



Professional Indemnity Short New Business Quotation Form.

1) Name/s (including trading names) of the proposer/s

Name :	Establishment Date:
Address:	

Website Address:

Email Address:

2) Details of all Principals, Partners or Directors

Name	Age	Qualifications

3)

	UK	USA/Canada	Other	Total
Total Gross Fess in last financial year:	£	£	£	£
Estimated Gross Fees for next financial year:	£	£	£	£
Largest Fee from any one client:	£	£	£	£

4) Full description of activities, with percentage breakdown (estimated if no historical data)

	%
	%
	%
	%
	%

5) Details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business)

Client	Description	Contract Value	Fee
1.			
2.			
3.			

6)	Have any claims in respect of the risks to which this forms relates ever been made against the business or any of the Principals, Partners or Directors?	Yes	No
	Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY , aware of any circumstances which might give rise to any such claim?	Yes	No
	Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?	Yes	No

If **YES** to any question, please provide details on a separate sheet.

7) Other material information:

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8) Does the firm currently hold Professional Indemnity Insurance?

What limit of Indemnity do you require?	
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Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

DECLARATION

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. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be affected. 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 insurers. I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties.

Signature of Principal:

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Date:

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