
Professional Indemnity Insurance

Proposal Form

for

Product Designers

- (a) Answer questions to the best of your knowledge and belief. This form must be signed and dated.
 - (b) All material facts must be disclosed - failure to do so may render your insurance void, or severely prejudice your rights in the event of a claim.
A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters.
If you are in any doubt as to what constitutes a material fact, you should consult us.
 - (c) Please provide a brochure, if possible, and sight of any standard contract terms, conditions, agreements or letters of appointment which you might have with your clients.
 - (d) A copy of the policy wording is available.
 - (e) Please provide fully detailed curriculum vitae of the Proprietor/Partners/Directors as appropriate.
 - (f) Please retain a copy of this proposal form along with any additional information provided for your records.
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1. THE PRACTICE

- (a) Name(s) of all Firms requiring cover, or Company, if limited (including any former practice(s) for whom cover is required)
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- (b) (i) Main address
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.....
.....
- (ii) Address of all other offices
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.....
- Contact Telephone Number.....
- Contact Facsimile Number.....
- Contact e-mail.....
- Web Site Address.....
- (c) (i) Date of commencement of current Firm(s)
.....
- (ii) Date of commencement and cessation of any other Firms named in Question 1(a) above
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2. **THE PARTNERS/DIRECTORS**

(a)

Names in full of all Partners/Directors/Principals	Qualifications	Date Qualified	How long Principal in this Firm

(b) If sole Partner/Principal, state whether firm is full or part-time

Full-time
 Part-time

(If part-time, state nature of full-time employment)

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(c) Please state total numbers of:

Qualified Staff

Self-employed/contract hire staff

Others

.....

Total

.....

(d) Names in full of all Partners/Directors/Principals who have left, retired or died for whom coverage is required.

Please state qualifications and period as a Partner/Director/Principal

If None, state "None".

Name of Partners/Director/Principal	Qualifications	Period as Partner/Director/Principal
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3. **GROSS INCOME**

State for the whole Firm:

(i)	GROSS INCOME received for each of the last five Financial Years	Home Contracts	Foreign Contracts
		19..... £.....	£.....
		19..... £.....	£.....
		20..... £.....	£.....
		20..... £.....	£.....
		20..... £.....	£.....
(ii)	What approximate percentage of gross income relates to bought in cost	
(iii)	When is your Financial Year end	
(iv)	Estimated gross income for the current Financial Year	19..... £.....	£.....

4. **THE FEES**

State for whole Firm the gross fees received in the past Financial year for each specified discipline and give an approximate percentage of the type of work undertaken for each individual discipline (all questions must be answered)

If the Firm has not been in operation for 12 months, estimate the split between disciplines in the first 12 months of trading.

		<u>Home Contracts</u>	<u>Foreign Contract</u>
a)	Product Design Total Fees	£.....	£.....
	of which		
	(i) Capital goods%%
	(ii) Consumer goods%%
	(iii) Furniture%%
	(iv) Craft based products%%
	(v) Automotive design%%
	(vi) Packaging (structural)%%
	(v) Other - Specify%%
	(vi) Other - Specify%%
	(vii) Project Management%%

NB. Structural Engineering

If any structure elements have been incorporated, please state separately on headed notepaper, the nature of the work. Also state whether a structural engineer was employed in the design of these elements.

Work subcontracted by you to specialist sub-contractors (e.g. engineers, surveyors, and other specialists) during last Financial Year

Fees paid to them..... Total Fees £..... £.....

5. INDEPENDENT WORK

(a) Do any of the Partners/Directors/Principals carry out independent work in their own name?

Yes No

(b) Is a quotation required to include cover for such work under this policy?

Yes No

(c) If "Yes" to (a) and (b), each Partner/Director/Principal should detail the following information on usual headed notepaper.

- Brief description of work
- Total amount of gross fees received from this work in the past 12 months
- Details of any claims paid or any known circumstances likely to give rise to a claim

(Each individual to sign and date information)

6. EXISTING MAJOR CONTRACTS

(a) Please state five largest contracts (design and/or architectural) where work has been started by you during the past six months

Start Date	Description of Contract	Total Contract Value	Expected Completion Date

(b) (i) Please state number of contracts wherein a duty of care letter or collateral warranty has been signed

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(ii) Please list contracts signed under seal, giving same information as required in (a) above

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7. **FUTURE MAJOR CONTRACTS**

- (a) Please give details of any large new contracts commencing during next 12 months

Start Date	Description of Contract	Total Contract Value	Expected Completion Date

8. **OVERSEAS MANUFACTURING**

To the best of your knowledge has the Firm undertaken any work whatsoever where the end product of such work was manufactured or constructed outside the UK?

Yes No

If "Yes", please give the following details

Country	Start Date	Description of Contract	Total Contract Value	Expected Completion Date

9. **USA/CANADA**

Has the Firm ever entered into any contract:

- (a) Where the jurisdiction applicable to that contract was subject to the laws of the United States or Canada?

Yes No

- (b) Where any third party could bring action against the Firm under the laws of the United States or Canada?

Yes No

If "Yes" to (a) or (b), please give the following details:

Country	Start Date	Description of Contract	Total Contract Value	Expected Completion Date

10. **CONSORTIUM/ASSOCIATION**

- (a) Is the Firm or any Partner/Director/Principal a member of a consortium or association or working jointly with any other firm or person?

Yes No

If "Yes", details must be supplied

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- (b) Is coverage required for such work?

Yes No

If "Yes", Insurers will require a copy of the working agreement and further information may be requested

11. **INTEREST IN OTHER FIRMS OR ORGANISATIONS**

- (a) Does this Firm or any Partner/Director/Principal have any association with or financial interest (apart from shares held in public companies) in any other firm or organisation?

Yes No

If "Yes", please state nature of organisation and name of the Firm/Organisation and whether and to what degree work is performed for such other Firm or Organisation

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12. **SPECIALIST CONSULTANTS**

When independent or specialist consultants are required, have you in the past ensured and will you in the future endeavour to ensure that such consultants are appointed directly by and paid by your clients?

- (a) In the Past

Yes No

- (b) In the future

Yes No

Whenever you engage or employ consultants you should ask each year for evidence of Professional indemnity insurance from them

13. **EXISTING POLICY**

- (a) Please give details of your existing Professional Indemnity Insurance

Insurer	Limit	Excess	Expiry Date	Premium

- (b) Has any similar insurance for this Firm or any Partner/Director/Principal been declined, cancelled or renewal refused?

Yes No

If "Yes", please give details

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14. **LIMIT OF INDEMNITY AND EXCESS**

- (a) What amount of indemnity is required £.....
- (b) What amount of each and every claim are you prepared to bear as a self-insured excess? £.....

15. **LOSS OF DOCUMENTS**

Cover for loss of documents automatically provided up to a limit of £100,000

If you wish a higher limit, please indicate amount £.....

Please state the approximate value of documents in the form of computer systems records

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16. **CLAIMS**

Have any claims (successful or otherwise) been made when would be subject of the indemnity provided this insurance against the Firm or its predecessors in business or its present and/or past Partners/Directors/Principals during the past ten years?

Yes No

If "Yes", give full details

Date of Claim	Details of Claim (and claimant)	Amount Claimed	Amount Paid	Defence Costs is known	Date Settled

17. **CLAIM CIRCUMSTANCES**

Are any of the Partners/Directors/Principals, after enquiry, aware of any circumstances which may give rise to a claim against this Firm or its predecessors in business or any of the present or former Partners/Directors/Principals?

Yes No

If "Yes", please give full details

Date of knowledge of circumstance	Details of circumstance (and potential claimant)	Estimate of likely quantum

DECLARATION

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

I/We agreed that this proposal form with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform the Underwriters of any material alteration to these facts occurring before completion of the contract if insurance.

For and on behalf of
(insert name of Firm)

Signature of
Partner/Director/Principal.....Date.....

This proposal must be completed in ink or typed.
All questions must be answered to enable a quotation to be given.
The completion and signature of this proposal does not bind the Proposers or Underwriters to complete a contract of insurance.