

# Liberty International Underwriters Miscellaneous Professional Indemnity



## NOTES

1. Please answer all questions as fully as possible.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. Material contained in the Proposer's website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
4. The form must be signed and dated by a Partner, Principal, Director or Member of the Firm.

Please complete this form fully in BLOCK CAPITALS.

## PROPOSER DETAILS

1a. Name of Company

1b. Addresses of all offices

1c. Website address

1d. Please give the date the Company was established.

1e. Please give full details of work undertaken by the Company.

## PARTNER/DIRECTOR AND STAFF DETAILS

2a. Please give details of all partners, directors and consultants.

Full Name	Age	Qualifications	Number of years in this capacity

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2b. Has any partner, director, or employee ever been subject to disciplinary proceedings by any association or professional body?

Yes  No

If 'Yes', please give details

2c. Please give details of the number of all other staff.

<b>Profesionally Qualified</b>	
<b>Other Staff</b>	
<b>Total</b>	

## FEE DETAILS

3a. Please state gross fees paid for work undertaken by the Company.

	Previous Year (Actual)	Last Year (Actual)	Forthcoming Year (Estimate)
i. In the Republic of Ireland	€	€	€
ii. In the UK	€	€	€
iii. In the USA, its territories and possessions or Canada	€	€	€
iv. In the Republic of Ireland or the UK for clients based in the USA, its territories and possessions, or Canada	€	€	€
v. Elsewhere	€	€	€
<b>Total of i. ii. iii. iv and v. above</b>	€	€	€
<b>Average Fee</b>	€	€	€
<b>Largest Fee</b>	€	€	€

3b. If gross fees are paid by clients in e) above, please give full details of the nature of the work undertaken and state the countries.

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3c. Please state details of work undertaken as a percentage of gross fees paid.

Class of Work	%
<b>Total</b>	

3d. Please state whether any changes to the work undertaken by the Company are anticipated in the forthcoming year?

3e. Is more than 50% of the Company's annual fee received from any one client or contract?  
If 'Yes', please give details

Yes  No

3f. Please give details of the three largest contracts you have carried out in the past three years:

Name of client	Start Date Date	Completion Date	Total Contract Value	Fees Earned
1. Description:				
2. Description:				
3. Description:				

3g. Please give details of the three largest contracts you expect to carry out in the forthcoming year:

Name of client	Start Date Date	Completion Date	Total Contract Value	Fees Earned
1. Description:				
2. Description:				
3. Description:				

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3h. Is the Company a member of a consortium or joint venture and is cover required for any joint venture?? Yes  No

If 'Yes', please give details

3i. State the gross fees paid and nature of work performed by subcontractors, and how the Proposer monitors this work.

3j. Please state whether the subcontractors have their own Professional Indemnity Insurance in force. Yes  No

3k. Does the Proposer or any partners/directors exercise a controlling/financial interest in any Company or Organisation for which the Proposer undertakes work? Yes  No

If 'Yes', please give details

3l. Does the Proposer work to any Professional Body's regulations or code or practice? Yes  No

If 'Yes', please give details

## INSURANCE REQUIREMENTS

4a. Does the Proposer currently have Professional Indemnity Insurance in force? Yes  No

If 'Yes', please provide the following details

Name of Insurer	Renewal Date	Limit of Indemnity	Deductible	Premium

4b. Has any application for Professional Indemnity insurance made by the Company or any partner, or director ever been cancelled, declined or had special terms imposed? Yes  No

If 'Yes', please provide the following details

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4c. Please indicate the Limit of Indemnity the Proposer requires. Please tick beside the amount

€300,000     €2,600,000     €5,000,000     Other (please specify)

4d. Please indicate the level of Deductible the Proposer wishes to contribute towards each and every claim. Please tick beside the amount

€10,000     €15,000     €25,000     Other (please specify)

## INTERNAL PROCEDURES

5a. Has the Proposer suffered any loss as a result of fraud or dishonesty, in the past five years? Yes  No

If 'Yes', please provide details and outline what procedure have been put in place to ensure that a recurrence does not take place

## CLAIMS DETAILS

6a. Has any claim been made against the Company, any partner or director, employee or any person under a contract of services with the Company, in the last ten years? Yes  No

If 'Yes', please provide details and outline what procedures have been put in place to ensure that a recurrence does not take place

6b. Is any partner or director, employee, or any person under a contract of services with the Company, aware after full enquiry:

i. of any new claims? Yes  No

ii. of any circumstances which might give rise to a claim? Yes  No

iii. of any circumstance which might affect Liberty Mutual Insurance Europe's consideration of this proposal? Yes  No

If 'Yes', please provide details

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## DECLARATION

I accept that completion of this proposal form does not bind the Proposer or Liberty Mutual Insurance Europe Limited to effect a contract of insurance.

I agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I hereby declare that I am authorised to complete this proposal on behalf of the Proposer, that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy. I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of this proposal.

I undertake to inform Liberty Mutual Insurance Europe Limited of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

PRINCIPAL/PARTNER/DIRECTOR/MEMBER'S NAME:

DATE:

SIGNATURE:

## IMPORTANT INFORMATION

### Data Protection Acts 1988 and 2003

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or the agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you please contact:

The Compliance Department, Liberty Mutual Insurance Europe Limited,  
3rd Floor, Kestrel House, Clanwilliam Place, Dublin 2  
Tel: 01 818 0505 Fax: 01 818 0528

### Your Insurer

This insurance will be underwritten by Liberty Mutual Insurance Europe Limited; a wholly owned subsidiary of global insurer Liberty Mutual Insurance Group writing both Commercial Lines, trading as Liberty Mutual Insurance, and Specialty Lines trading as Liberty International Underwriters (LIU). The company is authorised and regulated by the Financial Services Authority (FSA number 202205)

Registered Office: 3rd Floor, Two Minster Court, Mincing Lane, London EC3R 7YE  
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Registered in England, Registration Number 1088268

PIMISCIRE269-07-12