



TYSERS

PROFESSIONAL INDEMNITY

Proposal Form
for
Management Consultants

Since 1820



Tyser & Co Limited, UK Corporate Risks Division
Beaufort House, 15 St Botolph Street, London EC3A 7EE
Tel: +44 (0)20 3037 8000 Fax: +44 (0)20 3037 8010

Authorised & Regulated by the Financial Services Authority Ref. No. 308648

Information:

This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – i.e. CLAIMS MADE is the date when the claim is received by Tyser & Co Limited, not the date of the alleged claim, that determines the applicable policy. A gap in cover therefore leaves the Insured unprotected.

Please answer all the questions giving full and complete answers. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Director, Partner or Principal or identified Officer of this firm.

The proposal form must be completed and signed and dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.

This form does not bind the Proposer but will form part of the Insurance contract if taken up.

Should you wish to discuss any questions on the proposal form please do not hesitate in contacting us, we do understand that some of the questions may not be self explanatory.

Duty to disclose material facts

Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated. The courts will find a fact to be 'material' where it would affect the judgment of a prudent insurer as to whether or not to accept the risk at the particular terms offered.

The practical advice, which we give to clients or producers, is this; if you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information, which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

Please supply the following additional information:

- T** Company Brochure (if applicable)
- T** CV's of Principals
- T** Copy of Standard Contract Terms and Conditions (if applicable)



Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaced provided. A Principal of the Practice must sign and date this form and any separate sheets.

1. Your Business:

Practice Name: (Please include all names under which you practice)

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Main Office Address:

Postcode:

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Main Office Telephone Number:

--

Main Office Fax Number:

--

Contact Email Address:

--

Practice Website:

--

Date Established:

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List Number of Branch Offices:

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PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER

Is cover required for anything other than work undertaken by the above Firm(s)? this may include a predecessor in business or liability of one of your Partners or Principals relating to work undertaken elsewhere.

Yes No

If 'Yes' please provide details:

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2. Partner(s)/Director(s):

Please list below details of the Partner(s)/Director(s) of the Firm:

Name	Date of Birth	Qualifications	Years in the Industry	How long as Partner/Director of the Firm

Please provide a CV outlining all relevant experience where the above have been working in the industry for less than 5 years

Please advise total number of staff excluding Partners/Directors:

Professionally Qualified Unqualified Assistants All Others

3. Sub Contractors

Does the Firm engage or intend engaging in the future any external sub consultants/sub contractors? Yes No

Do you ensure they hold their own professional indemnity insurance? Yes No

4. Gross Fee Turnover

State the gross fees received for the following years:

	Last Completed Financial Year	Current Year	Estimate Next Year
UK Law Contracts	£	£	£
EU Law Contracts	£	£	£
USA/Canada Law Contracts	£	£	£
Other Law Contracts	£	£	£
Total Gross Fee Turnover	£	£	£

Within the past three years what is the approximate average fee you have received? £

Within the past three years what is the largest fee you have received? £



Give details of the three largest contracts commenced during the past three years:

If you are a new Firm, provide details of the largest contract(s) expected to start in the next 12 months:

Client Name	Client's Business	Nature of Contract	Contract Value	Fees Received

Do you only carry out work under contracts drafted by legal professionals and signed by your clients? Yes No

If 'No' please explain on what basis you enter into contracts:

5. Your Business Activity

Do you undertake any work in relation to the following: the law, investment of client funds, audit, accountancy, tax insolvency, liquidation, receivership, mergers, acquisitions, pollution, valuation, construction, loss adjustment or pricing policy, legally binding them in other ways? Yes No

If 'Yes' please provide full details

Your turnover (including fee income) must be separated approximately into the activities listed below so that Insurers can understand what you are doing, in addition Insurers can only cover you for work that you declare.

(a) Strategic Consultancy	£
(b) Organisation, Design & Development Consultancy	£
(c) Quality Management	£
(d) Manufacturing Systems Consultancy	£
(e) Financial Management – Consultancy Only	£
(f) Project Management	£
(g) Human Resources Consultancy	£
(h) Recruitment Consultancy	
i) Permanent Staff	£
ii) Temporary Staff	£
(i) Marketing Consultancy	£
(j) Telecommunications Consultancy	£
(k) Computer & IT Consultancy <i>(if over 30% of your fees an IT proposal will be required)</i>	£
(l) Outsourcing & Facilities Management Consultancy	£
(m) Graphic Design & Creativity Consultancy	£
(n) Quality Assurance Consultancy	£
(o) Health & Safety Consultancy	£
(p) Interim/Locum Management	£
(q) Training Services	£
(r) Other (please give full details)	£



Project Management Consultancy

If you have stated any income under Project Management Consultancy:

- (i) Please provide brief details of a typical project, describe your responsibilities and advise your average fee for this work and average value of the total contact:

- (ii) Are you responsible for the direct appointment of any advisory or professional consultants? Yes No

(It is a condition of this insurance that any advisory professional consultant appointed by you must carry their own PI insurance to an equivalent level)

Outsourcing and Facilities Management Consultancy

If you have declared any income under Outsourcing and Facilities Management Consultancy:

Do you get involved in any contractual negotiations? Yes No

If 'Yes' please give full details

Design and Creativity Consultancy

If you have declared any income under Design and Creativity Consultancy, please advise what you design and what your client will do with your completed design:



Interim Management

If you have stated any income under Interim/Locum Management:

i) What position(s) do you undertake and what are your responsibilities?

ii) What is the reason for your employment in this position?

iii) What level of decision making do you accept without referral to higher level management?

- (a) Day to day management Yes No
- (b) Strategic management with budgetary responsibility Yes No

Financial Management

If you have declared any income under Financial Management, please confirm:

Do you accept responsibility for strategic/budgetary decisions? Yes No

If 'Yes do you obtain sign off by Senior Management/Board Yes No

Do you provide services or consultation in relation to any of the following?

- a) The law (other than advice given as a Health & Safety Consultant or employment advice given as a HR consultant) Yes No
- b) Investment of client funds Yes No
- c) Valuation Yes No
- d) Accountancy, auditing, taxation Yes No
- e) Insolvency, liquidation, receivership Yes No
- f) Mergers, acquisitions Yes No
- g) Construction Yes No
- h) Loss adjustment or assessment Yes No



- i) Pollution Yes No
- j) Offshore work Yes No
- k) Oil and gas Yes No
- l) Oil and gas-related health and safety Yes No

Do you provide any of the following services to your clients?

- a) The procurement of goods or services Yes No
- b) Pricing or legally binding them in other ways Yes No

Claims

Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Director or Principal? Yes No

If 'Yes' state date, circumstances, amount and steps taken to prevent recurrence

Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company/Firm or its present and/or past Partners/Directors? Yes No

If 'Yes' give full details including amounts involved

Have all claims been notified to Insurers? Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?



Are any of the Partners, Directors or employees **AFTER ENQUIRY**, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm(s) or its predecessors in business or any of its present or former Partners/Directors? Yes No

If 'Yes' give full details of circumstances and amounts involved

Additional Information



Insurance Cover

Has any proposal for similar insurance made on behalf of the Firm(s) or their predecessors in business or any of the present or former Partners/Directors ever been declined or has any such insurance cover been cancelled or renewal refused? Yes No

If 'Yes' provide details

Please advise details of your present insurance:

Renewal Date:	<input type="text"/>
Insurer:	<input type="text"/>
Broker:	<input type="text"/>
Limit of Indemnity	£ Any one claim/aggregate (please advise)
Excess:	£
Premium:	£

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Excess	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>



Confirmation

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we undertake to inform Underwriters.

Signature of Principal/Partner/Director:

Print Name of Principal/Partner/Director:

Date:

A copy of this proposal should be retained for your own records.

