



# Quercus Professional Indemnity Limited

## PROPOSAL FORM

### MISCELLANEOUS

### PROFESSIONAL INDEMNITY INSURANCE

**Contact:**

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**MISCELLANEOUS  
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.

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1. Name of Insured/Proposer:

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2. Main address plus any overseas addresses:

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3. Web-site address:

Email address:

Telephone No:

Fax No:

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4. Date business established:

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5. Full description of your business activities:

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

Yes

No

If Yes, please give full details

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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

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8. Are you a member of any Professional Association?

Yes

No

If Yes, please give full details

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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 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 provide details of your three largest contracts/projects/assignments during the last three years (for new businesses, please provide information on any known forthcoming work):

Business of Client	Location of Client	Services Provided for Client	Fees Earned

13. Does your work involve the manufacture, supply, installation or repair of any product or do you ever accept responsibility for the manufacture, supply, installation or repair of any product?  
Yes  No   
If Yes, please provide full details

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14. Do you currently have professional indemnity insurance in force?  
Yes  No   
If Yes, please advise Insurer ..... Renewal Date .....  
Premium .....

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15. 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

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16. a. 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 employees?  
Yes  No   
If Yes, please give details

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17. 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

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18. Are you aware, after full enquiry, of any circumstance or incident which as 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

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19. Do you currently have any individual (s) responsible for risk management strategy within your business?

Yes

No

If Yes, please give full details

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

£ ..... £ ..... £ .....

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21. 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:

£ .....

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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