

Jelf | Professions

Professional Indemnity Proposal Form
Project Management

GUIDANCE NOTES

Completing your proposal form

Please complete all questions in full using the Additional Information section or separate sheets where necessary.

The proposal must be completed in ink. The person completing and signing the form should be authorised by the Proposer's to do so and must make enquiries of Partners, directors and employees to enable all the questions to be answered.

The completion of the form does not bind either the Proposer or the Insurer to complete a contract of Insurance.

Disclosure

It is important to remember that when applying for Insurance, you have a duty to disclose all material facts to Insurers. A material fact is any information which might influence the judgement of Underwriters when they are considering the risk. Material facts can include (but are not limited to) material changes in your business and claims or circumstances that might give rise to a claim. Failure to disclose may cause the policy to be declared void and Underwriters could be entitled to repudiate liability entirely.

It should be pointed out that your duty of disclosure continues throughout the duration of the policy. Furthermore, any material facts that come to light after completion of this form but before inception of cover (including renewal) must immediately be notified to current and prospective Insurers.

If you are in any doubt about disclosure of material facts please contact your Account Handler for further advice.

Your Presentation to Underwriters

When Underwriters look at this proposal form they are forming an opinion of your company/firm. It is clear therefore that in addition to the accuracy of the information provided, the way it is presented is very important. The aim of the form is for Underwriters to clearly understand your business please therefore avoid answers like 'see your records' and where necessary expand upon your answers on a separate sheet. If possible, please support the form with copies of brochures or other promotional material that helps build a picture of your business.

'Claims' and 'Circumstances'

Professional Indemnity Insurance policies are written on a 'claims made' basis. This means that the policy in force at the time a claim is made responds to any allegations regardless of when the work was done by you. (*Unless there are retroactive restrictions in the policy*) It is therefore essential that policy conditions regarding the notification of 'claims' and 'circumstances' that could give rise to a claim' are adhered to and that before renewal all 'circumstances' have been reported to Insurers. **If you are unsure with regard to the notification of claims and or circumstances that could give rise to a claim please contact your Account Handler for further advice.**

Data Protection and Confidentiality

Information provided by you or obtained from other sources in the course of our dealings with you, may be used by Jelf Group plc to facilitate the provision of the service applied for or requested. Any information received will be treated in accordance with the Data Protection Act 1998.

From time to time, we disclose your personal (or other) information to other companies within Jelf Group plc. We, or they, may use that information to inform you of services which may be of interest to you. If you prefer not to receive further information, please write to your usual contact at Jelf Insurance Brokers Ltd. Under the Data Protection Act 1998, you are entitled to a copy of your personal data held by us upon request and you will be charged a fee.

General Details

1. **Business Name**

Contact Name

2. **Principal Address**

Postal Code

Telephone No. **Fax No.**

Email Address **Website**

3. **What date was your business established?** (dd/mm/yyyy)

4. (a) **Please list any additional business entities whether or not currently trading that requires cover:**

Business Name(s)	Year Est (yyyy)	Year of Cessation (yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) **Do you require cover in respect of all past activities of the businesses included in Question 1 and 4(a)?**

Yes

☐

No

☐

If yes, please state your current policy retroactive date
(dd/mm/yyyy)

5. **Please list the address of all other offices currently trading**

Address	Postal Code
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. Please state your total gross income (turnover and/or commission and invoiced fees excluding VAT) for the last three complete financial years, and estimates for current and forthcoming years:

	Year Ending (dd/mm/yyyy)	UK	EU	Elsewhere	USA/Canada	Total
Oldest		£	£	£	£	£
▼		£	£	£	£	£
Last Completed		£	£	£	£	£
Current Year		£	£	£	£	£
Next Year		£	£	£	£	£

7. Please specify the country and nature of any earnings declared in Question 6 from:

- (a) Territories subject to the law of the EU

- (b) Elsewhere: Territories not subject to the laws of the UK or EU

- (c) Territories subject to the law of the USA or Canada

- (d) Do you insist on UK jurisdiction for all overseas work?

Yes

☐

No

☐

If No, please provide details:

Partners and Directors

8. Please give details of any principal, partners/directors:

Partner / Director Name	Age	Relevant Qualifications	Year Qualified (yyyy)	Year became Partner/Director (yyyy)

9. Is cover required for the professional activities of any partner/director prior to joining the business?

Yes ☐ No ☐

If yes, please advise:

Name	Name of Previous Business	Business Type	Start Date (dd/mm/yyyy)	Leaving Date (dd/mm/yyyy)

10. Please give details of the numbers of permanent staff (other than the partners/directors) in current business:

Important Note

Please do not include self employed staff (see Question 11)

	Full Time	Part Time
Professionally Qualified		
Other Technical Staff		
All others (including Administrative)		
Totals		

Risk Management

11. (a) Do you engage independent Contractors/Sub-Contractors or Consultants?

Yes

☐

No

☐

(b) If you have answered yes to question 11(a), What percentage of gross fee income, was paid to Sub-Contractors or Consultants in the last financial year?

%

If yes to 11(a), please provide details below:

Contractor Name

Fees paid last financial year

£

Do they have Professional Indemnity Cover?

Yes

☐

No

☐

If yes, what is the limit of their cover?

£

What services do they provide?

Do you require them to be covered under this policy?

Yes

☐

No

☐

Contractor Name

Fees paid last financial year

£

Do they have Professional Indemnity Cover?

Yes

☐

No

☐

If yes, what is the limit of their cover?

£

What services do they provide?

Do you require them to be covered under this policy?

Yes

☐

No

☐

Contractor Name

Fees paid last financial year

£

Do they have Professional Indemnity Cover?

Yes

☐

No

☐

If yes, what is the limit of their cover?

£

What services do they provide?

Do you require them to be covered under this policy?

Yes

☐

No

☐

Contractor Name

Fees paid last financial year

£

Do they have Professional Indemnity Cover?

Yes

☐

No

☐

If yes, what is the limit of their cover?

£

What services do they provide?

Do you require them to be covered under this policy?

Yes

☐

No

☐

12. If the whole Business is accredited with a recognised quality standard, please indicate below:

Investors in People

☐

ISO 9002

☐

None/Other
(give details)

☐

Please state:

13. Does the business, any partner or any director, carry out any work on behalf of any business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

Yes

☐

No

☐

If yes please provide details:

14. Do you always obtain written references when engaging new partners, directors, employees?

Yes

☐

No

☐

(i) Is any individual authorised to sign cheques in excess of £25,000 as a sole signatory in respect of either the business or client accounts?

Yes

☐

No

☐

(ii) Has the business sustained any loss during the past five years as a result of the fraud or dishonesty of any partner, director or employee of the business?

Yes

☐

No

☐

(iii) Has the business discharged any employee or severed relationships with any partner or director within the past ten years?

Yes

☐

No

☐

If yes please provide details:

15. Does the firm have a system in place for ensuring that time limits and critical dates are met?

Yes

☐

No

☐

Please provide details:

16. Please confirm how you verify your clients instructions and explain how you document the extent of the services you will provide? *If using your own standard letters of engagement or terms of business please provide copies.*

17. (a) How long have you continuously held professional indemnity insurance?

Note: Do not complete if application is for a renewal with Jelf Professions.

Renewal Date	Limit of Indemnity	Excess	Premium	Insurer Name
<div></div>	£ <div></div>	£ <div></div>	£ <div></div>	<div></div>

(b) Please tick which Professional Indemnity quotations are required:

£500,000

£1m

£2m

£5m

Other

☐
☐
☐
☐
☐

(c) In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

Yes

☐

No

☐

If yes please provide details:

Claims and Circumstances

18. (a) In the last 5 years has any claim (whether successful or not) been made against the proposer or any principal, partner, director or employee in respect of the type of liabilities to which this proposal relates:

Date of Claim (dd/mm/yyyy)	Claimant	Brief details of claim	Amount Paid	Reserves Held	Open or Closed
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

Have all claims listed here been reported and accepted by insurers?

Yes☐

No☐

18. (b) Please give details of any improvements to management or working procedures put in place to prevent a recurrence of a claim:

19. After enquiry, is the proposer aware of any claim pending or circumstance which may give rise to a claim against the business or the additional businesses referred to in question 4a?

Date of Circumstance (dd/mm/yyyy)	Claimant	Details of Circumstance	In your view likely quantum?
<div></div>	<div></div>	<div></div>	£ <div></div>
<div></div>	<div></div>	<div></div>	£ <div></div>
<div></div>	<div></div>	<div></div>	£ <div></div>
<div></div>	<div></div>	<div></div>	£ <div></div>
<div></div>	<div></div>	<div></div>	£ <div></div>

20. Have all circumstances listed been reported and accepted by insurers? Yes ☐ No ☐

About your business

21. What percentage of Annual Fee Income (last financial year) has been earned from:

Type	% UK	% Overseas	Type	% UK	% Overseas
Architecture	<input type="text"/>	<input type="text"/>	Electrical Engineering	<input type="text"/>	<input type="text"/>
Civil Engineering	<input type="text"/>	<input type="text"/>	Heating & Ventilation Engineering	<input type="text"/>	<input type="text"/>
Structural Engineering	<input type="text"/>	<input type="text"/>	Machinery/Equipment Design	<input type="text"/>	<input type="text"/>
Building Surveying	<input type="text"/>	<input type="text"/>	Employers Agent	<input type="text"/>	<input type="text"/>
Quantity Surveying	<input type="text"/>	<input type="text"/>	Project Co-ordinator	<input type="text"/>	<input type="text"/>
Project Management	<input type="text"/>	<input type="text"/>	Expert Witness	<input type="text"/>	<input type="text"/>
Mechanical Engineering	<input type="text"/>	<input type="text"/>	Other (specify)	<input type="text"/>	<input type="text"/>

Total _____ %

22. Express as an approximate percentage of the firm's Annual Fee Income (last financial year) services relating to:

Type	% Total	Type	% Total
Individual Dwellings	<input type="text"/>	Refineries & Petro Chemical Installations	<input type="text"/>
Multiple Low Rise Dwellings	<input type="text"/>	Manufacturing Plants	<input type="text"/>
Multiple High Rise Dwellings	<input type="text"/>	Industrial Building Systems	<input type="text"/>
Modular Dwellings	<input type="text"/>	Hospitals/Nursing Homes	<input type="text"/>
Roads/Highways	<input type="text"/>	Hotels/Recreation Centres	<input type="text"/>
Bridges/Tunnels/Dams	<input type="text"/>	Schools/Universities	<input type="text"/>
Harbours, Piers, Ports	<input type="text"/>	Office/Retail Construction	<input type="text"/>
Sewage/Water Schemes	<input type="text"/>	Office/Retail Refurbishment	<input type="text"/>
Railways/Airports	<input type="text"/>	Other (specify)	<input type="text"/>
Power Plants	<input type="text"/>		<input type="text"/>

Total _____ %

23. (a) Please state the Five largest contracts where construction has commenced during the past five years:

Date Commenced (dd/mm/yyyy)	Date Finished (dd/mm/yyyy)	Description of Contracts and services provided	Total Contract Value	Firm's Contract Value
			£	£
			£	£
			£	£
			£	£
			£	£

(b) Please give details of the three largest contracts where construction is likely to commence in the next financial year:

Date Commenced (dd/mm/yyyy)	Date Finished (dd/mm/yyyy)	Description of Contracts and services provided	Total Contract Value	Firm's Contract Value
			£	£
			£	£
			£	£

24. Are all contracts in writing?

Yes

☐

No

☐

If 'No', please explain the circumstances in which you would not have a written contract?

25. Which of the following professional duties have been or are likely to be undertaken?

Feasibility Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arranging site insurances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cost Estimates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Inspection of installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cash Flow Forecasts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Measurement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Geotechnical Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Authorising progress payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Design Criteria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Administering retention fund	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working Drawings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Supervision of commissioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flow Sheets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Certifying practical completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drafting Contract Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Settling contractual claims	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quantity Estimates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Issuing Variation Orders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Instructions to tenderers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Certifying final payment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tender adjudication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Agreeing clearing, forwarding and customs dues	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approval of detailed design	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quality control/assurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Co-ordination/expediting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Certifying final completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify)					

26. Have you or will you within the next period of insurance undertake any Asbestos surveys or become involved in preparing or executing “the plan of work” (as described in Regulation 7 CAWR)? If you have answered yes, please complete the separate Asbestos Questionnaire and submit with this proposal.

Yes

☐

No

☐

Additional Information

Please use this section to detail any additional information which is relevant to your proposal. When supplementing answers to questions, please remember to reference each additional piece of information.

Question #	Details

Declaration

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one, which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact is material or not, you should disclose it.

FAILURE TO DISCLOSE COULD PREJUDICE YOUR RIGHTS TO RECOVER IN THE EVENT OF A CLAIM OR ALLOW INSURERS TO VOID THE POLICY.

DECLARATION

I/We declare that the statements and particulars contained in the proposal are true to the best of my/our knowledge and belief and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Signed	X	
	
Name		
Position Held		
Date (dd/mm/yyyy)		

NEXT STEPS

Please retain a copy of this form for your records and return the original to the address shown below:

Jelf Professions
8-10 Whiteladies Road
Clifton
Bristol
BS8 1PD

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