

Note: Please download this form to your computer, complete on screen, save and then email to piteam@obf.ie or alternatively you can post or fax it to our team using the details below.

OBF Insurance Group Ltd.

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MISCELLANEOUS -PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Please Note:

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed and signed & dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

Please supply the following additional information:

- Company Brochure
- CV's of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

Details of the Proposer:

1. Name of Individual, Firm or Company:

2. Main Address:

3. Additional Insured - Name and Address:

N.B Please answer all subsequent questions in relation to all parties to be insured

4. Web-Site Address:

5. Date of Establishment:

6. Please give total numbers of:

a) Partners/Directors/Principals:

b) Qualified Staff:

c) Other Staff (Excluding Administration):

d) Administration Staff (Typists etc):

e) Contract Hired Staff:

7. Details of all Directors/Partners/Principals:

Partners/Principals	Qualifications	Date Qualified	How long a Director, Partner, Principal of this firm/company

8. Does the Proposer have a compliance officer or risk manager? **Yes** **No**

If Yes, please provide name, date joined and qualifications:

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If No, please supply details of who is responsible for internal risk management of the Proposer's business?

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9. Has any Principal, Partner or Director of the Proposer's business been made personally bankrupt, or been personally associated with any business which has been placed in to receivership, liquidation, or been wound up at the behest of its creditors? **Yes** **No**

If Yes, please provide full details:

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10. Is the Proposer or any Principal, Partner or Director of the Proposer's business connected or associated (financially or otherwise) with any other Organisation? **Yes** **No**

If Yes, please provide full details:

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11. If sole director or principal:

a) Is this a part-time occupation?

Yes No

If Yes, please provide brief details of present full-time occupation:

b) Are your full-time employers aware of these other activities?

Yes No

Details of Activities/Income/Fees:

1. Please provide full details of your activities (including activities carried out in the past six years which are not currently undertaken):

2. Please categorise the activities outlined above, and indicate the approximate percentage of the gross income/fees this represents:

3. Does the Proposer anticipate any major changes in these activities in the forthcoming 12 months?

Yes No

If Yes, please provide full details:

4. Is the Proposer involved in any process of manufacture, construction, alteration, repair, installation or supply of products other than in a pure consultancy capacity as described above?

Yes No

If Yes, please provide full details:

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5. Please provide the amount of gross income/fees for the last 3 financial years, and also an estimate for the current financial year:

Year	Ireland	Overseas Excluding USA/Canada	USA/Canada
	€	€	€
	€	€	€
	€	€	€
EST:	€	€	€

Please state the date of your financial year-end:

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6. Please provide details of your five largest projects:

Project	Country	Client	Fee	Value	Commenced	Finished

7. a) What is the total fee received in the last year from your largest client?

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- b) What is the average fee received in the last year per client?

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8. a) Does the Proposer undertake any work whatsoever where the 'end product' of such work is carried out outside Ireland or for overseas clients?

Yes No

If Yes, please provide the following details:

Project	Country	Client	Fee	Value	Commenced	Finished

b) Do you work other than from your Irish offices? **Yes** **No**

c) Do you accept liability other than under the jurisdiction of the Irish courts? **Yes** **No**

If the answer to (b) or (c) is Yes, please provide full details i.e jurisdiction, amount of work etc.

9. Does the Proposer use a standard form of contract, agreement or letter of appointment?

Yes **No**

If Yes, please enclose copies.

10. Does the Proposer use sub-contractors?

Yes **No**

NB. Underwriters will retain rights to recourse against sub-contractors unless specifically agreed otherwise

If Yes please answer the following:

a) Does the Proposer require sub-contractors to carry their own Professional Indemnity insurance and for what limits?

b) What percentage of your fees is paid to sub-contractors?

c) What work is carried your by sub-contractors?

Previous/Current Insurance

1. Does the Company currently have a Professional Indemnity Insurance policy in force?

Yes No

If Yes:

a) Insurer

b) Expiry Date

c) Limit of Indemnity

d) Excess

e) Premium

f) Expiry Retroactive Date

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer?

Yes No

If Yes, please provide full details:

3. Please circle the Limit of Indemnity required:

€00,000, €1,000,000, €1,500,000, €2,000,000, €2,500,000, €3,000,000, €5,000,000

Please specify if other –

4. What Excess is the Proposer prepared to carry uninsured?

€00, €1000, €2,500 €5,000 €10,000 or 'Other'

5. Do you require any of the following extensions?

a) Libel and Slander

Yes No

b) Dishonesty of Employees

Yes No

c) Loss of Documents

Yes No

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| d) Unintentional Breach of Copyright | Yes | No |
| e) Unintentional Breach of Confidentiality | Yes | No |
| 6. If any of the above extensions are required, is the Proposer aware of any past or current claims, or circumstances which may lead to a claim in respect of any extension requested, whether insured or not? | Yes | No |

If Yes, please provide full details:

Claims/Circumstances Information

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| 1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors? | Yes | No |
|--|------------|-----------|

If Yes, have such matters been notified to current or previous Underwriters	Yes	No
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Please provide full details:

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|---|------------|-----------|
| 2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters? | | |
| a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? | Yes | No |
| b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? | Yes | No |

If Yes, please provide full details:

Data Protection:

The firm is a Data Controller as defined in the Data Protection Acts 1988 and 2003. We collect your personal details in order to provide business services to you. These details can be stored electronically or on paper for the purpose of arranging transactions on your behalf. We take great care with the information you provide to us, taking steps to keep it secure and ensure it is used only for legitimate purposes.

To provide you with services, we sometimes have to share your information including claims history with other relevant professionals (insurance companies, reinsurers, underwriters, claims handlers etc.) In assessing any claims made, insurers may undertake checks against publicly available information such as electoral roll, court judgments, bankruptcy and repossessions. We may also be obliged to share information with regulatory or statutory bodies.

You have the right at any time to request a copy of any “personal data” within the meaning of the above Data Protection Acts which the firm holds about you (a fee of €6.35 may be charged) and to have any inaccuracies corrected.

Declaration:

The undersigned authorised Officer of the Company declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:..... (Signature not required for initial quote)

Name:.....

Position.....

Date.....

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