



**Langton London**

Insurance Brokers Ltd

**Miscellaneous Businesses  
Professional Indemnity Insurance  
Proposal Form**

# Miscellaneous Businesses Professional Indemnity Insurance Proposal Form

## Instructions

- This proposal form must be completed by a Principal, Director, Partner or Company Secretary of the Proposer.
- If there is insufficient space to provide answers, please supply additional information on a separate sheet of the Proposer's company headed paper.
- All questions must be answered.
- Completion of this proposal form does not bind the Proposer to complete the insurance. Please keep a record of all information supplied to us.

## Disclosure

- It is your responsibility, throughout the lifetime of a policy and at renewal, to provide us and your insurers with complete and accurate information. You should check carefully the details on the proposal form that have been completed on your behalf to ensure that they are correct.
- With regard to the insurance cover we arrange for you, you owe a duty of disclosure to the Insurer. Please refer to the Duty of Fair Presentation at the end of this proposal form. You must take reasonable care to provide complete, accurate and honest answers to the questions we ask when you take out, make changes to or renew your policy. This will include all information that is likely to affect both the assessment and acceptance of risks being insured, whether or not a specific question has been included in this Proposal Form. Failure to provide full and accurate information may invalidate your cover, thus any potential claim may be declined. If you are unsure whether you should disclose it or if you are in any doubt, do not hesitate to ask us.

## 1. Name of Proposer (Director/Partner) to whom correspondence should be sent

## 2. Name of Company and any subsidiaries to be included in the Policy

Name of Firm

Subsidiaries (if relevant)

## 3. Address (If more than one please give each address to be included in this insurance)

Principal Address

Other Addresses (if relevant)

## 4. Principal Telephone Number, Fax Number, Email and Website Address

Telephone

Fax

Email

Website

## 5. Date Established and Number of offices

Day

Month

Year

Number of offices

**6. Profession/Activities of Company (Please provide as much detail as possible)**

**7. Total Number of Staff**

Partners/Directors

Full time (not including partners/directors)

Part time

**8. Is the Company a member of a Professional or Trade Association? If Yes, please provide details**

**9. Please state Total Gross Income for each of the last three financial years**

|   | Year 1 (date)        | Year 2 (date)        | Year 3 (date)        |
|---|----------------------|----------------------|----------------------|
| a) In the United Kingdom  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) In the USA and its territories and possessions and/or Canada | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c) Elsewhere (excluding USA/Canada and United Kingdom)          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>TOTAL GROSS FEE INCOME</b>                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**10. Estimated Gross Fee Income for the forthcoming financial year**

|   |                      |
|---|----------------------|
| a) In the United Kingdom  | <input type="text"/> |
| b) In the USA and its territories and possessions and/or Canada | <input type="text"/> |
| c) Elsewhere (excluding USA/Canada and United Kingdom)          | <input type="text"/> |

**11. Date of Financial Year End**

| Day                  | Month                | Year                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**12. Do you conduct any Overseas Work?**

If Yes, please provide details of the type of work carried out, the country and the size of the contract and fee income:

Yes  No

| Country              | Services Performed   | Size of Contract     | Fee Income           |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**13. Do you contract with clients under any jurisdiction other than the laws of England and Wales?**

If yes, please provide full details and a copy of the contract terms and conditions:

Yes

No

**14. Are all contracts subject to your standard terms and conditions?**

Yes

No

If Yes, are all contracts vetted by a legally qualified person before being agreed?

Yes

No

If No, how do you define the products and/or services you are providing?

**15. In respect of your fee income please give a brief description of your main activities and approximate percentage for each of those activities**

|                      | United Kingdom         | USA/Canada             | Elsewhere              |
|----------------------|------------------------|------------------------|------------------------|
| <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"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |
|                      |                        |                        | 100%                   |

**16. Please indicate average size of fee received from one client**

£

**17. Please indicate the largest total fee from one client**

£

**18. Please provide details of the Firms five largest contracts**

| Name of Client       | Services Performed   | Contract Value       | Income               |
|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**19. Do you undertake any work where your client or end user is in one of the following sectors?**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Railways   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medical  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pharmaceutical                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Aviation   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Nuclear  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Defence  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Oil and Petrochemical                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Trading and Settlement systems for Financial sectors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, to any of the above please provide full details of work undertaken

**20. Do you undertake any Project/Interim Management Work?**

If Yes, please provide full details of your role and responsibilities including details of how you limit your liability / sign-off procedure and appointing sub-contractors

Yes  No

**21. Do you undertake any Government work, which exceeds 25% of your turnover?**

If Yes, please provide full details

Yes  No

**22. Do you sub-contract out more than 25% of your work?**

If Yes, please provide full details

Yes  No

**23. Are you responsible for the appointment of sub-contractors?**

Yes  No

**24. Do you require them to carry their own Professional Indemnity Insurance?**

Yes  No

**25. Is Professional Indemnity Insurance required under your Insurance for sub-contractors?**

Yes  No

If Yes, please provide the following:

| Name of Firm/Individual | Work carried out     | Fee Paid             |
|-------------------------|----------------------|----------------------|
| <input type="text"/>    | <input type="text"/> | <input type="text"/> |

**26. Do you currently hold a Professional Indemnity Insurance Policy?**

Yes  No

Is it arranged by Hera Indemnity Limited?

Yes  No

If the answer is No, please provide brief details:

| Sum Insured          | Excess               | Premium              | Insurer              | Renewal Date         |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**27. Please indicate the amount of Professional Indemnity Insurance required**

£250,000 / £500,000 / £1,000,000 / Other – please specify  
 If unsure please leave blank and we will obtain a range of limits

£

**28. The amount of Excess you are prepared to carry in respect of each and every claim**

£500 / £1,000 / Other – please specify

£

**29. Have any claims that would have been covered by this Insurance been made against the Company or any of its present or former Directors or Partners including whilst acting at any other Company during the last 10 years?**

Yes  No

If Yes, please provide full details, including the amounts involved:

| Date of Claim        | Claimant             | Successful                            | Amount                 | Settled                |
|----------------------|----------------------|---------------------------------------|------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text" value="YES / NO"/> | £ <input type="text"/> | £ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text" value="YES / NO"/> | £ <input type="text"/> | £ <input type="text"/> |

**30. Are any of the Principals or Directors or Partners or Employees after Full enquiry, aware of any Circumstances which may give rise to a claim against the Company of their Predecessors in Business or any of the present or former Principals or Directors or Partners or Employees?**

Yes  No

If Yes, please provide full details, including the potential amounts involved:

| Date of Circumstances | Claimant             | Potential amount       |
|-----------------------|----------------------|------------------------|
| <input type="text"/>  | <input type="text"/> | £ <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | £ <input type="text"/> |

**31. Have you been involved in a dispute or arbitration concerning fees, products, services or Intellectual Property rights?**

Yes  No

If Yes, please provide full details:

## Declaration

The undersigned person declares that the above statements and particulars are true, to their best knowledge and belief, and have not suppressed or mis-stated any material facts.

Name of Director/Partner/Company Secretary

Date

Signature of Director/Partner/Company Secretary

Date

## IMPORTANT NOTICE – DUTY OF FAIR PRESENTATION

**The Insurance Act 2015 came in to force on 12th August 2016. Under this Act, you owe a duty of disclosure to the Insurer which includes your duty to make a fair presentation of the risk. A 'fair presentation' is one:**

- Which clearly discloses all material circumstances which the Insured's Senior Management (defined as those individuals who play significant roles in the making of decisions about how the Insured's activities are to be managed or organised), including persons responsible for the Insured's insurance, know or ought to know following a reasonable search or which is sufficient to make the Insurer ask questions about the risk. A circumstance is material if it would influence an Insurer's judgement in determining whether to take risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed:
- Which discloses information in a manner which is clear and accessible to a prudent insurer (ie no 'data dumping');
- In which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

**Failure to disclose a material circumstance may entitle an Insurer to:**

- In some circumstances, avoid the policy from inception and in this event any claims under the policy would not be paid;
- Impose different terms on your cover, and / or
- Proportionately reduce the amount of any claim payable.

**This duty applies:**

- Before your cover is placed;
- When it is reviewed; and
- At any time that it is varied.

**Your policy wording may also provide that this duty continues for the duration of the policy.**

**You should contact us immediately for assistance if you are unsure whether information may be material, or if it comes to your attention that you may have not disclosed full and accurate information.**



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