

**Dear Clients,
we kindly ask you to fill this form and revert
to allow us to prepare a quotation for you.**

Professional Indemnity Insurance

Proposal Form

Howden Insurance Brokers LLC, GermanDesk
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Professional Indemnity Insurance Proposal Form



Please complete all questions in ink. If there is insufficient space please supply the information on a separate sheet of headed paper indicating the question to which the answer refers. This proposal form must be signed and dated by a Partner or Director of the Firm.

1. Name and Address Details

1.1 Name of Firm (including any subsidiaries for whom cover is required).	Establishment Date(s)

1.2 Name of all predecessors of the Firm for whom cover is required.	Date of Establishment	Cessation

1.3 Principal Address and location of all other offices.

Main office telephone number	Firm's Website address

2. Partners/Directors and Consultants Details

Name	Status: (Partner/Director/Consultant)	Qualifications	How long in this capacity in the Firm

3. Staff Details

Partners/Directors	Qualified staff	Other staff	Self-employed persons

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4. Business Activities

4.1 Please provide a full description of your Firm's activities

4.2 Please categorise the activities outlined above and indicate the percentage of the gross fees this represents

<u>Activity</u>	<u>UAE%</u>	<u>USA/Canada %</u>	<u>Elsewhere %</u>

4.3 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 above?

If **YES** please give details:

5. Fee Income

5.1 Please state for the whole Firm the total annual gross fees received in each of the last three financial years ending (day) (month) and an estimate for the current year.

	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Current Year</u>
<u>UAE</u>	AED	AED	AED	AED
<u>USA/Canada</u>	AED	AED	AED	AED
<u>Elsewhere</u>	AED	AED	AED	AED
<u>Total</u>	AED	AED	AED	AED

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5.2 Reimbursable Costs

5.3 Estimated gross fees for the following financial year

6. Specialist Sub-consultants

6.1 If any of the fees for the last financial year are paid by your Firm to any independent and/or specialist consultants please provide the following:

Name of Firm/Individual	Professional Discipline	Fees paid (Last Financial Year)

6.2 Do you require them to carry Professional Indemnity Insurance for a limit not less than the amount of cover requested by this proposal?

yes no

N.B. If they do not carry PI insurance and you require them to be indemnified under your policy for work done on behalf of your Firm, special arrangements must be made with insurers. In such cases a copy of the individual's CV will be required.

7. Clients

7.1 Please state your 5 largest clients where services have been provided/rendered in the past 5 years:

<u>Client</u>	<u>Date work commenced</u>	<u>Completion date</u>	<u>Firm's Fee</u>	<u>Services provided</u>

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8. Contracts outside the United Arab Emirates

8.1 Does the Firm undertake or has it undertaken any work for clients where the "end product" of such work is outside the United Arab Emirates?

yes no

If **YES** please give details.

Country	Start date	Client	Total contract value	Fee	Completion date	Extent of service provided

8.2 Does the Firm work or has it worked other than from it's UAE office? yes no

8.2 Does the Firm enter into agreements where the jurisdiction is other than yes no

If the answer to any of the above is YES, full details are required - i.e. list the jurisdictions and the gross fees derived from each and provide a copy of the relevant contracts

9. Other Financial Interest

Does the Firm or any Partner have any association with, or financial interest in any other firm or organisation (other than a share or stockholder in a Publicly Quoted Company)?

yes no

If **YES** give full details of the nature of the association or interest together with the name and business of the firm or organisation.

10. International Control Procedures

10.1 Does your Firm insist on satisfactory written references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods? yes no

10.2 Will any Director, Partner or Employee be authorised to sign cheques on their sole signature in respect of the Firm's or Clients' accounts. yes no

If **YES** please state name, position and limit

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10.3 Does the Firm have compliance and procedure manuals related to all aspects of it's operation? yes no

If **NO** what system of quality control is in place to ensure that professional standards are achieved and maintained?

10.4 Does the Firm use standard terms and conditions of business or letter of appointment? yes no

If **YES**, please enclose copies

10.5 Does the Firm issue any brochure, leaflet etc. describing the Firm's Services? yes no

If **YES**, please enclose copies

11. Current Insurance Arrangements

If the Firm currently has Professional Indemnity Insurance please provide the following details. **(This information is not required where the policy is currently arranged by Howden Insurance Brokers)**

Name of Insurers

Limit of Indemnity

Excess

Retroactive date

Policy Expiry date

12. Previous Applications for Insurance

Has an Insurer ever:

a) Declined to insure this Firm or any Partner? yes no

b) Imposed special terms? yes no

c) Cancelled or voided an insurance? yes no

If any answer is **YES** please give full details

13. New Insurance Arrangements

13.1 For what Limit of Indemnity do you require a quotation?

13.2 What level of excess are you prepared to carry?

13.3 If you have any specific requirements with regard to your Professional Indemnity Insurance please state these in the space provided below

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14. Claims

14.1 Have any claims alleging professional negligence, error or omission (successful or otherwise) been made against the Firm or it's present or former Partners/Directors and/or predecessors in business during the past 10 years?

yes no

If **YES**, please give full details including amounts

Date of Claim	Details	Amount claimed	Amount Paid	Defence costs (if known)	Insurers' Reserve (if known)

14.2 Are any of the Partners/Directors AFTER ENQUIRY of all staff and consultants aware of any circumstances or events which may give rise to a claim against the Firm or it's present or former Partners/Directors and/or predecessors in business?

DISCLOSURE

It is essential that when you are seeking a quotation, taking out or renewing an insurance, that you disclose all material facts to Insurers. A material fact is one that is likely to influence the judgement of an Insurer in fixing the premium or in determining whether to accept the risk. If your proposal is a renewal it should include any changes in facts previously advised to insurers. If you have any doubt about facts considered material you should disclose them.

Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.

DECLARATION

Please read the declaration carefully and sign at the bottom

1/We declare that the statements made and particulars given in the Proposal are true and 1/We have not mis-stated or suppressed any material fact.

1/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

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Date

Signature of Partner/Director

A copy of this proposal should be retained by you for your own records