

**Professional Indemnity Insurance**

**Miscellaneous / General Professions**

**raPIId cover Proposal Form**

If you need any assistance completing the form please call the PI team.	
For all General Underwriting queries	<b>0114 250 0011</b>
Fax:	<b>0114 250 0033</b>
General email enquiries:	<b>lifestyle@towergate.co.uk</b>
Larger cases, claims or technical queries contact:	<b>Daniel Bower</b>
Telephone:	<b>0114 280 2965</b>
Email:	<b>daniel.bower@towergate.co.uk</b>
Email the completed form to: <b>lifestyle@towergate.co.uk</b> or	
alternatively Fax to: <b>0114 250 0033</b> or	
Post to: <b>Towergate Lifestyle, Suite 6 The South West Centre, Troutbeck Road, Sheffield, S7 2QA</b>	

## Professional Indemnity Insurance – Miscellaneous/General Professions

### Completing the Proposal Form

Please answer all questions leaving no blank spaces (if necessary comment as N/A, 'not applicable' or 'none').

If you have insufficient space to complete any of your answers, please continue on your headed paper.

If the firm has not been trading for at least 12 months in this profession - please do not use this form.

At least one Principal must hold suitable qualifications or have at least three years experience in this profession

Failure to provide Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

The form must be signed and dated by a Partner or Principal or identified Officer of this firm.

Insurance cover is not effective until the Insurers or Underwriters have accepted this proposal form and any terms offered have been accepted and paid for by you.

### Disclosure

All information that is material to your coverage requirements, or which might influence Insurers in deciding whether or not to accept an insurance risk, the terms and conditions that they offer and/or the cost of cover, must be disclosed by you. The onus is on you to decide what may be material and there is no duty on Insurers to make enquiries of you. Failure to disclose material facts may allow Insurers to avoid the policy and /or decline a claim under it. The duty of disclosure applies equally on taking out a new insurance policy and at renewal and throughout the duration of the policy.

If you are in doubt whether or not any fact is material you should disclose the information to Insurers.

### Claims and/or Claims Circumstances

Professional Indemnity (PI) policies respond on a claims-made basis, which means that cover is only provided for matters arising where Professional Indemnity Insurance is in force at the time of notification of the complaint or claim.

If you any require assistance in completing this form please contact your Insurance Broker or Towergate Lifestyle.

**Please note that we will communicate with you preferably by email so please provide a valid and regularly used email address.**

## Miscellaneous / General Professions Professional Indemnity Proposal Form

Please print your answers clearly to assist the Insurers' consideration of the proposal

### 1 – General Information

Name of Contact	
Name of Firm to be Insured	
Date Firm Established	
Trading Address	

Number of Employees:       Technical Staff:       Admin Staff:

email:

Telephone:       Mobile:

Fax:       Web Site:

### 2 – Business Activity

**Please tick the relevant occupation box below relevant to you - Only these occupations are acceptable under this application**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administrator & Secretarial Services | <input type="checkbox"/> Education Advisory Service          | <input type="checkbox"/> Lifestyle Coach                    |
| <input type="checkbox"/> Agricultural Consultant              | <input type="checkbox"/> Employment Agent                    | <input type="checkbox"/> Literary Agent                     |
| <input type="checkbox"/> Arbitrator                           | <input type="checkbox"/> Employment Law Consultant           | <input type="checkbox"/> Management Consultant              |
| <input type="checkbox"/> Agronomists                          | <input type="checkbox"/> Export & Customs Agent / Consultant | <input type="checkbox"/> Market Research Consultant         |
| <input type="checkbox"/> Archaeologist                        | <input type="checkbox"/> Expert Witness                      | <input type="checkbox"/> Marketing Consultant               |
| <input type="checkbox"/> Auctioneer                           | <input type="checkbox"/> Food Industry Consultant            | <input type="checkbox"/> Notary                             |
| <input type="checkbox"/> Author                               | <input type="checkbox"/> Fuel Efficiency Consultant          | <input type="checkbox"/> Personnel Consultant               |
| <input type="checkbox"/> Average Adjusters                    | <input type="checkbox"/> Funeral Directors                   | <input type="checkbox"/> Private Property Search Consultant |
| <input type="checkbox"/> Bookkeepers                          | <input type="checkbox"/> Genealogist                         | <input type="checkbox"/> Public Records Search Consultant   |
| <input type="checkbox"/> Business Development Consultant      | <input type="checkbox"/> Graphic Designer                    | <input type="checkbox"/> Public Relations Consultant        |
| <input type="checkbox"/> Careers Advisory Services            | <input type="checkbox"/> Handwriting Expert                  | <input type="checkbox"/> Relocation Agent                   |
| <input type="checkbox"/> Community Action Group               | <input type="checkbox"/> Health & Safety Consultant          | <input type="checkbox"/> Quality Assurance Consultant       |
| <input type="checkbox"/> Company Search Agents/Registrar      | <input type="checkbox"/> Housing Consultant                  | <input type="checkbox"/> Security Consultant                |
| <input type="checkbox"/> Compliance Consultant                | <input type="checkbox"/> Human Resource Consultant           | <input type="checkbox"/> Stock Taker                        |
| <input type="checkbox"/> Conference / Event Organisers        | <input type="checkbox"/> Information Bureau                  | <input type="checkbox"/> Tachograph Analyst                 |
| <input type="checkbox"/> Counselling Services                 | <input type="checkbox"/> Inventory Clerk                     | <input type="checkbox"/> Statistician                       |
| <input type="checkbox"/> Court Reporter                       | <input type="checkbox"/> Law Centre                          | <input type="checkbox"/> Traffic Consultant                 |
| <input type="checkbox"/> Detailer                             | <input type="checkbox"/> Law Cost Draughtsman                | <input type="checkbox"/> Training Consultant                |
| <input type="checkbox"/> Draughtsman                          | <input type="checkbox"/> Law Search Agent                    | <input type="checkbox"/> Welfare Department Consultant      |

**Please do not add occupations to this list and apply for cover - your occupation must fit within the specific types listed above.**

### 3 – Professional Associations

Is the firm linked to or a member of any Trade Association or Professional body?

Yes  No

Name of Professional Organisation

Date Joined

### 4 – Acceptance Criteria

This quotation is issued on the basis that you meet certain criteria. Please tick the boxes accordingly to confirm that you meet all of the acceptance criteria. If you cannot tick any box then you cannot use this form and you should contact us or your broker so that we/they can assist you in obtaining suitable terms.

- a) Fee/Turnover Income is less than £300,000
- b) Your largest fee does not exceed 25% of your total income
- c) Your maximum contract value does not exceed £500,000
- d) You have the appropriate qualifications or at least 3 years relevant experience in this business
- e) No construction work is conducted and no sub-contractors are used
- f) All work is carried out within the UK and subject to UK Law
- g) There have been no claims or circumstances within the last 5 years
- h) Cover is not required for any associated companies
- i) You or your firm have not been subject to disciplinary proceedings, fines, investigation or suspension from any Regulator, Association or Professional Body
- j) You or your firm have never had any insurance declined or cancelled
- k) No Principal of the firm has ever been subject to any bankruptcy, liquidation or made a voluntary agreement with creditors

### 5 – Annual Premium – select the level of indemnity & premium required

Limit of Indemnity (any one claim)	Fees / Turnover up to £100,000	Fees / Turnover from £100,001 to £200,000	Fees / Turnover from £200,001 to £300,000
£100,000	£292.50 <input type="checkbox"/>	£345.00 <input type="checkbox"/>	£544.50 <input type="checkbox"/>
£250,000	£345.00 <input type="checkbox"/>	£397.50 <input type="checkbox"/>	£400.00 <input type="checkbox"/>
£500,000	£397.50 <input type="checkbox"/>	£450.00 <input type="checkbox"/>	£492.00 <input type="checkbox"/>
£750,000	£450.00 <input type="checkbox"/>	£492.00 <input type="checkbox"/>	£544.50 <input type="checkbox"/>
£1,000,000	£492.00 <input type="checkbox"/>	£544.50 <input type="checkbox"/>	£597.00 <input type="checkbox"/>
Self Insured Excess	£500.00 each & every claim	£750.00 each & every claim	£1000.00 each & every claim

Please note: These premiums include insurance premium tax at the current rate of 5% and a £30 policy fee. The policy will be valid for a 12 month period of insurance commencing on the inception date and based on a standard self insured excess as shown above

### 6 – Previous Cover / Continuation of Cover

Do you currently buy/hold Professional Indemnity cover?

Yes  No

(If 'No' the retroactive date applied will be the inception date of the policy)

If Yes please advise your current insurer

If Yes please advise the retroactive date noted on the schedule

Inception Date – please advise the date from which cover is required

(note: the inception date cannot be earlier than, or more than 30 days after the date the proposal form was signed)

## 6 – Declaration

Please read the following carefully

### Data Protection

By signing this proposal form you consent to the Towergate Underwriting Group using the information we hold about you for the purpose of providing insurance contracts and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean that we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third party claims adjusters, fraud detection and prevention service, reinsurance companies and regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents, or service providers appointed by us, Insurers, (including their reinsurers, legal advisers, loss adjusters or agents). Where such information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and by its use by us as set out above. The information provided will be treated in the strictest confidence and where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

### Duty to disclose material facts:

Since an Insurance/Reinsurance Contract is based upon the duty of utmost good faith, it is important that those seeking Insurance/Reinsurance should provide full disclosure of all material facts to Insurers and that this information should be kept updated. The Courts will find a fact to be 'material' where it would affect the judgement of a prudent Insurer as to whether or not to accept the risk at the particular terms offered. You are reminded that if you are in doubt whether or not any fact is material we recommend that you disclose the information to insurers.

### Declaration

I/We declare that after full enquiry the above statements and particulars are true and that I/We have not omitted, misstated or suppressed any material facts which may be relevant to insurers consideration of this proposal form.

I/We undertake to inform the Insurers of any change to any material fact that occurs prior to the point at which this insurance contract has been agreed.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon and understand that signing this proposal form does not bind the proposer to complete this insurance.

Full Name:

Position:

Signature:

Date:

If you need to describe your activities in more detail please use this box to provide the relevant information: