

# PROPOSAL FORM

## Professional Indemnity

### IMPORTANT

When completing this proposal form please answer the questions in BLOCK CAPITALS.

Alongside this proposal form please submit CV's of directors / partners and principals.

### Non-Disclosure

You must disclose all material information likely to influence the acceptance or assessment of the risk.

Failure to disclose a material fact may invalidate your policy or may result in a claim being rejected or not being fully paid. Once a contract of insurance is concluded the proposal form and any additional information provided by you will form the basis of contract.

Name of Business:

Full Name of Proposer:

Full Postal Address (post code must be shown):

<input type="text"/>	
Post Code:	<input type="text"/>

Address of the premises to be insured (if different to postal address):

<input type="text"/>	
Post Code:	<input type="text"/>

Telephone Number:

 

Website Address:

Mobile Number:

 

Email Address:

From what date would you like cover to start?

 

Full description of business activities:

Provide a percentage breakdown of these activities (If you are a start up business provide estimates based on business plan):

Activity	%	Activity	%

Provide full names of directors, partners, principals and consultants:

Name	Age	Qualifications	Date of qualification

Provide the number of employees in your business:

Is your business a member of any professional organisations or trade associations? Yes  No

If YES to the above please provide us with full details:



Provide gross fees received for the last financial year (If you are a start up business please provide us with estimates based on business plan):

Location	Last financial year £	Forthcoming financial year £
United Kingdom	£	£
USA or Canada	£	£
Other	£	£
Total	£	£

Are all overseas contracts subject to UK law?

Yes  No  N/A

If NO to the above please provide us with full details:

Please provide us with a list of your largest contracts over the past 5 years (If you are a start up business provide us with details of expected contract sizes and values and details of any large contracts you have lined up for the forthcoming year):

Contract start date	Client name	Description of contract	Contract value	Your Fees

Have any claims for professional negligence, errors or omissions (successful or otherwise) been made against the Practice or its present and/or past Partners?

Yes  No

Are any of the Partners/Principals/Employees (after having made enquires) aware of any CIRCUMSTANCES which may give rise to a claim against this Practice or their predecessors in business or any of the present or former Partners/Principals?

Yes  No

Has any Insurer ever declined proposal or renewal for this Practice or any Partner/Principal, required an increased premium, imposed special terms or cancelled insurance?

Yes  No

If YES to any of the above please provide us with full details:



If you have previously been insured for professional indemnity, please give details below:

Name of current insurer

What is your current insurance premium?

What is the current level of Indemnity limit?

What is your current excess payable?

What is your policy expiry date?

What is the amount of indemnity you require?

What excess are you prepared to pay?

Would you also like a quotation for Public and Employers liability Insurance?

Yes

No

Please provide us with any other information below:



## Your Marketing Preferences

By providing us with your contact information you are consenting to us contacting you with regards to your insurance requirements.

From time to time you may also receive marketing communications from My Business Cover regarding any updates, news and selected products and services that may be of interest to you.

If you prefer not to receive marketing information from My Business Cover please tick the following boxes below:

Post       Email       SMS       Phone       Other Electronic Means

If your personal details change or if you change your mind about your marketing preferences please email [contact@mybusinesscover.co.uk](mailto:contact@mybusinesscover.co.uk).

Please read the declaration carefully and sign at the bottom. It is advised that you retain a copy of this proposal for your own records.

## Declaration

a. I, the undersigned, hereby declare that I am an officer of the company, am authorised by the company 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.

b. I confirm that I have read and fully understand the important notice contained herein and to the best of my knowledge and belief the particulars set forth herein are true.

c. I agree that if any other person has written any of the said particulars, such person shall for that purpose be regarded as my agent and not the agent of the insurer.

Signature:

Print Name:

Position:

Date:



For QUOTES please complete and return the proposal form to My Business Cover (MBC):

By post to: MBC Head Office, 141-143 Princess Road, Fallowfield, Manchester, M14 4RE

You can scan and email to: [quotes@mybusinesscover.co.uk](mailto:quotes@mybusinesscover.co.uk)

Need help? Give us a call on 03333 444 585

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