



# Professional indemnity

## Proposal form (Miscellaneous professions)

This form is a declaration that the information that you or your adviser have sent to AXA Insurance Gulf B.S.C. is true, full and accurate.

It is essential that all the information you and your adviser have provided is full and true, and that it includes all relevant information because this information will form the basis of the insurance contract between you and us.

By 'relevant information', we mean information that could affect our decision to give you insurance or affect the terms we give you. If you are not sure whether something is relevant information, please tell us anyway.

Please note:

The information we base your insurance contract on may include emails, letters, phone calls or other communications from you or your adviser, as well as your adviser's presentation. Please keep a record of all information given to us (including copies of letters or emails).

If you fail to give complete and accurate answers your policy may not protect you in the event of a claim.

Please provide a full answers. A principal of the practice must sign and date this form and any separate sheets.

## 1 Your details

1.1 Practice name (include all names under which you practice)

Main office address

Telephone number

Contact email address

Practice website

List number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover

Date established

1.2 Is cover required for anything other than work undertaken by the above firm(s)? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

If 'Yes', please provide details:

1.3 State type of business/profession to be insured

## 2 The firm

2.1 Please list partners/directors/members of the firm

Name	Date of birth	Qualifications	Years in industry	How long as partner/director/member of the firm(s)

## 3 Staff

3.1 Please advise total number of staff excluding partners, directors :

3.2 Please advise number of staff who have 5 or more years experience in the business undertaken

3.3 All others



---

### Sole practitioners only

3.4 What arrangements do you make when you are unable to attend your business?

3.5 is the company/firm or any partner/director/member/principal a member of any professional association?

If 'Yes' please provide details

## 4 Subcontractors

4.1 Does the company/firm engage or intend engaging in the future, any external sub consultants/sub contractors?

4.2 Do you ensure they hold their own professional indemnity insurance?

## 5 Associated companies

5.1 Does the company or employees undertake work for any other firm, company organisation in which the company/firm or any partner/director/member has a financial interest?

Yes       No

5.2 Does any other company have a financial interest in the company/firm?

Yes       No

5.3 Is cover required under this insurance for this work?

Yes       No

If 'Yes' above please give details of work carried out for and fees earned from the company/firm or organisation.

## 6 The business/work undertaken

### 6.1 FULL details of all business activities undertaken

--

## 7 Your clients

### 7.1 Do you use standard conditions of engagement/contract?

Yes  No

## 8 Gross fee turnover

### 8.1 State the gross fees received for the following years in your local currency

	Pervious year	Current year	Est next year
GCC			
EU contracts			
US contracts			
Rest of the World			
Total Gross Fee/ turnover			

### 8.2 Within the past three years what is the approximate average fee you have received?

### 8.3 Within the past three years what is the largest fee you have received?

### 8.4 Give details of the three largest contracts started in the last three years.

Client name	Client business	Nature of services provided	Total Contract value	Fees received

8.5 Please state the split of the company/firm's turnover between each of your professional activities undertaken

Activity	% of total fees for last year
1	
2	
3	
4	
5	

8.6 Please give details of what you regard as your speciality within your area of work:

## 9 Risk management

9.1 Does the company/firm operate any internal quality assurance systems?

Yes       No

If 'Yes', please give details

9.2 Does the company/firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee, director, partner, member or principal responsible for money, accounts or goods?

Yes       No

## Claims and circumstances

---

10.1 Has the company/firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any employee, director, members or principal?

Yes       No

If 'Yes', give full details including amounts involved.

10.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the company/firm or its present and/or past partners, directors, members?

Yes       No

If 'Yes', give full details including amounts involved.

10.3 Have all claims been notified to Insurers?

Yes       No

10.4 Are any of the partners, directors or members or employees after enquiry, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm(s) or its predecessors in business, or any of its present or former partners, directors or members?

Yes       No

If 'Yes', please provide details.

## 11 Current insurance

11.1 Has any proposal for professional indemnity insurance ever been declined by an insurer to whom you have applied?

Yes       No

If 'Yes', please provide details

--

11.2 Do you currently have professional indemnity insurance?

Yes       No

If 'Yes', please provide details

Renewal date dd/mm/yy	Insurer	Broker	Limit of indemnity any one claim/aggregate – please advise	Excess	Premium

## 12 Quotation requirements

12.1 Please advise your requirements:-

Limit of indemnity \$	Excess \$

Retroactive date



## 13 Declaration

### 13.1 Disclosure of relevant information

If you have not given full and true answers to all questions asked on this proposal form, your insurance may not protect you in the event of a claim.

---

---

Please read this declaration carefully and then sign below

- .. I/We agree that the policy, the policy schedule and this proposal form and any additional information given will be the basis of the contract between me/us and AXA Insurance Gulf B.S.C
- .. I/We understand that all relevant information, which is information that may influence AXA Insurance Gulf B.S.C. in the acceptance of this insurance and the terms provided, has been disclosed and recorded.
- .. I/We declare that all particulars given in this proposal form whether made by me/us or on my/ our behalf are true and complete.
- .. I/We understand that if full and true answers have not been given or if all relevant information has not been disclosed that this insurance may not protect me/us in the event of a claim.
- .. I/We will tell you of any change to the details given before the start date of the contract.

Signature of partner, director or member:

Date:

Print name:

Position: