



ASSOCIATIONS

PROFESSIONAL INDEMNITY PROPOSAL FORM

Coverholder at



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IMPORTANT NOTICE

- This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only CLAIMS MADE.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly
 and with reasonable care. The answers you give us must be true and complete. This is for your
 protection because, if you do not give us full and complete information, a claim under your policy
 could be declined or your cover cancelled. You should also advise us of any material changes in your
 circumstances which might alter the subject matter of the policy or the nature of the risk being
 insured. If you do not advise us of such changes, cover under the policy may be lost.
- The proposal form must be fully completed, signed and dated by a person who is of legal capacity and has 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.

'**Directors**' shall refer to all Directors, Officers and Trustees (if the Association is a Charity) proposing for this insurance.

'Association' shall refer to all Associations, Institutes, Charities or similar entities proposing for this insurance.

Please supply the following additional information:

Association's latest Financial Report & Accounts

DETAILS OF THE PROPOSER

1.	Name of the Association (including any subsidiaries requiring coverage):
2.	Date of Establishment:
3.	Main Operating Address:
4.	Any operating addresses outside Republic of Ireland:
5.	During the last ten years, has the Association changed its name, been part of an amalgamation or merger or in any way had any material change to its activities? Yes No
	If Yes, please provide full details:-
6.	Website Address:
	(It is understood and agreed that material in the Association's website is not deemed to form part of this proposal form apart from any information attached in hard copy form to the proposal form)
7.	Do the Directors anticipate any material changes to the Association or to its activities in the forthcoming twelve months? Yes No
	If Yes, please provide full details:
8.	Please give a full description of the Association's activities (including any activities undertaken in the last six years not currently undertaken and any new activities planned for the next twelve months):
9.	Please state total number of: Directors:
	Volunteers (not already accounted for as a Director):
	Employees (not already accounted for as a Director):

Total Income						
Total Assets						
Expenditure By Region:						
Republic of Ireland UK & Channel Isles						
EU (excluding Irl. & UK)						
Africa						
Asia						
USA/Canada						
Elsewhere						
Total Expenditure						
a) Does the Association	•	•	in the next twelve mon	ths) Ye	es No	, [
* •		-	onal services in the past		.5	L
ten years?	ii evei piovide	ed such professio	mai sei vices in the past	Ye	es No	> [
If Yes to either a) or b)) above, pleas	e provide answe	rs to sections c) to h) be	low.		
c) A full description of in EUR unless other	-	sional service inc	cluding fees (Annual Gro	oss Income) ea	arned in each ca	se
Professional Service Pro (Please provide descrip each case)	otion in (or la	ast Financial Year st relevant year in pect of b) above)	Current Financia re-	l Year Estim	nate for Next Finar	icia
(Please provide descrip	otion in (or la	st relevant year in		l Year Estim	nate for Next Finar	ıcia
(Please provide descrip	otion in (or la	st relevant year in		l Year Estim	nate for Next Finar	ncial
(Please provide descrip	otion in (or la	st relevant year in		l Year Estim	nate for Next Finar	ıcia
(Please provide descrip	otion in (or la	st relevant year in		l Year Estim	nate for Next Finar	ncia
(Please provide descrip	otion in (or la	st relevant year in		l Year Estim	nate for Next Finar	ncia
(Please provide descrip each case) Total Income Earned	ssociation's to	st relevant year in pect of b) above)				
(Please provide descrip each case) Total Income Earned d) Please state the As	ssociation's to	st relevant year in pect of b) above)	re-	rom c) above		cile
Total Income Earned d) Please state the Aseach region below	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile
Total Income Earned d) Please state the Aseach region below	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile
Total Income Earned d) Please state the Aseach region below Region	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile
Total Income Earned d) Please state the Aseach region below Region Republic of Ireland UK & Channel Isles	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile
Total Income Earned d) Please state the Aseach region below Region Republic of Ireland UK & Channel Isles EU beyond (a) and (b) ab	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile
Total Income Earned d) Please state the Aseach region below Region Republic of Ireland UK & Channel Isles EU beyond (a) and (b) ab Africa	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile
Total Income Earned d) Please state the Aseach region below Region Republic of Ireland UK & Channel Isles EU beyond (a) and (b) ab Africa Asia	ssociation's to	st relevant year in pect of b) above) tal fees (Annual (Gross Income) derived f	rom c) above	for clients domi Estimate for Ne	cile

10. Please provide financial information for the Association as follows (all in EUR unless otherwise stated):

Current Financial Year

/

Estimate for Next Financial Year

/

Last Financial Year

Client Name	Territory	Date	Details of Work	Income Earned €	Jurisdiction of Contract
Association ever insurance compa (or other such fir	professional services per entered) into any tied any, insurance interme nancial institution), inv any other such compa	l agency agreemer ediary, Lloyds Sync vestment manager	nts between itself ar licate, building socie	nd any ety, bank	No _
If Yes, please pro against liability:	vide full details includ	ling any hold harm	less agreements in p	olace protecting th	e Association
than 30% of the	professional services p he Association's incom financial year?	•	•		No
	vida dataila				
If Yes, please pro	vide details:				lurisdiction (
	vide details: Territory	Date	Details of Work	Income Earned €	Jurisdiction of Contract
If Yes, please pro		Date	Details of Work	Income Earned €	
If Yes, please pro		Date	Details of Work	Income Earned €	
(g) In respect of terms of engal independent		provided, does the een signed off by a client?	Association always a solicitor who is act	agree	
(g) In respect of terms of engal independent	Territory professional services p gement which have b y of the Association's c	provided, does the een signed off by a client?	Association always a solicitor who is act	agree ing	Contract
(g) In respect of terms of enga independent!	Territory professional services p gement which have b y of the Association's c	provided, does the een signed off by a client? estances this would	Association always a solicitor who is act	agree ing Yes	No
(g) In respect of terms of enga independent! If No, please adv a) Does the Asso	professional services percent which have be yof the Association's cise under what circums	provided, does the een signed off by a client? estances this would	Association always a solicitor who is act	agree ing Yes	No
(g) In respect of terms of enga independent! If No, please adv	professional services pagement which have beginner what circums or the Association's contact is a service such as workers, nurses and midwing onnel and paramedics	provided, does the een signed off by a client? Instances this would sociation in any of the puld be given by surves, professions all s, laboratory staff, r	Association always a solicitor who is act a not happen: the last ten years or argical, medical and lied to medicine, elevant technicians	agree ing Yes expect to in the ne	No No No
(g) In respect of terms of enga independent! If No, please adv	professional services pagement which have been association's coise under what circums al trials? Territory professional services professional services and midwing professional services such as well as the services and midwing professional services professional servi	provided, does the een signed off by a client? Instances this would sociation in any of the puld be given by surves, professions all s, laboratory staff, r	Association always a solicitor who is act a not happen: the last ten years or argical, medical and lied to medicine, elevant technicians	agree ing Yes expect to in the ne	No No xt twelve
(g) In respect of terms of enga independent! If No, please adv a) Does the Assomonths): Undertake clinic Provide healthcadental practition ambulance persor by others acti	professional services pagement which have beginner what circums or the Association's contact is a service such as workers, nurses and midwing onnel and paramedics	provided, does the een signed off by a client? Instances this would sociation in any of the puld be given by surves, professions all a clients, laboratory staff, rof or supervision or	Association always a solicitor who is act a solicitor who is act a not happen: the last ten years or argical, medical and lied to medicine, elevant technicians f such persons?	agree ing Yes expect to in the ne	No No No
(g) In respect of terms of enga independent! If No, please adv a) Does the Assomonths): Undertake clinic Provide healthcadental practition ambulance persor by others acti	professional services pagement which have been association's coise under what circums al trials? Territory Territory Professional services pagement which have been association's circums and trials? The services such as workers, nurses and midwing onnel and paramedics and under the control coincil.	provided, does the een signed off by a client? Instances this would sociation in any of sociation in any of sives, professions all si, laboratory staff, rof or supervision of medical advice of an analysis.	Association always a solicitor who is act a solicitor who is act a not happen: the last ten years or argical, medical and lied to medicine, elevant technicians f such persons?	agree ing Yes expect to in the ne	No No No

	itos surveying activi ne above, please ad					Ye	S	No	
Client Name	Service Provided	Da	ate	Income Ea	rned €	Sub Consul Used (if a		Directo Respons	
b) Does the Asso months):	ciation (or has the A	Association i	n any of th	ne last six y	ears or e	expect to in	the nex	t twelve	
Provide certificat	tion, examination, li	censing or ir	nsurance?			Ye	s	No	
Provide legal, ac	tuarial, accountancy	or financial	services a	advice?		Ye	s	No	
Offer financial pr	oducts of any kind?					Ye	s	No	
Provide care for	vulnerable people (e.g. Special r	needs, eld	erly or sick)	?	Ye	s	No	
Provide care, trai	ning or supervision	to children	under the	age of 16?		Ye	s	No	
Act as a recruitm	ent consultant or p	lace staff wit	:h third pa	rties?		Ye	s	No	Τ
Act as project ma	anager or project co	o-ordinator c	n constru	ction relate	ed proje	cts? Ye	s	No	
Undertake valua	tion of property or	other assets?	?			Ye	s	No	
Undertake work	for clients in the pe	trochemical	or nuclea	r sectors?		Ye	5	No	
Advise on terrori	st related exposure	s or have a d	irect expo	sure to ter	rorist ac	ts? Ye	s	No	
Undertake work	for clients related to	aviation or	marine?			Ye	s	No	
If Yes, to any of th	ne above, please pro	ovide full de	tails:						
Client Name	Territory	Start Date	End Date	e De	etails of V	Vork	Propose Income	r Total Co Val	
-) D H A			:t-II		-:				
	ociation offer, sell, sunducts to third parti							7	
	o in the next twelve ne above, please ad					Ye	s	No	
Product	Association's F		Date	Income	Prot	ection (Y/N) *		Director	
roduce	71990clation 3 I			Earned €				Responsib	le

^{*} Please advise whether the Association has purchased adequate products liability or products guarantee insurance in respect of each item listed or is protected under a hold harmless or contractual guarantee arrangement with the manufacturers or suppliers.

f Yes, please adv	vise:				
Client Name	Service Provided	Date	Income Earned €	Sub Consultants Used (if any)	Director Responsib
	ssociation ensure that it h research and developr		ge or breach any thir	rd party intellectua	l property ri
material it produ oublic domain to	e Association ensure that ices are satisfactorily rev o limit the chance of any vide details of what chec	iewed by a solic civil liability act	itor prior to release i tions (e.g. Libel)?		No [
	ctors set up a clearly def nage and control the act vide details:	_		Yes	No [
f No, please pro	vide details of how the A	Association is co	ntrolled and manage	ed:	
quarterly?	anagement committee, o	executive or the	like meet at least	Yes	No [
i No, piease auv	ise now orten it meets.				
tatus to comply	ociation keep current, ac with the Companies Ac vide reasons why not:-				No [
Doos the manage	144	utivo or the like	review at least quart	erlv	

d) Does the Association undertake research and development work for Industry

e) Is there a clearly defined control mechanism in place to ensure that Association expenditure is in line with budgeted expenditure and in line with the Association's governing document (e.g. Trust Deed, Constitution or Memorandum and Articles		
of Association)?	Yes	No
f No, please provide reasons why not:		
f) Is there a clearly defined control mechanism in place to minimise the risk of		
theft of the Association's assets by any of its own employees or Directors? f No, please provide reasons why not:	Yes	No _
g) Are all cheques and money transfers paid by the Association in excess of €5,000	· · ·	
subject to at least two authorised signatures? If No, please provide reasons why not including details of sole signature limit and authorised sole signatories:	Yes	No _
n) Is there a clearly defined control mechanism in place to ensure that any money and gifts donated to the Association are recorded, banked and reconciled		Г
ndependently within at most seven days of receipt? f No, please provide reasons why not:	Yes	No _
) In respect of any fund raising activities, do the Directors provide all volunteers wit clearly defined rules as to their conduct and provide them with adequate identity papers where appropriate in line with the Association's responsibilities under statur		
regulations governing public collections. Yes	No	
f No, please provide reasons why not :	110	
) Do the Directors review at least annually all internal control mechanisms		
relating to questions c) to i) above? f No, please advise how often such review is undertaken:-	Yes	No _
a) Do the Directors ensure that full records are kent in respect of the Association's		
a) Do the Directors ensure that full records are kept in respect of the Association's investments and that they are kept in a secure place?	Yes	No

performance of t	ors review at least annumers review at least annumers. The Association? It is a how often such rev	·		ment Yes	No [
investment advis	ors review at least ever sors and auditors? ise how often such rev			essional Yes	No [
document (e.g. T	ors review at least ever rust Deed, Constitutio		_		N. C
Association)? If No, please adv	se how often such rev	iew is undertaken:		Yes	No L
	rectors instructed to re		_	governing	
Association)?	rust Deed, Constitutio	n or Memorandum	and Articles of	Yes	No [
operation and do are retained secu	ciation have a defined bes such policy include rely for at least 6 years vide reasons why not:	the requirement t			No [
a) Please provide	e details of the Associa	tion's current Profe	ssional Indemnity I	nsurance polic	cy:
Insurer	Expiry Date	Limit	Excess	Retro-Active [(if any)	Date Premium
b) Has the Assoc cancelled or voic If Yes, please pro	•	ed similar insurance	e, or had any policy	Yes	No [

If Yes, please provide answers to b) to o) below:	Yes	No
b) Total current membership:		
Total annual income generated by membership subscriptions:		
c) Does the Association provide the membership with guidance documentation, information, instructions or directives in the form of circulars, periodicals or other such literature?	Yes	No
If Yes: Is all such information satisfactorily reviewed by a solicitor prior to release? If No, please provide details of what checks the Association undertakes:	Yes	No
d) Does the Association provide a regulatory function?	Yes	No
e) Can the Association impose fines or penalties on its members, or restrict the members' ability to trade in any way? If Yes, to either d) or e), please answer f) to k) below:	Yes	No
f) Does the Association publicise such member non-compliance?	Yes	No
g) How many members in the last five years have been fined, penalised or restricted in any way as described under 16(e) above by the Association?		
h) Is there a clearly defined appeal process in place and is such process advised to all members?	Yes	No
If No, please provide reasons why not:		
i) Does the Association have a disciplinary committee which meets at least every quarter?	Yes	No
i) Does the Association have a disciplinary committee which meets at least	Yes Yes	No No
 i) Does the Association have a disciplinary committee which meets at least every quarter? j) Is any regulatory or discipline related decision involving members sanctioned 		

I) Are all members provided with up to date Rules and Regulations as soon as they are made reasonably available? If No, please provide reasons why not:	Yes		No
m) Does the Association review at least every five years its Rules and Regulations? If No, please provide reasons why not:	Yes		No L
n) Does the Association recommend or refer their members to third parties?	Yes		No
If Yes, please provide full details:			
o) Does the Association provide a written statement to its members of the extent of its role, duties and benefits with regard to its members and does such written statement make it clear that the Association will not be liable beyond such role,			
duties and benefits? If No, please provide reasons why not:	Yes		No
a) Does the Association (or has it in any of the last six years or plan to in the next			
twelve months) engage sub-consultants, or undertake any contracts where they become contractually responsible for the services of any sub-consultant? If Yes, please answer b) and c) below:	Yes		No
b) Is there a clearly defined procedure in place to ensure that any such sub-consult Engaged on contractual terms that are at least as onerous as the contractual			Г
terms under which the Association has been engaged? Professionally competent to undertake the work in question?	Yes Yes		No No
Adequately insured to cover any liability that is likely to arise in respect of the work in question?	Yes		No
If No, to any of b) above, please answer the following question: What procedures are in place to manage and control the appointment of sub-consu	ultants b	by the As	∟ sociatio
c) What is the minimum Professional Indemnity Insurance limit that the Association	1	€	

Professional Indemnity Insurance is underwritten on a 'claims made' basis and the Underwriters will exclude any claim and/or circumstance which may give rise to a claim, which is known by the Directors prior to the inception date of the policy. Please provide answers to the following questions after making full enquiry of all Directors and Employees.

18.	a) Have any civil liability claims ever be successful or otherwise?	een made against ar	ny Director, whether	Yes	No)
	b) Have any civil liability claims ever be successful or otherwise?	een made against th	ne Association, whether	Yes	No) <u> </u>
	c) Have any claims for dishonesty ever employee, whether successful or other	•	any Director or	Yes	No) <u> </u>
	d) Have any claims for dishonesty ever whether successful or otherwise?	been made agains	t the Association,	Yes	No)
	e) Have any complaints or investigatio against any Director, employee or the A		or undertaken	Yes	No)
	f) Has any Director of the Association e Association's activities unintentionally		3	Yes	No)
	g) Has any Director or the Association of any employee, Trustee or any other p	•	•	Yes	No)
	h) Has any Director or the Association e similar review) of the lawfulness of any	•		Yes	No.) [
	i) After full enquiry is the Association o relating to the questions 18(a) to 18(h) claim or request for indemnity under the	above which may g	give rise to a potential	Yes	No	
	If Yes, to any of the above, please provi	•	• • •			
	Datail Of Claims		*Incurrer December			

Detail Of Claim/ Circumstance	Incident Date	Amount Claimed €	*Insurer Reserve/ Paid EUR	Excess EUR	Closed (Y/N)**

^{*} Includes damages (or amount paid in settlement of a claim for damages), claimant's costs, costs paid to any other party, and defence/investigation costs.

^{**} Please advise whether the Underwriters closed their file in each case.

DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, www.obf.ie.

What does OBF Insurance Group Ltd. do with your personal data?

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub-contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd. will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes.

Your Rights under our Data Protection Policy

You have the right to:

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation
- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- · Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, you will need to complete and submit a Data Access Request Form, available on request or via our website.

Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Were there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Siochana
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Cianatura	
Signature:	
N.I.	
Name:	
Position:	Date: