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Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Business Details

Main Trading Name of the Business:

Principal Address Line One:

Principal Address Line Two:

City:

Postcode:

Website Address:

Main Contact Name:

Telephone Number:

Contact Email:

Business Entity:

Date Established:

Does the Business have any branch offices?

Yes

No

If **'Yes'** please provide the following information:

Location	Person Responsible

Is the Person responsible based in the branch office?

Yes

No

If **'NO'** please provide details in respect of the supervision of the office:



Please provide details of any subsidiary companies which are to be included under this insurance, including those entities which have ceased trading.:

Name:	Nature of Business:	Status:	Trading Start Date:	Trading End Date if applicable:

Please give the following details of all Principals, Directors or Principals of the Business:

Name:	Qualification & Date Qualified:	How Long With The Business:

Please state the numbers of employees:

	Principals, Directors, Partners	Qualified Staff	Administration	Other	Total
This year					
Last Year					
Two Years Ago					

What is the annual average percentage rate of staff turnover for the last two years?

 %

Please state the name of any professional body or trade association of which you are a member:

Professional Body:

Trade Association:

Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation?

Yes No

If **'YES'**, please provide details of the nature of the association, together with the name of the business and activities undertaken:

Do you use consultants / sub-contractors?

Yes No

If **'YES'**, please provide the following details:

What percentage of your turnover / fee income was paid to them in the last financial year?

 %

What was the nature of work undertaken?



Do you require cover for them under this policy?

Yes No

If 'YES', please provide the following details:

Do you require them to carry professional indemnity insurance to a similar limit?

Yes No

If 'NO', please provide details why not:

Do you currently have a professional indemnity policy in place?

Yes No

If 'YES', please provide details:

Name of Current Insurer:	
Name of current Broker:	
Renewal Date:	
Limit of Indemnity	
Premium:	
Excess:	
Retroactive Date:	

Do you currently have insurance cover in place for the following:

Policy type:	Insurer(s)	Broker	Expiry date
Cyber Liability			
Directors & Officers			
Office Combined or EL / PL policy			
Employment Practices Liability			
Crime Insurance			
Motor Fleet			
Key Man			

Champion Professional Risks are able to arrange and advise on a wide range of insurance products in addition to Professional Indemnity. Please contact us for more information



Business Activities

In your own words please provide a full description of all your activities:

Please provide details of your financial year end and fee income/turnover

Financial Year End Date:				
	Previous:	Last Complete:	Current:	Estimate:
Total Turnover/Fee income	£	£	£	£
Estimated split of your turnover / fee income for (*The total figure above will update automatically):				
Work carried out for UK clients	£	£	£	£
Work carried out for US / Canadian clients not subject to US / Canadian law	£	£	£	£
Work carried out for US / Canadian clients subject to US / Canadian law	£	£	£	£
Work carried out for clients anywhere else in the world – please give details of where	£	£	£	£

Do you enter into contracts that are not subject to UK / EU law? Yes No

If 'YES', please provide details of which countries and jurisdiction:

Please categorise the activities outlined above and indicate the approximate percentage of turnover including fees each represents:

Activities:	% Split
	%
	%
	%
	%
	%
	%



Are you involved in any consultancy or services in relation to any of the following areas:

Accountancy / Tax?	Yes	No
Legal?	Yes	No
Financial / Insurance?	Yes	No
Medical / Healthcare?	Yes	No
Construction / Environmental?	Yes	No

Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above? Yes No

If you've answered 'YES', to any of the above, please provide details:

Have you undertaken any other activities in the past for which cover is required? Yes No

If 'YES', please provide details:

Please give details of the three largest contracts in the last three financial years (give details of current projects if new business):

Largest client:	
Start date	
Description	
Total contract value	
Fee	
Approximate completion date	

Second largest client:	
Start date	
Description	
Total contract value	
Fee	
Approximate completion date	



Third largest client:	
Start date	
Description	
Total contract value	
Fee	
Approximate completion date	

Risk Management

Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

Above what amount do payments require at least a two-stage sign-off?

£

Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If you hold client funds please confirm the following:

Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No

Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No

What steps have you taken to ensure that the transaction has been completed successfully?

When entering into contracts please confirm:

You carry out work only under your standard contract, signed by every client? Yes No

All contracts are vetted by a legally qualified person before being agreed? Yes No

If 'NO' to any of the above, please explain why not:



When entering into contracts do you always:

Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages?	Yes	No
Cap your overall liability at a reasonable level?	Yes	No
Warrant a performance standard no greater than reasonable care and skill?	Yes	No
Work to a written specification with your clients outlining the scope of each job?	Yes	No
Ensure that changes to the scope of work are reflected in a written variation of the contract?	Yes	No

If **'NO'** to any of the above, please explain why not:

Do you commit clients to contracts with third parties?	Yes	No
If 'YES' , do you always obtain clients written acceptance of the terms of contracts before committing them?	Yes	No

If **'NO'**, please explain why not:

Please state the number of data records currently processed/stored:

Do you accept payment via Card-not-Present transactions?	Yes	No
If 'YES' , do you use 3rd party payment gateways to process payments?	Yes	No

If **'NO'**, please provide details why not:

Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association?	Yes	No
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If **'YES'**, please provide details:



Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?

Yes

No

If 'YES', please provide details:

Is there any other information that you consider material to the insurance required?

Yes

No

If 'YES', please provide details:

For what limits of indemnity are quotations required?

£250,000	£500,000	£1,000,000	£2,000,000
£3,000,000	£5,000,000	£10,000,000	£15,000,000
Other	£	£	£



Claims & Circumstances

In respect of any of the risks to which this proposal relates:

Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No

Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

If **'YES'** to any of the above, please provide the following details:

Date of Claim/Loss:	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding
		£	£
		£	£
		£	£
		£	£

What steps have been taken to prevent a recurrence?

Are you, after full enquiry:

Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No

Aware of any shortcoming in your work for a client who is likely to give to a claim against you? This includes: Yes No

- i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
- ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
- iii. An escalating level of complaint from your client on a particular project?
- iv. A client withholding payment due to you after any complaint?

If **'YES'**, to any of the above, please provide details:



Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

Yes

No

If **'YES'**, please provide details:

Additional Information

Please use the section to provide any additional information:



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 Notice 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

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

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.