



**5.(a) Please detail gross income:**

Past Financial Year	Current Financial Year	Estimate Coming Financial Year
.....	.....	.....

**(b) Please state date of your financial year.**

.....

**6. Directors Name & Qualifications:**

Name	Qualifications	Date obtained	How long Principal of this practice
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**7. Please give the following:**

**(a). Name of current Insurers** .....

**(b). Total Limit of Indemnity** .....

**(c). Applicable excess** .....

**(d). Expiry date** .....

N.B. If not currently insured, please give details relative to the latest year that insurance was carried.

**8. What limit(s) of Indemnity do you require quotation for:**

**(a). £500,000** .....

**(b). £1,000,000** .....

**9. Does the Firm enter into any written Agreement or operate under any published conditions of engagement or letter of appointment?**

If Yes please enclose

YES/NO

**10. Have any claims for professional negligence, Error or Omission ever been made against the Firm or its present Director(s)?**

If Yes, give full details (on Headed Paper) of circumstances, amounts involved or paid.

YES/NO

**11. Are any of the Director(s) or AFTER ENQUIRY aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Director(s)?**

YES/NO

**12. Has any Proposal for similar insurance made on behalf of the Firm, any predecessors in business, or present Director(s), ever been declined or has any such Insurance ever been cancelled or renewal refused?**

If Yes, please give details

YES/NO

**DECLARATION**

1/We declare that the statements and particulars contained within this Proposal are true and that 1/We have not misstated or suppressed any material facts.

1/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon.

1/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

If you are in any doubt whether a Fact may affect the judgment of Underwriters you should declare it, as failure to do so could invalidate the Insurance.

Signing this Proposal Form does not bind the Proposer or Underwriters to complete this Contract of Insurance.

Signed ..... Date .....

Position in Company .....