



HERA INDEMNITY

Proposal Form for Professionals

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Professional Indemnity

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: enquiries@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity
First Floor Offices, 1 Mulgrave Chambers
26-28 Mulgrave Road
Sutton
Surrey
SM2 6LE



Hera Indemnity Insurance Proposal Form for Professionals

Important Notes

- A. Answer every question fully. If necessary attach separate sheets with information which can be incorporated into your declaration. As your policy approaches renewal date it is important that the details we hold about you are kept up to date and all material facts about the risk are declared.
- B. A Principal, Partner, Director or Member of the firm must complete the proposal and make all the necessary enquiries of their fellow Partners, Directors, Members and Employees.
- C. Wherever we ask questions on this declaration about you or your firm we mean you, your Partners, Directors, Members or Employees or any former Partners, Directors, Members or Employees of any firm for which cover is required under this insurance.
- D. Individuals forming a Limited Liability Partnership (LLP) are known as Members.
- E. The Insurance Act 2015 requires you to make a fair presentation of the risk. An insured, and their agents, are under a duty to disclose all material facts and circumstances to an insurer. You should carry out a search of the information held by you and the firm, and present the information in a clear and accessible format. The Act also places a duty of disclosure on brokers. As your brokers, we are obliged to disclose any material information relating to you and the firm that we are aware of, and which you may not have included in your presentation. Please ensure that the information you provide in this proposal is complete and can be easily interpreted and understood by the insurer.
- F. Certain professional bodies and/or regulators have specific requirements as to the cover you are required to purchase, including but not limited to the limit of indemnity an affiliated firm or member must carry. If you or your firm are regulated by or affiliated with any professional body or similar organisation, it is your responsibility to ensure that the cover you purchase is sufficient both for your needs and to satisfy the requirements of your professional body/regulator.

Your Firm

Name(s) of firm(s) to be insured:
(See important note C)

Firm's Principal Address:

		Postcode

Contact information

Telephone:

Email:

Mobile:

Business description:

When was the firm established:

Names of all Partners, Directors or Members <small>(Include your own details if you are a Sole Practitioner)</small>	Date of Birth	Period of time as a Partner, Director or Member	Professional Qualifications	Date Qualified

How many staff does your firm presently employ (excluding Partners, Directors or Members)?

Professionally Qualified	Technical	All Others

Is any Director, Partner, Member or Fee Earner regulated by a professional body?
e.g. The RICS Yes No

If "Yes" please provide the name(s) of the professional body or bodies (see important note F)

What percentage of your gross fees was paid to sub-consultants last year? %

Do you require any sub-consultants to be indemnified under your insurance? Yes No

Do you use any sub-consultants who do not hold their own professional indemnity insurance? Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form.

Your Fee Income

Provide details of your gross fees (excluding VAT) received in the last financial year and your estimated fees for the forthcoming year

	Last Completed Financial Year	Current/Forthcoming Financial Year (estimate)
United Kingdom		
Channel Islands or Isle of Man		
USA or Canada		
Elsewhere		
Total Fees		

In any one of the last three financial years, have you earned a fee of more than £25,000 from any one client or more than 50% of your total annual gross fees from any one client? Yes No

If 'Yes' please provide details of the client's business, the total fee(s) earned and the services provided.

Your Fee Income

Please provide a full description of your business activities including target market and target client base. It is important that we have a full understanding of the services you are providing to your clients. If you have any brochures or other promotional literature that shows what you do then please include copies.

Please provide a split, by work category, of gross fees received in the last complete financial year (this division should be as accurate as possible). If recently established provide an estimated split of work for the forthcoming year.

Work Category	Percentage
	%
	%
	%
	%
	%
Total	100%

If you work with clients that are in any of the categories listed below then please provide the percentage of gross fees that you generate from them and confirm what services you provide to them in the 'Additional Information' section of this form.

Banking, insurance or other financial institutions	%
Funds including pensions	%
Any 'off-shore' companies	%
Quoted companies	%
Lloyd's syndicates	%
Petro-chemical industry	%
Marine and aviation industry	%
Nuclear/atomic industry	%
Military	%
Entertainment or professional sports clients	%
Total	100%

Do you perform an executive role or hold a position whereby you are able to make a major policy decision on behalf of any client or company?

Yes No

If 'Yes' then please provide details of the nature of your client's business, the fees and the services provided in the 'Additional Information' section of this form.

Claims Experience

During the last six years, have any claims (successful or otherwise) been made against you or any other firm to be covered by this insurance? (See Important Note C) Yes No

Are you or any Partner, Director or Member, after having made full enquiries, aware of any circumstances which may give rise to a claim against you? (See Important Note C) Yes No

If 'Yes' to any of the above please provide the date of intimation, a brief description of claim, total payments/outstanding reserves including costs and confirmation of the current status in the 'Additional Information' section of this form.

Have all claims and circumstances which might give rise to a claim been reported to insurers? Yes No N/A

Overseas Work

In the last three years have you undertaken any work for clients based outside the UK? Yes No

Do you work under any jurisdiction other than United Kingdom of Great Britain and Northern Ireland? Yes No

Are you represented in any country outside the UK or do you have any reciprocal arrangements with a firm domiciled outside the UK? Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form, ensuring that you include contract values.

General Questions

Have you ever been refused professional indemnity insurance or has such insurance ever been cancelled or special conditions applied or have you ever been in the Assigned Risks Pool? Yes No

Do you undertake work for any other firm, company or organisation in which you have a financial or controlling interest or which has a financial or controlling interest in your firm? Yes No

During the last six years, have you been the subject of a disciplinary proceeding by any professional organisation? Yes No

Are you a member of any professional or trade association? Yes No

Are you aware of any fraud or dishonesty of any Partner, Director, Member or employee of the firm? Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form.

Current Insurance

Do you currently have Hera Indemnity Insurance in force? Yes No

If 'Yes', please provide the following details (not required if you are currently a client of Hera Indemnity)

Insurer	
Limit of Indemnity	
Excess	
Premium	
Retroactive Date	
Renewal Date	

Please state the Limit of Indemnity options for which you require quotations

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Please state the excess options for which you require quotations

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Do you require cover for liability arising from any Partner / Director / Member's previous business?

Yes No

Would you like us to provide you with a quotation for Cyber Liability Insurance?

Yes No

Are you happy for us to contact you about other insurances or services that we may offer?

Yes No

Would you like a quotation for Employee Health, Protection and Wellbeing products?

Yes No

Would you like a quotation for Management Liability Insurance?

Yes No

Additional Information

Declaration

How we will use your Information

Hera Indemnity will process your data in accordance with relevant data protection legislation. The information supplied to us by you may be held on computer and passed to insurers for underwriting and claims purposes. You should show this notice to anyone whose personal data may be processed to administer this policy.

In order to administer your insurance policy and any claims made against the policy we may share personal data provided to us with other companies and with business partners including overseas companies. If we do transfer your personal data including where we propose a change of underwriter we make sure that it is appropriately protected.

Under the conditions of your policy you must tell us about any Insurance related incidents whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to the relevant database. We may search these databases when you apply for insurance in the event of any incident or claim or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We may also pass your information to reinsurers and/or loss adjusters.

Under data protection legislation you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. Any requests or enquiries about our data protection policy or practices should be addressed to Hera Indemnity.

Fraud Prevention & Detection

In order to prevent and detect fraud, we may at any time:

1. Share information about you with other organisations including the Police
2. Undertake credit searches
3. Check and/or share your details with fraud prevention and detection agencies.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

By signing this form you are confirming that you have read and accepted the information set out above.

Duty of Discourse

You are responsible for carrying out a reasonable search of all information held by the firm, and disclosing all material facts and circumstances to the Insurer. You are under a duty to make a fair presentation of the risk, and we as your brokers, are also under a duty to disclose material information. Please see Important Note (E), above.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete.

I declare that I have carried out a reasonable search of all information held by the firm and informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Number of additional sheets included with this application:

Signed:

Date:

Print Name:

Position Held:

Company Name:

This form and any questionnaires or additional sheets must be signed by a Partner / Principal / Member / Director of the practice.



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