

Professional Indemnity Proposal form Design & Manufacture

Champion Professional Risks Limited

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PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**
- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**
- * PLEASE TICK THE YES OR NO BOXES.**
- * IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**
- * COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**
- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

PROFESSIONAL INDEMNITY INSURANCE

An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide a brochure and any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

1a) Name of Individual or Firm(s) (including any subsidiary requiring cover):

b) Date established:

c) Address(es) (specifying who is responsible, if there is more than one location):

d) Website:

e-mail address:

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:

2a) Name of Individual,
Partners, Principals
or Directors

Age and
Qualifications

Date Qualified

Number of years
Practical Experience

PLEASE ATTACH DETAILED C.V.'S, WHERE NO RELEVANT QUALIFICATIONS ARE HELD

b) Name of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practical Experience
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PLEASE ATTACH DETAILED C.V.'S, WHERE NO RELEVANT QUALIFICATIONS ARE HELD

c) Do you require cover for past partners, principals or directors? **YES/NO**
If yes, please provide details.

3a) Is the Individual or Firm admitted to any Association or Trade Body? **YES/NO**
If yes, please give details.

b) Has any person been the subject of disciplinary proceedings by any professional body? **YES/NO**
If yes, please give details.

4 Please state the total number of:

Partners, Principals or Directors:

Qualified Staff:

Consultants:

5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation?

YES/NO

If yes, please give brief details of your present full-time work.

6a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months?

YES/NO

If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form?

YES/NO

If yes, please give details.

7 This form is designed for one of the following types of design activities, please answer the questions below concerning your activities and then turn to the relevant further questions that follow:-

Graphic Design

YES/NO

Design of Products

YES/NO

Interior Design

YES/NO

Design and Supervision of Contract Works

YES/NO

NOW ANSWER THE RELEVANT QUESTIONS OVERLEAF

Please list by activity the approximate percentage of work carried out in each instance:

GRAPHIC DESIGN

Corporate Identity/Logos	%
Packaging (non-structural)/Labeling	%
Exhibitions/Functions Materials (non-structural)	%
Point of Sale Displays	%
TV/Film	%
Lottery Tickets/Competitions	%
Mass Marketing/Direct Mail/Promotions	%
Audio/Visual	%
Websites	%
Advertising - Newspapers/Magazines	%
- TV/Cinema	%
- Other (specify)	%

DESIGN OF PRODUCTS

Consumer goods	- Fashion	%
	- Textiles	%
	Ceramics	%
	Furniture	%
	Craftwork	%
	Mechanical/Electrical	%
	CD's/Games	%
	Structural Packaging (e.g. cartons)	%
Commercial goods	(please specify)	%

Do you manufacture, either from your own designs or from those of others, acting on your behalf

YES/NO

If yes, please give details (overleaf)

PLEASE PROVIDE DETAILS OF MANUFACTURE UNDERTAKEN

Please provide a description of your business activities in your own words including any specialisations, clarify the type of work normally carried out, whether consisting of well-established techniques, or the nature of new and original-thought developments, processes or design employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised. Also, please state if the end product of your work is critical to the continued process of any of your clients' systems, failure of which could result in pecuniary loss to them.

DETAILS OF PRODUCTS DESIGNED

Please confirm that you maintain in force Products Liability insurance, in respect of every product you have designed.

YES/NO

INTERIOR DESIGN

Non-structural	- Retail (including shopfronts)	%
	- Offices	%
	- Leisure	%
	- Domestic	%
Exhibitions/Displays		%
Entertainment Sets/Props		%
Other (specify)		%

DESIGN AND/OR SUPERVISION OF CONTRACT WORKS

Civil Engineering	%	Chemical Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Architecture	%
Electrical Engineering	%	Landscape Architecture	%
H.V.A.C. Engineering	%	Non-Structural Space Planning	%
Soil Engineering	%	Other (please specify)	%

Please indicate to what structures your activities extend

Individual Dwellings	%	Power Plants	%
Low Rise Multiple Dwellings	%	Hospitals, Nursing Homes	%
High Rise Multiple Dwellings	%	Refineries and Petro-Chemical	%
Modular Dwellings (Repetitive)	%	Hotels and Leisure Centres	%
Roads, Highways	%	Manufacturing Plants	%
Bridges, Tunnels and Dams	%	Schools and Universities	%
Railways, Airports, Harbours and Jetties	%	Industrial Building Systems	%
Water Schemes, Sewerage	%	Other (please specify)	%

8a) Please state the gross turnover/ fees received for each of the last three financial years billed to clients and an estimate for the next twelve months or an estimate, if you have never traded.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
20 Fees Turnover			
20 Fees Turnover			
20 Fees Turnover			
20 Fees Turnover			
Financial Year ends:	(Month)		

b) Please break down your Turnover between the following activities:

Where you design and construct from your own design	£
Where you provide design only	£
Where you provide design and supervision of third party labour	£
Where you construct from the design of qualified architects or engineers, who have their own P.I. insurance	£
Where you construct from the design supplied by the Principal, Employer or Client	£
Where you construct from others' designs and they also undertake the supervision	£
Where you construct only	£

CONSTRUCT (IN THIS CONTEXT) CAN ALSO MEAN INSTALL OR FABRICATE

Where you manufacture	£
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c) What percentage of fees is paid to consultants?	%
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9a) Please list the three largest contracts undertaken in the last three years:

i)

ii)

iii)

b) What is the largest annual income/fee earned from a single client in the last twelve months?

c) In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

10 Have you at any time entered into a contract signed under seal or signed a collateral warranty?

YES/NO

If yes, please give details

11 Have you at any time engaged in contracts involving prototype construction or materials?

YES/NO

If yes, please give details

12 Do you have liability within the Construction (Design & Management) Regulations, as a CDM Co-ordinator, Planning Supervisor, or as a Designer, or Project Supervisor for the Design Process (in Ireland)?

YES/NO

IF YES, PLEASE COMPLETE A SEPARATE CDM/PSDP QUESTIONNAIRE

13a) Do you **ever** provide technical literature, which goes beyond standard leaflets/brochures?

YES/NO

If yes, please give full details

b) Do you give advice on product suitability or installation techniques?

YES/NO

If yes,

i) what steps do you take to ensure that this is only given by designated individuals?

ii) what caveats does it contain?

c) Do you run technical seminars?

YES/NO

If yes, please give full details

d) Do you provide software packages for the use of third parties?

YES/NO

If yes, please confirm that these are supplied subject to a disclaimer or limitation of liability.

14a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions?

YES/NO

If yes, please give details.

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

YES/NO

If yes, please give details

15 If you design websites, do you also provide any other services?
(e g hosting, e-commerce, domain registration, encryption coding)

YES/NO

IF YOU PROVIDE WEBHOSTING, PLEASE COMPLETE SEPARATE QUESTIONNAIRE

16 Do you wish to consider any of the following extensions?

Loss of Documents

YES/NO

Unintentional Breach of Confidentiality

YES/NO

Libel & Slander

YES/NO

Unintentional Infringement of Copyright

YES/NO

Dishonesty of Employees

YES/NO

17 Do you currently have Professional Indemnity insurance?
If yes, please give details.

YES/NO

Expiry Date:

Limit:

Excess:

Insurer:

18 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?
If yes, please give details.

YES/NO

19 Please state: limit of indemnity required

: self insured excess

20a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature? **YES/NO**

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

21 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force? **YES/NO**
If yes, please give full details.

**IMPORTANT NOTICE CONCERNING
DUTY OF FAIR PRESENTATION**

It is your duty to disclose all material facts/circumstances, which are known to you (or which after enquiry should be known to you) and which is material to the risk. A material fact/circumstance is one, which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts/circumstances previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact/circumstance is material or not, you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date (day) (month) (year)

Signature: (Individual, Partner, Principal or Director)

Position:

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS