

Errors and Omissions Insurance Miscellaneous Classes

Proposal Form

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Notes for Professional Indemnity Insurance Proposers:

The Proposal Form, if accepted, will form the basis of your contract with Insurers and it is, therefore, essential that the questions asked have been understood and answered correctly.

If in answering any of the questions in this Proposal Form you find there is insufficient space, please complete on your firm's headed notepaper and attach it to this form.

In the event that you require any assistance in completing this Proposal Form, please do not hesitate to contact Lothbury UK Limited.

Please provide, in addition to completing this form, if proposing for the first time, the following information to assist Insurers in considering their terms:

- a) Directors, Partners and/or Principals' curriculum vitae (unless qualified).
- b) Standard Contract Terms and Conditions, Agreement or Letter of Appointment.
- c) Copies of any brochures that the Firm issue.

1. Trading names and styles of the Companies and/or Partnerships and/or Sole Proprietors, hereinafter referred to as the "Firm", including any former Firms for which cover is required:

2. Address(es) of the Firm(s), showing who is responsible for the operation of each office:

3. When did the current Firm commence business?

4. Please provide details of the commencement and cessation, and the reasons for the cessation, of any former Firms:

5. Full Details of the Profession/Business of the Firm:

6. Please provide:

Names in full of all Directors,
Partners or Principals:

Qualifications and dates
gained:

Position and date
appointed:

7. Is cover is required in respect of any past Director, Partner or Principal? Yes/No
If yes, please provide the following details:

Full Name:

Qualifications:

How long with the Firm?

8. Please provide the total number of:

- a) Directors, Partners or Principals
- b) Qualified staff
- c) Other staff
- d) Typists or office staff

9. Please provide the following details of all professionally qualified staff:

Full Name:

Qualifications and Dates
gained

How long with the Firm?

10. Is the Firm currently insured for Professional Indemnity? If yes, please provide the following information:

- a) Insurers
- b) Limit of Indemnity
- c) Excess
- d) Renewal Date
- e) Retroactive Date

11. Has any Insurer:

- a) Ever declined to provide terms or renew for the Firm or any Director, Partner or Principal?
- b) Ever required an increase in premium, other than due for normal market conditions, or imposed special terms?
- c) Ever cancelled an Insurance?

If Yes, please provide full details:

17. Does the Firm or any Director, Partner or Principal act in any other capacity other than stated in Question 5 of this Proposal Form? Yes/No
If Yes, please provide full details.

18. When engaging independent or specialist consultants in connection with any contract does the Firm ensure that such consultants have entered into a binding contract with the Principal, accepting full responsibility for their own professional neglect, error or omission? Yes/No
If No, please provide full details.

19. Does the firm require cover for any consultants and/or sub-consultants for their activities undertaken for, on behalf of, and in the name of the Firm only? Yes/No
If Yes, please provide the following details:

Name:	Qualifications:	Activities:	Date first engaged:
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20. Does the Firm use a standard form of contract, agreement or letter of appointment? Yes/No

If Yes, please supply a copy.

If No, please provide details of how the Firm limits their liability.

21. Limit of Indemnity required (including any alternatives):

a)

b)

c)

22. Has any claim, such as would be covered by the proposed insurance, ever been made against the Firm or any Directors, Partners or Principals, whilst with the Firm or elsewhere? Yes/No
If Yes, please provide full details, including any quantum.

23. Are any of the Directors, Partners, Principals and/or Employees, **after full enquiry**, aware of any circumstances that could give rise to a claim against the Firm, their predecessors in business and/or any present or former Directors, Partners or Principals of the Firm? Yes/No
If Yes, please provide full details.

24. Is the Firm or any Director, Partner or Principal of the Firm a member of any Trade or Professional Body, or registered with any self-regulatory Organisation? Yes/No
If Yes, please provide full details.

25. Has membership, or registration, of any Trade or Professional Body or Organisation of the Firm or any Present or Former Directors, Partners or Principals of the Firm ever been suspended, withdrawn, amended or declined? Yes/No
If Yes, please provide full details.

DECLARATION

I/We hereby declare that the statements and particulars in this 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 of the facts occurring prior to the completion of the Contract of Insurance. The signing of this proposal does not bind the Proposer or Insurers to complete this Insurance.

Signature of Director, Partner or Principal:

Name of signatory (please print):

Date:

Please remember to keep a copy of this Proposal for your records.

DATA PROTECTION ACT

By signing this Application Form (or returning it to us if from the website) you consent to us holding and processing your personal data for the above purposes. You also consent to us transferring your information to countries outside the EEA. If we do make such a transfer we will ensure your information is protected.

The data controller is Lothbury UK Limited. In compliance with the Data Protection Act 1998, we will hold the data, together with other information, securely and confidentially and process it for the purpose of carrying out our activities. These activities are administration, research, marketing and prospecting, accounts and records, insurance broking, risk assessment, consultancy services, surety, and compliance services.

If you provide data on another individual within your business, you confirm that you have the consent of that individual to forward the data to us and we will process the data as above.

We will process the data about buyers, debtors and debts in accordance with the data protection policy stipulated by the client, which remains the data controller of those data. The client will make its data protection policy clearly known and available to Lothbury UK Limited. Where no data protection policy is made known we shall not be liable for any breach under the client's data protection policy. Furthermore you agree to comply with the Data Protection Act 1998 and to process all personal data in accordance with that Act.

We may keep your information for a reasonable period for the on-going pursuance of our business activities as stated above. We may also use the data you provide to contact you by mail, telephone, fax or email with information about our other products and services.

A copy of the data we hold on you may be obtained for a small fee upon written request to:

The Compliance Officer
Lothbury UK Limited
Fleur de Lys Court
112 Houndsditch
London EC3A 7DP

Lothbury UK Limited is regulated by the Financial Services Authority for the conduct of UK business.