



**GALATEA**

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## MARINE PROFESSIONAL NEGLIGENCE INSURANCE FOR NAVAL ARCHITECTS

### Confidential proposal form

- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet.
- When returning this form to the address shown above, it would also assist our understanding of your business if you could include a copy of your company brochure, report and accounts or any other literature relevant to the services you provide

<b>Your company name and address:</b>		
<b>Telephone  </b>	<b>Fax  </b>	<b>E-mail  </b>
<b>Date company established:</b>		
<b>Names and addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance:</b>		
<b>Please describe the services you provide to your customers that you wish to be insured:</b>		
<b>Please list your directors or partners, noting their professional qualifications or number of years experience:</b>		
<b>Number of Qualified or Managerial Staff:</b>		
<b>Number of Clerical Staff:</b>		
<b>Total number of employees:</b>		
<b>Please detail names of any trade associations to which you are affiliated or are members:</b>		
<b>Have you obtained quality assurance accreditation from any internationally recognised organisation?</b>	<b>If yes, please specify:</b>	

**Your Services:**

**Please provide a full and clear description of the activities of your Company for which cover is required:**

**Please list these activities and state the approximate percentage of work carried out in each instance:**

%

%

%

%

\_\_\_\_\_ **100%**

**What is the largest annual income/ fee earned from a single client in the last 12 months?**

**RESUMES OF KEY PERSONNEL SHOULD BE ATTACHED TO THIS PROPOSAL**

**Your claims history:**

**In the last five years have any:**

- professional liability or errors and omissions claims been made against you: .....
- third general party liability claims been made against you: .....
- circumstance arisen that could have resulted in any of the above liability claims being made against you: .....

**If yes to any of the above, please attach full details:**

**Your present insurance:**

- are you currently insured for your professional negligence exposure? .....
- Do you require a specific limit of liability and/or deductible to be quoted? .....

**Your trading conditions:**

- do you have any standard trading conditions or contracts? .....
- If yes, please attach a copy.**

- are all customers advised of your standard conditions before services are provided: .....

**Declaration:**

**Has any insurer ever:**

- declined to insure you .....
- cancelled your insurance .....
- refused to renew your insurance .....
- imposed special terms .....

**If yes, please attach full details:**

**We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.**

**Name** **Position**

**Signed** **Date**