

# *Miscellaneous Professional Indemnity Proposal Form*



MFL

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Insurance for your reputation

[www.m-f-l.co.uk](http://www.m-f-l.co.uk)

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## Important Notice To The Proposer on Completion of this Proposal Form

### 1. Disclosure

You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms.

*A 'material fact' is any fact which the Insurer may reasonably wish to know in relation to their assessment of the risk, the exposure and the calculation of any appropriate premium.*

If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form.

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current underwriters of such matters as appropriate.

### 2. Consequences of Non-Disclosure

In the event of a failure by you to make full disclosure of all material facts Insurers may be entitled to avoid cover and decline to pay claims in relation to any insurance.

### 3. Method Of Completion

This proposal form may be completed in ink or electronically, provided you print out an original and sign and date the declaration.

ALL questions must be answered (if necessary comment as "not applicable" or "none").

Please review the complete document before signing and dating the declaration.

Please post the original form to us after taking a copy for your records. A faxed or electronic copy will enable work to commence on your behalf straight away.

### 4. Presentation

Insurers see many proposals during the course of a working day and it is therefore important that your proposal form is completed fully, clearly and accurately. First impressions really do count here.

If there is insufficient space in the proposal form or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

### 5. Guidance

If you have any queries about the contents of this notice, the remainder of this Proposal Form or any documents which you need to provide you should seek advice from one of our experienced members of staff.

Contact telephone number - **0161 236 2532** or visit the MFL website [www.m-f-l.co.uk](http://www.m-f-l.co.uk)

## Business Details

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

(Please include any predecessors or acquisitions for which cover is required. Continue on separate sheet if necessary)

Firm Name:	Date Commenced:	Date Ceased:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

If applicable, please advise reason for the cessation of the former business(s):

**2. Address of the principal office:**

	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
	<input style="width: 60%;" type="text"/>	Postcode:	<input style="width: 20%;" type="text"/>
Principal Contact:	<input style="width: 300px;" type="text"/>	Telephone No:	<input style="width: 150px;" type="text"/>
Email:	<input style="width: 300px;" type="text"/>	Fax No:	<input style="width: 150px;" type="text"/>
Website:	<input style="width: 650px;" type="text"/>		

Please list all other offices by Town (or Country if overseas) and identify the supervising Partner/Director at each location. Please continue on separate sheet if necessary.

Town:	Country:	Partner/Director In Charge:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3. a) During the last six years, has the name(s) of the Insured / Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners ? (i.e. departed, retired or deceased etc...)
- Yes  No
- b) Are you expecting any significant change to or in your Practice during the next 12 months, i.e. new offices, new disciplines, territories etc...?
- Yes  No
- c) Are there any other organisation(s)/person(s) that have a financial interest in your Practice?
- Yes  No
- d) Does the Firm(s) or any other Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest?
- Yes  No
- e) Is there additional material information which you feel insurers should be aware of (e.g. intended mergers or acquisitions, changes in staff profile, retirement, cessation of practice etc)?
- Yes  No
- f) Is the Insured / Proposer or any other Partner / Director / Proprietor currently a member of a Consortium or has the Firm or any Partner / Director / Proprietor worked in the past in association with any other Firm or Organisation?
- Yes  No
- If 'YES' is cover required for such work? Yes  No

If answered 'Yes', please provide full details on a separate addendum to the proposal form.

## Partners And Staff Details

4. a) Please advise the current number of:

	Number
Partners/Directors/Sole Practitioners:	<input type="text"/>
Consultants:	<input type="text"/>
Other qualified staff	<input type="text"/>
Other Technical staff:	<input type="text"/>
Administrative & Secretarial Staff:	<input type="text"/>
<b>Total No. of Staff:</b>	<input type="text"/>

b) Please complete **Appendix A** on page **14** of this proposal form.

5. If cover is required for any Partner/Director for Past Liability prior to joining the above Firm(s)  
Please advise:

a) Name of Partner/Director:	<input type="text"/>
b) Name of Previous Firm(s):	<input type="text"/>
c) Period to be covered:	<input type="text"/>

6. If you use sub-consultants  
Please advise:

a) Approximate percentage of work sub-consulted:	<input type="text"/>
b) For which work are they used?	<input type="text"/>
c) Do they hold their own PI insurance?	<input type="text"/>

## Fee Income And Division Of Work

7. a) Please state the date of your Financial Year end:

b) Please provide your gross fee income for the following periods:

Year Ending	UK in £	USA or Canada in £	Elsewhere excluding USA or Canada in £
Estimate for the next Financial Year	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>
Current Financial Year (Estimate)	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>
Last Completed Financial Year	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>
Prior Completed Financial Year	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>
Largest total fees from any one client £	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>	£ <input style="width: 150px; height: 25px;" type="text"/>

8. a) Please provide a full description of business activities undertaken (Please attach brochure(s) if available):

b) Discipline profile – Please categorise Insured / Proposer business activities and advise approximate split of work during the LAST financial year

	UK	USA or Canada	Elsewhere
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %
<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %	<input style="width: 60px; height: 25px;" type="text"/> %

9. Project Profile (UK) – Please list the five largest projects during the last SIX years:-

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

10. Project Profile (Overseas) – Where the Insured / Proposer has undertaken work where the “end product” of such work was carried out overseas please advise details of the five largest contracts where construction has been started during the last SIX years:-

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

**11. Project Profile (USA or Canada) – Has the Insured/Proposer ever entered into any Contract:-**

- a) Where the Jurisdiction to that contract is subject to the laws of the USA and or CANADA? Yes  No
- b) Where it can be foreseen that any party outside the contract could bring legal action against the Firm under the laws of the USA and or CANADA? Yes  No

If **“Yes”**, to any of the above please provide full details of the FIVE largest projects:-

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

**12. Fraud & Dishonesty**

- a) Has the Firm(s) sustained any loss through the fraud or dishonesty of any person during the last six years? Yes  No

If **‘YES’**, please provide details:

- b) Does the Firm(s) always require satisfactory written references when engaging new Employees? Yes  No

- c) Is any Partner/Director/Employee allowed to sign cheques on their sole signature Yes  No

If **‘YES’**, please advise the name and limit below:

- d) Please confirm that the Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor Yes  No



**13. Pollution & Contamination**

a) Please provide details below if you have been involved in any work involving polluted or contaminated land:

Nature Of Work	Firm Involved? (Y/N)	Fees (£) Past Financial Year	No of Years' Experience
Environmental monitoring, studies, assessments, reports, surveys, or audits	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Valuations of land known to be contaminated	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Management of land known to be contaminated	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Planning advice on environmental matters	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Pollution control advice and consultancy	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Design, supervision or project management of clean-up operations	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Other work (please give details below)			
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

b) Please provide details of any exclusions of liability for pollution or contamination in your contracts below:

c) Please provide details of your experience in the field of Pollution or Contamination, with particular reference to the individuals involved. Please attach CVs if available:

## Claim Information

**PLEASE NOTE: IT IS IMPERATIVE THAT THE FOLLOWING QUESTION IS ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.**

**14. Claims &/Or Circumstances**

- a) **CLAIMS** During the last ten years, in respect of any of the risks to which this proposal relates, have any claims been made (whether successful or not) against the Firm(s) listed in Question 1 of this proposal form above or any past or present Partner, Director or Sole Practitioner? Yes  No

If **"YES"**, please give full details including amounts involved and settlement dates where appropriate below:

Claims Paid:

Claims Outstanding:

- b) **CIRCUMSTANCES** Are any of the Partners/Directors AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) listed in Question 1 of this proposal form or any present or former Partners/Directors/Sole Practitioners? Yes  No

If **"YES"**, please give full details including amounts involved below:-

## Insurance Requirements

15. a) Please advise your current insurance arrangements:

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period Continuously Insured
£	£	£			

b) Has any similar insurance for the Firm(s) or any Partner/Director been declined, cancelled or renewal refused?

Yes

No

If 'YES', please give details below:

c) Select Limit of Indemnity required:

£250,000	<input type="checkbox"/>	Other Limit (Please specify):
£500,000	<input type="checkbox"/>	£
£1,000,000	<input type="checkbox"/>	£
£2,000,000	<input type="checkbox"/>	£
£5,000,000	<input type="checkbox"/>	£

## Additional Products and Services

**16. Other Commercial Insurance** *Preferential terms and cover to provide additional protection for your business.*

We would like to take this opportunity of making you aware of some of the other classes of insurance that we can arrange on your behalf. We would be grateful if you would take a moment to review the following products and services, some of which we appreciate you may already have in place.

If you would like to discuss any of the information in more detail please indicate accordingly or contact one of the team on **0161 236 2532** or email [info@m-f-l.co.uk](mailto:info@m-f-l.co.uk)

Office & Home Office Insurance (Clerical Based Activities Only)	Please Contact Me
Depending on your particular circumstances, Office or Home Office Insurance can provide protection in respect of Assets, Business Interruption, Employers' Liability, Public/Products Liability, Money, Employment Practices Liability and Fidelity Guarantee.	<input type="checkbox"/>
Directors' & Officers' Liability Insurance	Please Contact Me
There are now over 200 statutes in UK Law that impose a personal liability on the directors of a business. Directors' and Officers' Liability Insurance provides appropriate protection. (Particularly pertinent for those businesses with external finance.) Cover is also available for LLP's, but not for partnerships	<input type="checkbox"/>
Legal Expenses Insurance	Please Contact Me
Legal Expenses Insurance provides cover for the cost of employing legal or other professional advisers in connection with such matters as Employment Disputes and Awards, Contract Disputes, Criminal Prosecution Defence and Tax Protection.	<input type="checkbox"/>
Motor Fleet	Please Contact Me
Motor Insurance for company fleets of 5 or more vehicles	<input type="checkbox"/>
Business Travel Insurance	Please Contact Me
For directors and employees of a business who undertake overseas business trips Business Travel Insurance provides peace of mind in relation to Medical Expenses, Repatriation Costs, Public Liability, Cancellation Costs and Loss of Baggage/Money whilst you are away.	<input type="checkbox"/>
Crime & Fidelity Insurance	Please Contact Me
These covers provide protection in relation to fraudulent or dishonest actions of your employees or a third party which result in a financial loss to your business	<input type="checkbox"/>
Financial Services	Please Contact Me
In addition our sister company McParland & Partners Ltd (Financial Management) can arrange Keyman Protection and other Life Insurance related products together with advice on pensions and investments.	<input type="checkbox"/>

**Email:** [info@m-f-l.co.uk](mailto:info@m-f-l.co.uk)

**Telephone:** 0161 236 2532

## Checklist And Enclosures Required

17. a) Have you signed and dated the Proposal Form? Yes  No
- b) If applicable have you attached all claims information required under Q18 of this proposal form? Yes  No
- c) Have you completed Appendix A? Yes  No
- d) If applicable, have you attached all other additional information ? Yes  No

## Declaration

18. By signing this proposal form you consent to McParland Finn Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any subsequent contract of insurance between me/us and Insurers.

I understand that if my Firm acquires, merges with or absorbs another Firm during the period of insurance, insurers will require similar information in relation to that Firm and may charge an additional premium.

Print Name:

Signature:

On behalf of:

Date:

**Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.**

**Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.**

**From time to time, we may disclose personal information (other than sensitive personal data) to other members of the MFL Group. We or they may use that information to advise you of our services which may be of interest to you. If you would prefer not to receive information, please 'tick' the box.**

**Partners/Directors/Sole Practitioners**

Please provide full details:

<b>Title:</b>	<b>Name:</b>	<b>D.O.B</b>	<b>Qualifications:</b>	<b>Date Qualified:</b>	<b>Number of Years as Partner/Director/Sole Practitioner with the firm(s)</b>

**Consultants**

<b>Title:</b>	<b>Name:</b>	<b>D.O.B</b>	<b>Qualifications:</b>	<b>Date Qualified:</b>	<b>Number of Years as Partner/Director/Sole Practitioner with the firm(s)</b>