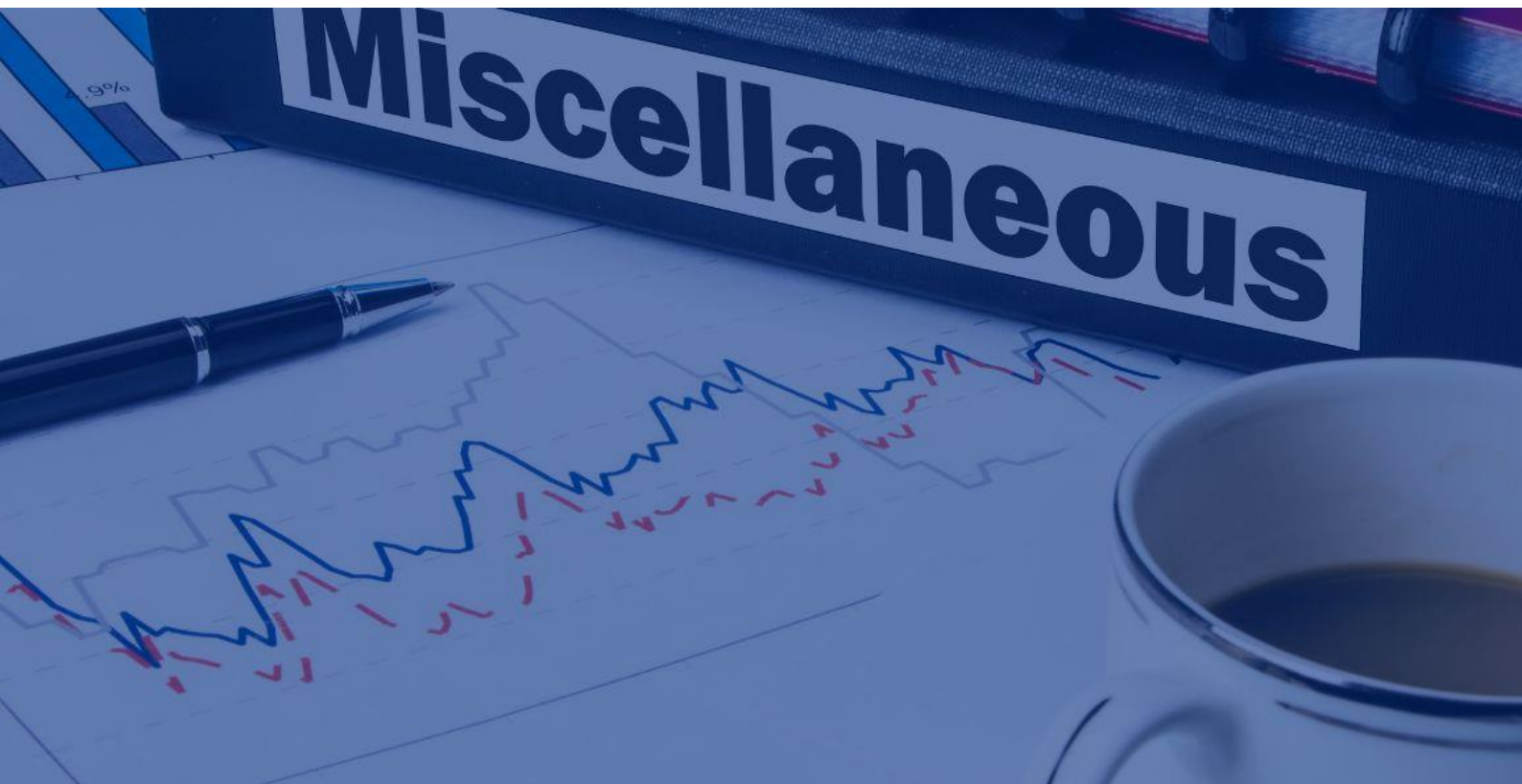




# Professional Risks

## Miscellaneous Proposal Form



DOA takes your privacy very seriously. We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and financial management. This may involve sharing or obtaining information about you within our group of companies and other third parties such as insurers, sub brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators and fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our [Privacy Policy](#). If you do not have access to the internet please contact us and we will send you a printed copy.

DOA Underwriting Ltd is an independent underwriting agency, wholesale broker and principal company for David Oliver T/as David Oliver Associates and DOA Special Facilities Ltd (DOA) and is Authorised and Regulated by the Financial Conduct Authority, FRN 772309.

## Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

## General information

### 1. Please provide the following details (including all trading names and subsidiaries):

Name	Date of establishment
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Website address

### 2. Address/es, including postcodes, for all subsidiaries:

### 3. Please supply details of all principals, directors, partners:

Name	Qualifications	How long with the company
<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"/>

### 4. Please state total numbers of:

Principals, directors, partners	Qualified staff	Administration	Others
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5. Please state the name of any professional body or trade association of which you are a member:

Professional body

Trade association

6. Do you currently have a professional indemnity policy in place?  Yes  No

If YES, please provide:

Name of current insurers

Name of your broker

Renewal date

Limit of indemnity

Premium

Excess

Retroactive date

7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation?  Yes  No

If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

8. Do you use consultants / sub-contractors?  Yes  No

If YES:

a. What percentage of your turnover / fee income was paid to them in the last financial year?  %

b. What was the nature of the work undertaken?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

c. Do you require cover for them under this policy?  Yes  No

d. Do you require them to carry professional indemnity insurance to a similar limit?  Yes  No

If **NO** to 8d, please provide details as to why not:

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**9. Please complete the following:**

a. Financial year end date  /  / 20

	Previous	Last complete	Current	Estimate
b. Total turnover / fee income:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
c. Estimated percentage split of your turnover / fee income for:				
Work carried out for UK clients	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Work carried out for US / Canadian clients not subject to US / Canadian law	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Work carried out for US / Canadian clients subject to US / Canadian law	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Work carried out for clients anywhere else in the world – please give details of where	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Operating profit	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

d. Do you enter into contracts that are not subject to UK / EU law?  Yes  No

If **YES**, please provide details of which countries and jurisdiction:

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# Business activities

**10. Please state:**

a. Full description of all of your activities:


b. Please categorise the activities outlined above and indicate the approximate percentage of turnover including fees each represents:

		<input type="text"/> %
		<input type="text"/> %
		<input type="text"/> %
		<input type="text"/> %
		<input type="text"/> %
		<input type="text"/> %
		<b>TOTAL 100%</b>

c. Are you involved in any consultancy or services in relation to any of the following areas:

- i. Accountancy / tax?  Yes  No
- ii. Legal?  Yes  No
- iii. Financial / insurance?  Yes  No
- iv. Medical / healthcare?  Yes  No
- v. Construction / environmental?  Yes  No

d. 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?  Yes  No

If **YES** to any part of c. or d., please provide details:


e. Have you undertaken any other activities in the past for which cover is required?  Yes  No

If **YES**, please provide details:

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**11. Please give details of the three largest contracts in the last three financial years (give details of current projects if new business):**

<b>Largest client:</b>	
Start date	
Description	
Total contract value	
Fee	
Approximate completion date	
<b>Second largest client:</b>	
Start date	
Description	
Total contract value	
Fee	
Approximate completion date	
<b>Third largest client:</b>	
Start date	
Description	
Total contract value	
Fee	
Approximate completion date	

# Risk management

12. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?  Yes  No

13. Above what amount do payments require at least a two-stage sign-off? £

14. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts?  Yes  No

If YES:

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution?  Yes  No

b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions?  Yes  No

c. What steps have you taken to ensure that the transaction has been completed successfully?

15. When entering into contracts please confirm:

a. You carry out work only under your standard contract, signed by every client?  Yes  No

b. All contracts are vetted by a legally qualified person before being agreed?  Yes  No

If NO to any of the above, please explain why not:

16. When entering into contracts do you always:  Yes  No

e. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages?  Yes  No

f. Cap your overall liability at a reasonable level?  Yes  No

g. Warrant a performance standard no greater than reasonable care and skill?  Yes  No

h. Work to a written specification with your clients outlining the scope of each job?  Yes  No

i. Ensure that changes to the scope of work are reflected in a written variation of the contract?  Yes  No

If **NO** to any of the above, please explain why not:

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**17. Do you commit clients to contracts with third parties?**  Yes  No

If **YES**, do you always obtain clients written acceptance of the terms of contracts before committing them?  Yes  No

If **NO**, please explain why not:

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**18. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association?**  Yes  No

If **YES**, please provide details:

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**19. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?**  Yes  No

If **YES**, please provide details:

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**20. Is there any other information that you consider material to the insurance required?**  Yes  No

If **YES**, please provide details:

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**21. For what limits of indemnity are quotations required?**

- £250,000                       £500,000                       £1,000,000  
 £2,000,000                       £5,000,000                       £10,000,000  
 Other £

## Claims

**22. In respect of any of the risks to which this proposal relates:**

- j. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?  Yes  No
- k. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?  Yes  No

If **YES** to any of the above, please provide details:

Date of claim / loss	Brief details of each claim / loss	Cost of claim / loss	Estimated cost of claim / loss outstanding
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**l. What steps have been taken to prevent a recurrence?**

**23. Are you, after full enquiry:**

- m. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?  Yes  No
- n. Aware of any shortcoming in your work for a client who is likely to give to a claim against you? This includes:  Yes  No
- i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
  - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
  - iii. An escalating level of complaint from your client on a particular project?

iv. A client withholding payment due to you after any complaint?

If **YES**, to any of the above, please provide details:

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**24. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?**

Yes  No

If **YES**, please provide details:

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# Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

## Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of principal / director / partner:

Date:

Please use this page for additional information