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## Important Notice

**Underwriters** need to know more about each **Insureds** exposure and risk management approach in relation to the current COVID-19 pandemic events. This form should be completed such that the information provided relates to all **Insureds** to be insured under this **Policy**.

This questionnaire forms part of the **Insureds** presentation to **Underwriters**. The **Underwriter** will rely on the information given in deciding whether to offer insurance and in setting the terms, conditions and premium. The **Insured** must take care when answering any questions asked by ensuring that all information provided is accurate and complete. The **Insured** must disclose every material circumstance the **Insured** knows or ought to know, and provide a fair presentation of the information required to enable the **Underwriter** to assess the insurance risk. You must also disclose any changes to the facts disclosed that occur prior to commencement of insurance.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Information provided is material and could significantly influence the **Underwriters**:

- a. assessment of the risk;
- b. the terms or premium offered or both;
- c. ability to provide the required insurance cover.

1. Name of the Insured:
  
  
  
  
  
  
  
  
  
2. Please provide full details of business continuity procedures in place, and any new procedures that have been implemented following the COVID-19 outbreak. Please include details of additional Cyber Security measures implemented to counter the enhanced risk posed by remote working. of the Insured:



3. What are the immediate and potential long term impacts to your business, in particular the way in which you are able to deliver an effective and professional service to clients? How do you intend to manage these challenges?

4. Please provide details of procedures in place to remotely manage and supervise staff?

5. As a % of your last financial years gross revenue, what are your approximate current cash reserves

%

6. Have you, or do you intend to, negotiate any arrangements with debtors to ensure the collection of outstanding invoices? Please provide details



7. Please provide details of any Government grants, business loans and/or overdraft facilities and payment holidays that have been utilized, or that you intend to utilize?

	Wage Roll	No. Staff
8. Please confirm your current wage roll & staffing numbers:	<input type="text"/>	<input type="text"/>

9. Are there any immediate plans for staff redundancies, if so, approximately how many?	<input type="text"/>
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10. Please use the space below for any additional comments and/or material information that you consider to be relevant:



## Data Protection Notice

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Champion Professional Risks in accordance with our Privacy Policy and will only be used for the purposes of providing insurance cover and handling claims arising.

In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law. A copy of the form and any additional documents submitted should be retained for your records.

For full details of our Privacy Policy please visit: <http://www.championprofessionalrisks.co.uk/privacy>

## Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms.

The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

## Declaration & Undertaking

Must be signed by a Principal, Partner, Member or Director, no more than 30 days before cover is required.  
I/We declare that every statement and particular contained within this proposal form:

- which is a statement of fact, is substantially correct, and
- which is matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before your Professional Indemnity Policy takes effect I/ we undertake to provide details of all such changes to Champion Professional risks Ltd in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the Professional Indemnity policy.

**IMPORTANT - Please save a version of the proposal form before signing. Once the form has been signed no further changes can be made.**

Date:

Signature of principal / director / partner:

**This form allows you to create a digital signature by following the instructions after you click on the signature box.**

**However, you can instead choose to print and sign the form or send it to us unsigned and we will send you a signature request via email once quotes are agreed and you are ready to proceed with cover.**

**Please don't forget to attach/send any required additional information to support your submission.**