



**Form Application for
Professional Indemnity**

**Professional
Indemnity
proposal form**

Company Name:

Address Line 1:

Address Line 2:

Email:

VAT Number:

Telephone Number:

Fax:

Insurance broker to whom quotation
should be sent:

1 General Information

a. Date established:

b. Name and Address of any subsidiary,
affiliated, associated companies or
branch offices which you wish to cover:

**NAME AND
ADDRESS**

MAIN ACTIVITY

c. Number of Directors/Partners:

Total number of staff:

d. Names, positions, professional qualifications and number of years experience of Directors/Partners and

Senior Managers

Director, Partner, Principal 1

Name:

Qualifications:

Year Obtained:

Length of time as Director, Partner, or
Principal:

Director, Partner, Principal 2

Name:

Qualifications:

Year Obtained:

Length of time as Director, Partner, or
Principal:

Director, Partner, Principal 3

Name:

Qualifications:

Year Obtained:

Length of time as Director, Partner, or
Principal:

Director, Partner, Principal 4

Name:

Qualifications:

Year Obtained:

Length of time as Director, Partner, or
Principal:

Please provide copies of relevant
curriculum vitae with
brochures/literature relating to your
company.

Additional File 1:

no file selected

Additional File 2:

no file selected

Additional File 3:

no file selected

e. Name of person to whom
correspondence should be addressed:

2 Business activities

a. Please briefly describe the nature of

your business:

b. Please indicate your approximate gross income/fees. Please state currency, e.g., US\$

i. Last financial year:

ii. This financial year:

iii. This financial year:

iv. Of which estimated income from UK operations (if applicable):

c. Please name the principals for whom you regularly act:

d. Are you involved in the manufacture, construction, alteration, repair or sale of products other than in a consultancy capacity?

Yes

No

Alternative 1 Limit: Deductible: Currency:

Alternative 2 Limit: Deductible: Currency:

7 Quality Assurance

Have you obtained quality assurance accreditation in accordance with BS5750/ISO9002? Yes
No

8 Please attach any relevant additional files below

Additional documentation 1:
no file selected

Additional documentation 2:
no file selected

Additional documentation 3:
no file selected

Additional documentation 4:
no file selected

Additional documentation 4:
no file selected

Additional documentation 4:
no file selected

DECLARATION

I/We undertake that if this proposal is accepted I/We will act and abide and agree to be bound by the Rules of the

Company and any modification or alteration thereof made in accordance therewith from time to time by the decision of the Company.
I/We declare that to the best of my/our knowledge and belief, the information given above is true and that I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence the underwriter's assessment of this proposal).

Signed:

(By typing your name, you are officially signing this form)

Status of Signatory:

Date:

This proposal form must be completed and signed by a person who is authorised to bind the proposer.

Contact Us

Your Name (required)

Your Email (required)

Subject

Your Message