before posting to Ainsbury, Freeport MR7270, 75-79 Station Road, Swinton, Manchester, M27 6GR

- This form, fully completed, signed and dated
 A sheet of your firm's current **headed** notepaper

And, if applicable, please provide the following:

- Standard contracts
 Brochures
 Curriculum Vitae

Signature:

Date:

Partner/Director – print name:

Legal information

Quotations are arranged by Walter Ainsbury & Son Limited and issued by Zurich Professional Limited and underwritten by Zurich Specialties London Limited. Registered in England and Wales No. 2388706. Registered address: Zurich Building, 90 Fenchurch St, London EC3M 4JX.