

MISCELLANEOUS PROFESSIONAL INDEMNITY PROPOSAL FORM

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

| | | | | | |
|--|-----------|-----------------------|--|-----------------------|--------------|
| 1) COMPANY NAME/TRADING NAME(S) INCLUDING PREVIOUS TRADING STYLES: | | | | | |
| | | | | | |
| 2) FIRMS PRIMARY ADDRESS AND POSTCODE: | | | | | |
| | | | | | |
| 3) WEBSITE ADDRESS | | | 4) DATE 1ST ESTABLISHED: | | |
| | | | | | |
| 5) FIRMS BUSINESS DESCRIPTION: | | | | | |
| | | | | | |
| 6) FIRMS GOVERNING BODY: | | | | | |
| | | | | | |
| 7) DETAILS OF MAIN PRINCIPALS, PARTNERS OR DIRECTORS OF THE FIRM: (PLEASE ATTACH CV'S IF AVAILABLE) | | | | | |
| Full Name | | Qualifications | | Year Qualified | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8) PLEASE STATE NUMBER OF: | | | | | |
| Partners / Principals / Directors | | Other Qualified Staff | | All Other Staff | |
| | | | | | |
| 9) | UK | Europe | USA/Canada | Other | Total |
| Total Gross Fees in last financial Year ending:/...../..... | £ | £ | £ | £ | £ |
| Total Gross Fees in previous financial year 1 : | £ | £ | £ | £ | £ |
| Total Gross Fees in previous year 2: | £ | £ | £ | £ | £ |
| Estimated Gross Fees for next financial year: | £ | £ | £ | £ | £ |
| Largest Fee from any one client: | £ | £ | £ | £ | £ |

| 10) FULL DESCRIPTION OF ACTIVITIES, WITH PERCENTAGE BREAKDOWN (ESTIMATED IF NO HISTORICAL DATA): | | | | |
|--|--------|-------------|----------------------|--------------------|
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |
| 11) PLEASE PROVIDE DETAILS OF FEES RECEIVED FOR THE LAST FINANCIAL YEAR FROM THE FOLLOWING ECONOMIC SECTORS: | | | | |
| Commercial | | | | % |
| Industrial | | | | % |
| Private | | | | % |
| Public | | | | % |
| 12) DETAILS OF THE 5 LARGEST PROJECTS IN THE LAST 5 YEARS (IF APPLICABLE): | | | | |
| Start Date | Client | Description | Total Contract Value | Own Contract Value |
| | | | | |
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|--|--|-----|--------------------------|------|-------|
| 13) HAVE YOU ENTERED ANY CONTRACTS SUBJECT TO NON UK LAW? IF YES PLEASE GIVE DETAILS AT THE END OF THE FORM. | | YES | | NO | |
| 14) DOES THE FIRM CURRENTLY HOLD PROFESSIONAL INDEMNITY INSURANCE? | | YES | | NO | |
| Current Insurers | | | | | |
| Current PI Broker | | | | | |
| Premium | | | | | |
| Excess | | | | | |
| Renewal Date | | | | | |
| Retroactive Date | | | | | |
| 15) WHAT LIMIT OF INDEMNITY IS REQUIRED? | | | | | |
| | | | | | |
| 16) CLAIMS AND OTHER CIRCUMSTANCE STATEMENTS | | | | | |
| (a) No claims for professional negligence, error or omissions or the like have ever been made against The Firm or any predecessor(s) in business or against any Partners/Directors/Principals either directly or in respect of any Company of which they were a Partner/Director/Principal of. | | | | TRUE | FALSE |
| (b) After enquiry within The Firm, the Proposer is not aware of any circumstances which have occurred which may give rise to a claim. | | | | TRUE | FALSE |
| (c) The Firm or any Partners/Directors/Principal has not had any Insurers decline to offer PI renewal terms, nor has had their PI policy cancelled or voided, or had any special premium increase or special terms being imposed due to a material fact. | | | | TRUE | FALSE |
| (d) The Firm or any Partners/Directors/Principal do not act, or have not acted, in any capacity other than those declared | | | | TRUE | FALSE |
| (e) The Firm or any Partners/Directors/Principal have not ever been the subject of investigations or disciplinary proceedings by any Regulatory Body or the Health & Safety Executive | | | | TRUE | FALSE |
| (f) The Firm or any Partners/Directors/Principal do not undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation. | | | | TRUE | FALSE |
| (g) The Firm or any Partners/Directors/Principal have never been declared bankrupt, disqualified from being a company director, involved with a company that has gone into liquidation/administration/CVA or had a CCJ against them. | | | | TRUE | FALSE |
| If you answer 'False' to any of the questions above please provide details at the end of the form. | | | | | |
| 17) CONTACT NAME | | | 18) CONTACT EMAIL | | |
| | | | | | |
| 19) MOBILE NUMBER | | | 20) TELEPHONE | | |
| | | | | | |

21) MATERIAL INFORMATION

You must search for all material information and disclose it to us without misrepresentation. Material information is anything which might reasonably influence our decision to offer you insurance or the terms (including the premium) on which any offer is made. It includes facts, circumstances, allegations and events. Material information includes special or unusual facts concerning you or your business, any particular concerns you may have which have led you to seek or increase your insurance cover and any other facts relevant to the risk taken by us. You should assume that all information specifically sought by us is material, whether in this Statement of Fact or otherwise.

Please check carefully all the information and advise your insurance adviser if any corrections or additions are required as soon as reasonably practicable.

22) DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|

ANY ADDITIONAL INFORMATION (PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED):

Your information

We collect and use relevant information about you to arrange your insurance cover and to meet our legal obligations.

This information includes personal data such as your name, address, contact details and other information that we collect about you in connection with the insurance cover from which you benefit. This information may also include more sensitive data such as information about your health and any criminal convictions.

In certain circumstances, we may need your consent to process certain information about you and this is explained in our privacy policy. This is available to read and download at www.nbsunderwriting.co.uk or on request.

For the purpose of providing insurance and handling claims or complaints your information may be shared with, and used by, a number of third parties in the insurance and associated sectors e.g advisers, agents, brokers, insurers, reinsurers, loss adjusters, solicitors, sub- contractors, regulators, law enforcement agencies, fraud and crime prevention agencies. We will only disclose your personal information in connection with the insurance coverage that we provide and to the extent required or permitted by law.

If you provide other people's details to us

Where you provide us or your insurance adviser with information about other people, you must make them aware that you are doing so. Where possible, you should also provide them with this notice.

If you would like more information

For more information about how we use your personal information, please see our privacy policy which is available at www.nbsunderwriting.co.uk or on request.

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our privacy policy, you should contact the insurance adviser who provided you with your insurance in the first instance, or directly with us by contacting:

NBS Underwriting

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Tel: 0333 032 5000

Email: info@nbsunderwriting.co.uk

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