



# TYSERS

## PROFESSIONAL INDEMNITY

### Miscellaneous Proposal Form

Since 1820



Tyser & Co Limited, UK Corporate Risks Division  
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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, Principal or identified Officer of this firm.

The proposal form must be completed and signed and dated by a person who must be 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:**

1. CVs of Directors, Principals
2. Copy of standard Contract Terms and Conditions (if applicable)
3. The last Financial Statement of the Firm/Organisation



- Please answer all questions leaving no blank spaces.
  - 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/Principal or identified Officer of the Firm.
  - If you have a brochure about your Firm's operation(s), please forward it with this application.
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1. Name(s) of Proposer (hereafter referred to as the 'Firm')

2. Address of Firm. If more than one, please give each address and indicate the Partner(s) or Principal(s) responsible for work at each location.

3. When was the Firm established?

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

Yes

No

If 'Yes', please give details

5. Please state the name of any Professional body or Trade Association of which the proposer is a member:

Professional Body:

Trade Association:

6. Please give the following details:

| Name of all Directors/Partners Or Principals | Qualifications | Date Qualified | How long as Director/Partner/Principal of this Firm | How long as a Director/Partner Or Principal |
|--|----------------|----------------|---|---|
|  |                |                |   |   |
|  |                |                |   |   |
|  |                |                |   |   |
|  |                |                |   |   |
|  |                |                |   |   |
|  |                |                |   |   |

7. (a) Please give total number of Directors, partners and all other Staff

Directors

Partners

Other Staff

(b) Please categorise the staff and indicate the nature of work for each:

| Categories of Staff | Numbers | Nature of Work |
|---------------------|---------|----------------|
|                     |         |                |
|                     |         |                |
|                     |         |                |
|                     |         |                |
|                     |         |                |
|                     |         |                |
|                     |         |                |
| Total               |         |                |

8. Is cover required for any past Director, Partner or Principal? Yes  No

If 'Yes', please state:

| Name | Qualifications | How long with Proposer/s |
|------|----------------|--------------------------|
|      |                |                          |
|      |                |                          |
|      |                |                          |
|      |                |                          |
|      |                |                          |

9. Is cover required for previous business activities of any Director, Partner or Principal? Yes  No

|  |                    |                    |                    |
|--|--------------------|--------------------|--------------------|
| <b>Name of Individual</b>  |                    |                    |                    |
| <b>Name of previous Firm</b>   |                    |                    |                    |
| <b>Period</b>  | From / /<br>To / / | From / /<br>To / / | From / /<br>To / / |
| <b>Fees for the last 3 years</b>   |                    |                    |                    |
| <b>Reason for leaving</b>  |                    |                    |                    |
| <b>Position in Firm</b>  |                    |                    |                    |
| <b>Is there separate insurance covering the activities of this Firm for the period stated above?</b> |                    |                    |                    |



10. (a) Please give particulars of previous similar insurance carried during the past two years:

| Period | Insurer | Type | Limits | Excess |
|--------|---------|------|--------|--------|
|        |         |      |        |        |
|        |         |      |        |        |

(b) Has any Proposal for similar Insurance, that has been made by or on behalf of the Firm, any predecessor in business, or present Directors, Partners or Principals, ever been declined or has any such Insurance ever been cancelled or renewal refused?

Yes                       No

If 'Yes', please give details

11. Please provide a clear description of the current activities of the Firm:

12. Division of Work

Please categorise those activities described above by indicating the percentage that each represents. Please state whether this is a percentage of fees, payroll or turnover, etc.

|    | Approximate Percentage |
|----|------------------------|
| 1. | %                      |
| 2. | %                      |
| 3. | %                      |
| 4. | %                      |
| 5. | %                      |
| 6. | %                      |
| 7. | %                      |
|    | 100%                   |



13. Fees/Payroll/Other per Q12. (Please indicate which)

|                     | Past Financial Year<br>Ending<br>...../...../..... | Current Financial<br>Year Ending<br>...../...../..... | Estimate for coming<br>Financial Year Ending<br>...../...../..... |
|---------------------|--|---|---|
| UK Operations       |  |   |   |
| Overseas Operations |  |   |   |

If in the case of Overseas contracts, please detail on your headed paper the Countries involved, whether UK or Overseas jurisdiction applies in each case, and brief details of contracts and size.

14. (a) What substantial changes in Q12 are foreseen during the next twelve months?

(b) Please give details of any major new operations being undertaken during the next twelve months.

(c) Please comment on any features of your work which you think may be of interest to Underwriters.

15. (a) Is the Firm or any Partner or Principal a member of a Consortium or Joint Venture?

Yes

No

If 'Yes', please state in which capacity and give the names of other members and their capacities in each Consortium or Joint Venture.

| Name | Capacity | Details of Job |
|------|----------|----------------|
|      |          |                |

(b) Is cover required for the Firm in respect of this work?

Yes                       No

16. (a) Please detail on your headed paper:

- (i) the five largest jobs undertaken; and
- (ii) five jobs that are typical for the Firm

Providing a short description plus start and finish dates of your involvement.

(b) Please state the total income to the Firm during the last Financial Year from your largest client.

|   |
|---|
| £ |
|---|

(c) What work is undertaken on your behalf by Sub-Contractors?

|  |
|--|
|  |
|--|

(i) Please confirm whether you always require Sub-Contractors to carry Professional Indemnity Insurance and for what limits

|  |
|--|
|  |
|--|

(ii) What percentage of your income is paid to Sub-Contractors?

|  |
|--|
|  |
|--|

*NOTE: Underwriters will retain rights of recourse against Sub-Contractors unless specifically agreed otherwise.*



17. (a) Does this Firm or any Director/Partner/Principal act on behalf of, or undertake work for any Firm, Company or Organisation in which this Firm or any Director/Partner/Principal has a financial interest?

Yes                       No

(b) Does any Director/Partner/Principal perform an executive role on behalf of any such Firm, Company or Organisation?

Yes                       No

If 'Yes' to either (a) or (b), please provide details

(c) Is such other Company, Firm or Organisation associated with any process of manufacture, construction or any form of contracting or supply?

Yes                       No

If 'Yes', please provide details

18. Has any claim such as would be covered by the proposed insurance ever been made against this Firm or any of its Directors/Partners/Principals whilst in this or any other Firm?

Yes                       No

If 'Yes', please give full details using Appendix 1 attached.

19. Are any of the Director/Partners/Principals or Employees, AFTER FULL ENQUIRY, aware of any circumstances or incidents which may give rise to a claim (such as would be covered by the proposed insurance) against this Firm or their predecessors in business or any of the present or former Directors/Partners/Principals

Yes                       No

If 'Yes', please give full details using the pro-forma attached.

***It is imperative to answer this question correctly: FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS if subsequently a claim should arise.***



Where do you perceive your exposure to claims lies? In what circumstances might you envisage a claim arising?

20. Do you require insurance of any of the normal extensions available, e.g.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Loss of Documents                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Dishonesty of Employees                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Libel & Slander                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Unintentional Breach of Copyright       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Unintentional Breach of Confidentiality | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Other (specify)                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

21. What is the amount of the indemnity required? *Please tick:*

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> £500,000   | <input type="checkbox"/> £750,000              | <input type="checkbox"/> £1,000,000                        |
| <input type="checkbox"/> £2,000,000 | <input type="checkbox"/> More (specify amount) | £ <input style="width: 150px; height: 20px;" type="text"/> |

22. What is the first amount which you would be prepared to carry in respect of each claim?  
*Please tick*

- £500
- £1,000
- £2,500
- £5,000
- £10,000
- £25,000
- £50,000

*(Underwriters require minimum excesses depending on size and type of work undertaken).*



## Commercial Combined/Office Insurance

If you would like us to provide you with an indication of cover on the above please complete the following:

Estimated Annual Wageroll split: Clerical £ \_\_\_\_\_  
Manual £ \_\_\_\_\_

| <b>Property values</b>   | <b>Location 1<br/>Single<br/>Occupancy Y/N</b><br>Please strike out accordingly | <b>Location 2<br/>Single<br/>Occupancy Y/N</b><br>Please strike out accordingly | <b>Location 3<br/>Single<br/>Occupancy Y/N</b><br>Please strike out accordingly |
|--|---|---|---|
| Main building: Rebuild Value if owner:   | £   | £   | £   |
| Or<br>Tenant improvements:   | £   | £   | £   |
| Personal computers, printers and ancillary computer equipment at the premises:                             | £   | £   | £   |
| All other contents/business equipment at the premises:   | £   | £   | £   |
| Portable computers and associated equipment at home/away from the premises anywhere in the European Union: | £   | £   | £   |
| Portable computers and associated equipment at home/away from the premises anywhere in the world:          | £   | £   | £   |
| All other business equipment at home/away from the premises anywhere in the European Union:                | £   | £   | £   |
| All other business equipment at home/away from the premises anywhere in the world:                         | £   | £   | £   |

Fire Alarm Details:

Intruder Alarm details:

Please provide details of any Liability Claims or property damage claims you have incurred in the last 5 years please use an extra page if necessary:

Employers Reference Number or Employer PAYE reference which will be required prior to placement: \_\_\_\_\_



**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 agree that this policy, 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.

Dated: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

For and on Behalf of \_\_\_\_\_  
(Insert name of Firm)

Signature of Director/Partner or Principal \_\_\_\_\_

Name of Director/Partner or Principal \_\_\_\_\_  
(Please print)

Title \_\_\_\_\_

1. Please enclose a Brochure(s), if available
2. Please also attach copies of both your standard and non-standard agreements/contractual conditions you ask your clients to sign and those which your Firm is required to sign. If any other agreements/Contracts are signed, please make reference to these in your letter accompanying this Proposal Form.

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



# Miscellaneous Professional Indemnity Proposal Form

## Appendix 1

Please list below details of the last 3 claims.

Proposer:

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**1.**

Date Notified:

Details of Circumstance:

Claimant:

Cause/Alleged Cause:

Current Status:

Reserve:

When Paid:

Payments:

When Paid:

Open

Closed

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**2.**

Date Notified:

Details of Circumstance:

Claimant:

Cause/Alleged Cause:

Current Status:



Reserve:

When Paid:

Payments:

When Paid:

Open  Closed

**3.**

Date Notified:

Details of Circumstance:

Claimant:

Cause/Alleged Cause:

Current Status:

Reserve:

When Paid:

Payments:

When Paid:

Open  Closed

Dated: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

For and on Behalf of \_\_\_\_\_  
(Insert name of Firm)

Signature of Director/Partner or Principal \_\_\_\_\_

Name of Director/Partner or Principal \_\_\_\_\_  
(Please print)

Title \_\_\_\_\_

