

# ASSOCIATIONS PROPOSAL FORM



**HOLMAN**  
PROFESSIONAL INDEMNITY

SINCE 1832

## **IMPORTANT POINTS**

Please ensure all questions are answered fully, where there is insufficient space please supply information on a separate sheet.

The questions must be answered to the best of your knowledge and belief.

This form must be signed and dated.

Please provide a brochure, if available, and sight of any standard contract terms & conditions used.

It is your continuing duty to disclose all material facts during the policy period which may influence underwriters assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void.

**Details of Proposer:**

1. Full name of Association: (Please list all intended parties to be included for cover under this insurance)

(Hereinafter know as the 'Proposer')

2. Address(es): Telephone Number:  
 Fax Number:  
 e-mail address:

3. Date established:

4. Activities of Proposer:

**Human Resources:**

5. Full names of all Directors      Number of years in this Capacity      Qualifications      Date Qualified

6. Details of Professionally Qualified Staff:

Name      Title and length of time as such      Qualification      Date Qualified

7. Total number of staff:

**Financial Analysis:**

8. Please give total Gross income for the past 3 completed years.

|                | Year end<br>__/__/__ | Year end<br>__/__/__ | Year end<br>__/__/__ |
|----------------|----------------------|----------------------|----------------------|
| United Kingdom |                      |                      |                      |
| USA/Canada     |                      |                      |                      |
| Other          |                      |                      |                      |
| Total          |                      |                      |                      |

9. Estimate for forthcoming year: £

10. Please give a brief description of your activities and the relevant percentage of income below:

| Description of activities | % of income |
|---------------------------|-------------|
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Additional Information:**

11. Please give details of what criteria/standards must be met in order to become a member of the Association.

12. Is coverage required for:

- (a) Loss of Documents: YES/NO
- (b) Dishonesty of Employees: YES/NO
- (c) Libel & Slander: YES/NO
- (d) Infringement of Copyright: YES/NO

**Details of existing Insurance:**

12. Does the Proposer currently buy Professional Indemnity Insurance: YES/NO

If yes:

- (a) Name of existing Insurer:
- (b) Indemnity Limit: £
- (c) Self insured excess: £
- (d) Premium: £
- (e) Renewal Date: \_\_\_ / \_\_\_ / \_\_\_
- (f) Retroactive Date: \_\_\_ / \_\_\_ / \_\_\_  
*Please note that cover will only apply to work executed after the Retroactive Date*

- (g) Has any proposal for Professional Indemnity Insurance made on behalf of the Proposer, Present Director or any predecessors in business ever been declined or punitive conditions imposed? YES/NO

If yes, please provide details

**Limits required:**

14. Please state the Limit(s) of Indemnity for which you require quotations:

|   |   |   |   |
|---|---|---|---|
| £ | £ | £ | £ |
|---|---|---|---|

15. Please state the amount of Self Insured Excess you are prepared to carry. Please note, a minimum Self Insured Excess will be required based on the answers contained in this Proposal Form:

|   |   |   |   |
|---|---|---|---|
| £ | £ | £ | £ |
|---|---|---|---|

**Claims Experience:**

Please note that Professional Indemnity Insurance is on a 'claims made' basis and Insurers will exclude any claim, circumstance which may/or is likely to give rise to a claim known by the Proposer prior to the inception of any Professional Indemnity policy. In order that your interests are fully protected you must answer the following questions after full enquiry.

16. Have any Professional Indemnity claims been made against the Proposer or any former Director/Partner including whilst acting at any other firm during the last 10 years? YES/NO

If YES, please submit full details when returning this proposal form.

17. Are any of the Directors/Partners or employees, AFTER FULL ENQUIRY aware of any circumstance which may give rise to a claim against the Proposer or their predecessors in business or any of the present or former Directors/Partners. YES/NO

If YES, please submit full details when returning this Proposal form.

18. (a) You are reminded of 'IMPORTANT POINTS' on page 1.  
 (b) Please ensure you retain a copy of this Proposal Form.

**Declaration:**

**I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPRESSED OR MIS-STATED ANY MATERIAL FACTS.**

**I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.**

**SIGNATURE OF PROPOSER:  
 (Director/Partner)**

**DATE:**

