

Proposer Details

1. a. Name(s) of Firm(s):

Name: Date commenced:

Name: Date commenced:

Website address:

1. b. Address(es) – all addresses must be shown together with the Principal in charge of each location:

Address: Principal in charge:

Address: Principal in charge:

Address: Principal in charge:

1. c. Please give the following details for all Partners/Directors/Principals of the Firm(s):

Name: How long as a Partner/Director/Principal:

Qualifications: Date qualified: Age:

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Qualifications: Date qualified: Age:

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Qualifications: Date qualified: Age:

Name: How long as a Partner/Director/Principal:

Qualifications: Date qualified: Age:

1. d. Is Cover required for Predecessor practices to the Proposer(s)?

Yes No

If 'yes' please provide full details:

Name of Predecessor: Date commenced: Date ceased:

Reason for cessation:

Name of Predecessor: Date commenced: Date ceased:

Reason for cessation:

2. a. Please state total number of:

Principals/Directors: Qualified Staff: Trained Staff: Other:

2. b. Please state the name of any Professional body or Trade Association of which the proposer is a member:

Professional body: Trade Association:

Professional body: Trade Association:

Professional Indemnity (excluding Design & Construct) Fact Find continued

3. a. Please provide a full description of all your activities: (Please provide a brochure if available.)

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3. b. Please state gross fees in the columns provided for the last 5 complete financial years.

Year end: / / / /

UK work: £ £ £ £ £

USA/Canada: £ £ £ £ £

Other overseas: £ £ £ £ £

Total: £ £ £ £ £

Financial year end date:

c. What was the largest fee received from a single client during the last complete financial year? £

d. What is the average fee received for the last complete financial year? £

4. a. Please categorise the activities outlined in 3a. above and indicate the approximate percentage of the gross income/fees each represent:

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..... %

100%

4. b. Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes No

If 'yes' please provide full details:

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4. c. Where do you perceive your exposures to claims lie? In what circumstances might you envisage a claim arising?

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Professional Indemnity (excluding Design & Construct) Fact Find continued

4. d. 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 in 4a. Yes No

If 'yes' please provide full details:

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5. In respect of activities in question 4a. have you at any time in the past 3 years provided any other activities? Yes No

If 'yes' please provide the following details:

	Year end	Year end	Year end
Services provided:	Fees received	Fees received	Fees received
.....	£	£	£
.....	£	£	£
.....	£	£	£

6. a. Do you sub-contract any work? Yes No

If 'yes' please provide the following details:

What percentage of gross income/fees was paid to sub-contractors in the last financial year? %

Are sub-contractors required to carry professional indemnity insurance? Yes No

Do you get an indemnity from sub-contractors, in writing? Yes No

If 'yes', to what limits?

6. b. Do you require any sub-contractor(s) to be indemnified under your insurance arrangements? Yes No

If 'yes' please state:

Name:

Qualifications: Fees paid (last Financial Year):

Name:

Qualifications: Fees paid (last Financial Year):

Name:

Qualifications: Fees paid (last Financial Year):

7. a. Please give details of the 3 largest contracts in the last 5 Financial Years.

Client: Services provided by you:

Start date: Total Contract value: Fee: Approx. Completion Date:

Client: Services provided by you:

Start date: Total Contract value: Fee: Approx. Completion Date:

Client: Services provided by you:

Start date: Total Contract value: Fee: Approx. Completion Date:

Professional Indemnity (excluding Design & Construct) Fact Find **continued**

7. b. Please give details of the 3 largest contracts that are due to commence in the next 12 months:

Client: Services provided by you:

Start date: Total Contract value: Fee: Approx. Completion Date:

Client: Services provided by you:

Start date: Total Contract value: Fee: Approx. Completion Date:

Client: Services provided by you:

Start date: Total Contract value: Fee: Approx. Completion Date:

8. Have you at any time undertaken any work where the 'end product' is situated outside the United Kingdom? Yes No

If 'yes' please give the following details:

Country: Description:

Start date: Total Contract value: Approx. Completion Date:

Services provided by you:

Country: Description:

Start date: Total Contract value: Approx. Completion Date:

Services provided by you:

Country: Description:

Start date: Total Contract value: Approx. Completion Date:

Services provided by you:

9. Do you use a standard form of contract, agreement or letter of appointment? Yes No

If 'yes' please attach a copy.

10. a. Is the Firm or any Partner or Principal a member of a Consortium or Joint Venture? Yes No

If 'yes' please give the following details:

Name: Capacity:

Details of job:

Name: Capacity:

Details of job:

Name: Capacity:

Details of job:

10. b. Does the Firm or any Partner/Principal/Director act on behalf of, or undertake work for any Firm, Company or Organisation in which this Firm or any Partner/Principal/Director has a financial interest? Yes No

10. c. Does any Partner/Principal/Director perform an executive role on behalf of any such Firm, Company or Organisation? Yes No

If 'yes' to b. or c. please provide details:

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Professional Indemnity (excluding Design & Construct) Fact Find continued

10. d. Is such other Firm, Company or Organisation associated with any process of manufacture, construction or any form of contracting or supply? Yes No

If 'yes' please provide details:

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11. a. Has the Firm(s) sustained any loss through the fraud or dishonesty of any person? Yes No

If 'yes' please provide details:

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11. b. Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director or Employee? Yes No

If 'yes' please give details and state the precautions taken to prevent reoccurrence:

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11. c. Does the Firm(s) always require satisfactory references or only when engaging senior employees? Always Senior appointments only

Nature of reference:

Written Verbal

11. d. Is any employee allowed to sign cheques in his/her signature alone for values exceeding £25,000? Yes No

If 'yes' please provide details:

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12. Has any insurer ever cancelled, declined, refused to renew or required an increased rate or special conditions in respect of your own or your predecessor(s)'s firm(s)'s insurance? Yes No

If 'yes' please provide details:

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13. Do you currently buy professional indemnity Insurance? Yes No

If 'yes' please provide the following details:

Renewal Date: Limit of Indemnity:

Excess: Premium:

Current Insurer:

Professional Indemnity (excluding Design & Construct) Fact Find continued

14. Please specify:

a. The limit(s) of indemnity you require quotations for:

£ £ £ £ £

b. Please state the excess you are prepared to carry:

£ £ £ £ £

15. Have any claims, whether successful or not been made against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?

Yes No

16. Is any Partner, Principal, Director or employee after inquiry, aware of any circumstance or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?

Yes No

If 'yes' to question 15 or 16 please provide full details:

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Declaration

I/we declare that, after full enquiry, the contents of this fact find are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this fact find together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. 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 Focus.

Signature of Principal:

Date: