



Quercus Professional Indemnity Limited

PROPOSAL FORM

MANAGEMENT CONSULTANTS

PROFESSIONAL INDEMNITY INSURANCE

Contact:

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**MANAGEMENT CONSULTANTS
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

1. Name of Insured/Proposer:

2. Main address plus any overseas addresses:

3. Web-site address:

Email address:

Telephone No:

Fax No:

4. Date business established:

5. Full description of your business activities:

6. Are you connected or associated (financially or otherwise) with any other business?

Yes

No

If Yes, please give full details

7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes

No

If Yes, please give full details

8. Are you a member of any Professional Association?

Yes

No

If Yes, please give full details

9. Details of Principals/Partners/Directors:

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

10. Number of Employees:

Qualified _____ Others _____

11. a. Give details of your fees/income/turnover (as applicable) derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

b. Is any work performed outside the UK?

Yes No

If Yes, please give full details

c. On what date does your financial year end?

12. Please confirm the approximate division of work undertaken during the last complete financial year between the following market sectors:

Governmental/Local Authority	%	Military	%
Financial	%	Aerospace	%
Commercial	%	Construction	%
Manufacturing/Industrial	%	Others (please specify)	%
Healthcare/Medical	%		

13. Please detail the approximate division of work undertaken during the last complete financial year between the following activities:

Strategic Consultancy		%
Organisation, Design & Development Consultancy		%
Quality Management & Manufacturing Systems Consultancy		%
Financial Management:		
i) Consultancy only	%	
ii) Audit, Accountancy & Tax		%
iii) Insolvency, Liquidation & Receivership	%	
iv) Mergers and Acquisitions		%
Project Management Consultancy	%	
Human Resources Consultancy		%
Recruitment Consultancy:		
i) Permanent Staff	%	
ii) Temporary Staff	%	
Marketing Consultancy		%
Computer & IT Consultancy		%
Outsourcing & Facilities Management Consultancy		%
Design & Creativity Consultancy		%
Quality Assurance Consultancy		%
Health & Safety and Fire Consultancy		%
Interim/Locum Management		%
Training Services		%
Other – please give full details		%

14. In respect of your approximate division of work do you provide any advice relating to:

a. The Law?

Yes

No

b. Investment of client funds?

Yes

No

c. Pollution?

Yes

No

If Yes, please give details:

15. Are you responsible to your clients for:

a. Procurement of goods or services on their behalf?

Yes

No

b. Pricing policy?

Yes

No

c. Legally binding them in other ways?

Yes

No

16. If you have stated any percentage under Project Management Consultancy (Q13) please provide brief details of typical project and your responsibilities:

17. Please list your five largest contracts undertaken in the last three years:

Location	Name & Business of Client	Nature of Services Provided	Contract Value	Your Income

18. Do you currently have professional indemnity insurance in force?

Yes

No

If Yes, please advise Insurer Renewal Date

Premium

19. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

If Yes, please give full details

20. Have you sustained any loss through the fraud or dishonesty of any person or are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes

No

If Yes, please give full details

21. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business? Yes No

If Yes, please give full details

22. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business? Yes No

If Yes, please give full details

23. Please indicate the levels of indemnity you require quotes for:

£ £ £

22. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.

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.

I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

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Signature of Principal/Partner/Director

.....

Date