

'Proposal Form' Professional Indemnity Insurance for Design Industry Firms and Consultants

To assist with the completion of this Proposal Form, the following words will mean:-

'Principal' is "any equity/salaried partner, director or company secretary or other individual authorised by the **Proposer**".

'Proposer' means the practice, partnership, company (or principal if a sole practitioner) or other entity, including all partners and employees or others proposing for this insurance, and any subsidiary companies or previous firms, partners and employees for which coverage is required to be included within this insurance.

'You' means the authorised individual(s) completing this Proposal Form on behalf of the **Proposer**.

This Proposal Form can be completed either on-line or submitted in a hard copy format. Access to the on-line completion facility or the ability to down load a hard copy of this Proposal Form will be found on the Directors & Professionals Limited ('D&P') website under the 'Proposal Form' section. If completing in a hard copy format, please make sure the Form is completed in ink and signed and dated by an authorised individual on behalf of the **Proposer(s)**. Further, if additional space is required to complete your answer to any question, then please use the **Proposer's** letter-headed/authorised stationery and date and sign each additional page. Completion of the Proposal Form does not bind the **Proposer** or the Insurer to enter into any contract of insurance.

You should be aware that the completed Proposal Form along with all additional information provided will form part of the Contract of Insurance with the Insurer. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Proposer(s)** and/or authorised individual's knowledge and belief. Any facts given which are knowingly false or misleading may make the policy null and void and/or may prejudice the **Proposer's** rights to indemnity under the policy. A material fact is one which may influence the Insurer's assessment or acceptance of the risk being proposed and if you are uncertain as to what may constitute a material fact, please consult with D&P.

Section A – Profile of The Proposer

1. Name of **Proposer**: (Please include any predecessor Firm(s) required to be included in this cover)

Name:
When was the Business Established? _ _ / _ _ / _ _ _ _

2. What is the Principal Address of the **Proposer** and Contact Details (Please supply this information):

Address:	
Practice Contact Tel No: Practice Contact Fax No: Mobile Tel No:	Contact Name: E-mail address: Web-site address:

3. Other addresses (if **Proposer** carries on business from any other address, please provide details):

--

4. **Personnel**: Please state the total numbers of individuals for the **Proposer** of:

(a) Principals/Partners : _____	(d) All other Staff/Employees: _____
(b) Qualified Staff: _____	(e) Consultants (non-employees): _____
(c) All other fee earners: _____	
What is the total number of all Staff (including Principals/Partners and Consultants)?	_____

5. If the **Proposer** has named any other predecessor firms in question **A1.** above, then please provide the dates of commencement and/or cessation of these firms.

Name	Commencement date	Cessation date

6. Is the **Proposer** a member of a consortium or joint venture? Yes No

If 'Yes' please provide full details

7. Is the **Proposer** a member of any of the Associations and/or Professional bodies listed below?

The Chartered Society of Designers -	Yes <input type="checkbox"/> No <input type="checkbox"/>	The Design Business Association -	Yes <input type="checkbox"/> No <input type="checkbox"/>
British Design Innovation -	Yes <input type="checkbox"/> No <input type="checkbox"/>	The Society of Industrial Artists & Designers –	Yes <input type="checkbox"/> No <input type="checkbox"/>
The British Accreditation Bureau –	Yes <input type="checkbox"/> No <input type="checkbox"/>	National Business Link Consultants Register –	Yes <input type="checkbox"/> No <input type="checkbox"/>
Royal Institute of British Architects –	Yes <input type="checkbox"/> No <input type="checkbox"/>	British Interior Design Association -	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Other Relevant Memberships (Please List below):			

8. Please provide details of all the **Principals** of the **Proposer**:

Full Name	Qualifications	Date Qualified	Years of Relevant Experience	How long with Proposer

9. If the **Proposer** is a 'sole practitioner' please confirm:
This application for Professional Indemnity insurance is in relation to your full time occupation. Yes No

10. Is the **Proposer**, connected or associated (financially or otherwise) with any other entity for whom work may be undertaken? Yes No

If 'Yes' please provide full details:

Section B – Breakdown of Income and Business Activities

1. For the respective periods, please provide details of the Annual Total Gross Fees of the **Proposer(s)** for work undertaken for clients domiciled in each respective region:

Date	UK	Other Regions	USA/Canada	Total
Last complete financial year ending / /	£	£	£	£
Current financial year ending / /	£	£	£	£
Forthcoming financial year ending / /	£	£	£	£

2. If any income is declared for the 'Other Regions' and/or 'USA/Canada' please provide details for each client:

Client Name	Details of Work	Legal Jurisdiction of Contract

3. Is more than 50% of the **Proposer's** annual fee income derived from a single contract or single client? Yes [] No []
 If 'Yes' please provide full details:

4. Using the categories below, please detail by percentage split, all the **Proposer's** specific design disciplines:

Specific Disciplines	Percentage of Annual Fees (as declared over)
(i) Architectural Design	%
(ii) Branding Design	%
(iii) Business Consultancy	%
(iv) Engineering Design	%
(v) Exhibition Design	%
(vi) Fashion Design	%
(vii) Graphic Design	%
(viii) Landscape Design	%
(ix) Industrial Design	%
(x) Website Design	%
(xi) Other I T Design	%
(xii) Interior Design (Structural)	%
(xiii) Interior Design (Non - Structural)	%
(xiv) Packaging Design	%
(xv) Product Design	%
(xvi) Other Work** (Provide details below)	%
Total	100%

**Other Work as referred above – Please provide full details:

5. From the **Proposer's** specific design disciplines, as detailed in question **B 4.** above, please provide a full description of the activities and work undertaken by the **Proposer** on behalf of others:

NB: If Interior Design work is undertaken by the **Proposer** then please complete the specific supplementary questionnaire.

6.(a) Do any of the **Proposer(s)** carry out independent work in their own name? Yes [] No []

(b) Is cover required to be included for such work under this policy? Yes [] No []

If the **Proposer** has answered 'Yes' to either **6 (a)** or **(b)** above, then please provide answers to the questions below or if completing on a hard copy basis, on your letter-headed paper. (**Proposer's** should sign and date this information)

- (i) Full description of the work that has been undertaken in the past and details of known future projects;
- (ii) Total amount of gross fees received from this work in the past twelve months;
- (iii) Details of any claims paid or any known circumstance likely to give rise to a claim;

Please provide Independent work details in respect to the above questions, if applicable:

Section C – Existing and/or Future Business Analysis

1. Please state the three largest contracts where work has been started by the **Proposer** during the past five years.

a)	Client Name	Start Date	Completion Date	Total Contract Value
				£
Description:				
b)	Client Name	Start Date	Completion Date	Total Contract Value
				£
Description:				
c)	Client Name	Start Date	Completion Date	Total Contract Value
				£
Description:				

2. Please give details of any large new contracts commencing during the next twelve months:

a)	Client Name	Start Date	Expected Completion Date	Total Contract Value
				£
Description:				
b)	Client Name	Start Date	Expected Completion Date	Total Contract Value
				£
Description:				

3. Do the **Proposer’s** risk management procedures include:

- a. Letters of Engagement detailing the Firm’s scope of services for all contracts? Yes [] No []
- b. Letters of non-engagement / disengagement? Yes [] No []
- c. Do you have standard business terms and conditions for work undertaken? Yes [] No []

4. If the **Proposer** does not have standard business terms and conditions then how do they attempt to limit their exposure to any legal liability that may arise from work that is undertaken?

Please provide details:

Section D – Historical and Claims Information

1. Has any application for Professional Indemnity Insurance made by the **Proposer** ever been cancelled, declined or had any special terms imposed? Yes [] No []
 If ‘Yes’ please provide full details:

2. Has any claim, whether successful or not, ever been made against the **Proposer** or its predecessors or any past or present partner, principal, director or employee of the **Proposer**? Yes [] No []
 If ‘Yes’ please provide full details:

3. Has any partner, principal, director or employee of the **Proposer** ever been subject to disciplinary proceedings by any Association or professional body? Yes [] No []
 If ‘Yes’ please provide full details:

4. Is the **Proposer** AFTER FULL ENQUIRY aware of any circumstances, which may give rise to a claim against the **Proposer** or its predecessors or any past or present partner, principal, director or employee of the **Proposer**?

Yes [] No []

If 'Yes' please provide full details:

Section E – Current and Future Insurance Requirements

1. If applicable, please provide details of the **Proposer's** current Professional Indemnity Insurance policy details:-

Expiry Date	Limit of Indemnity	Excess Applicable	Name of Insurer	Premium	Retroactive Date**

(**N.B. If a current policy is in force, state the date since cover has been continuously in force and your policy will extend to include work from that date.)

2. Limit of indemnity required: £250,000 [] £500,000 [] £1,000,000 [] Other £ _____

3. What excess amount do you wish to carry? £ _____

Section F - Declaration

I/We confirm that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **Proposer**. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the Policy.

**Signature of Principal/Partner/Director and/or authorised signatory
For and/on behalf of the Proposer**

Name in capital letters (Printed)

Position of Signatory (Printed)

Date:

It is agreed by the **Proposer** that any information provided to the Insurer regarding the **Proposer** will be processed by the Insurer, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. By signing this Proposal Form the **Proposer** is consenting to the use of information, including sensitive personal information, for the above purposes. Where personal information relates to third parties the **Proposer** confirms that it has been given the requisite consent to disclose such information to the Insurer for processing. (Please retain a copy of this Proposal Form for your records.)

Please Return Proposal Form to Charlotte Benison or Linda Davison at:

Specialists in

- Professional Indemnity
- Commercial Legal Expenses
- Intellectual Property
- Employment Disputes
- Directors & Officers Liability
- Title Defects, Warranties, Property and Land Issues
- Asset Protection

Head Office: 4 St. John's Road, Tunbridge Wells, Kent TN4 9NP
 Tel: 01892 678850 Fax: 01892 678848 Email: info@directorsandprofessionals.co.uk
 Web: www.directorsandprofessionals.co.uk

'Authorised and regulated by the Financial Conduct Authority'

