

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL

Please complete in CAPITAL LETTERS in ink



Name of Organisation: _____

Office Bearer _____ Tel. No _____

1. Does the Charity provide any of the following Professional services
- | | | |
|--|-----|----|
| a) Financial or legal advice? | Yes | No |
| b) Counselling? | Yes | No |
| c) Medical advice, diagnosis or treatment? | Yes | No |
| d) Other: Advice Information? | Yes | No |
| Assistance or design? | Yes | No |
2. a) Give details of type of financial or legal advice provided:

- b) How many people provide it? Part Time _____ Full Time _____
- c) What is the qualification/background/experience of the people who provide it?
(Please supply CV's if possible)

- d) Approximate number of enquiries per annum _____
3. a) Give details of type of counselling provided:

- b) How many people provide it? Part Time _____ Full Time _____
- c) What is the qualification/background/experience of the people who provide it?
(Please supply CV's if possible)

- d) Approximate number of enquiries per annum _____
4. a) Where counselling or financial or legal advice is provided, give details of present procedures/guidelines which identify situations where the person being counselled/advised should be encouraged to seek independent professional advice:

- b) Where such independent advice is appropriate, is it the usual practice to recommend one or more named advisors? Yes No Sometimes
5. Give details of medical advice, diagnosis or treatment provided:

6. a) Give full details of other services (e.g. advice, information, assistance, design) provided:

- b) How many people provide it? Part Time _____ Full Time _____
- c) What is the qualification/background/experience of the people who provide it?
(Please supply CV's if possible)

- d) Approximate number of enquiries per annum _____



7. Standard Limit of Indemnity £1,000,000
Please indicate amount if an alternative limit is required £

8. State gross fees (including those paid to sub-contractors) payable by clients or total turnover if non-fee earning.

Last Year	Previous Year	Forthcoming Year (Estimated)
£	£	£

9. a) has any claim been made against the Proposer or any predecessors in business or any partner, director, consultant, or employee for neglect, error or omission in relation to professional duties?
YES NO
- b) has the Proposer or any predecessors in business or any partner, director, consultant, or employee incurred any other loss or expense which might be within the terms of cover?
YES NO

If YES in either case, give details below or attach a separate note if preferred

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss incurred	Estimated outstanding cost

c) What action has been taken to prevent a recurrence of the situation which gave rise to the claim or loss?

10. Is any partner, principal, director, consultant or employee **after enquiry**, aware of any circumstances which might

- a) give rise to a claim against the Proposer or any predecessors in business or any of the present or former partners or principals?
YES NO
- b) result in the Proposer or any predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of this cover?
YES NO
- c) otherwise affect the Company's consideration of this insurance?
YES NO

If YES give details including maximum potential cost (by separate note if preferred)

Please check this Proposal Form carefully before signing the Declaration

DECLARATION

I the undersigned hereby declare that I am a trustee of the principal Charity; am authorised by all charities, companies and other persons proposed for this insurance to complete and sign this Proposal Form and do so on their behalf after making all reasonable enquiries of them. To the best of my knowledge and belief the particulars set forth herein are true. I agree that if any of the said particulars have been written by any other person, such person shall for that purpose be regarded as my agent and not the agent of any insurer

Signed _____ Name _____

Date _____