

OBF

INSURANCE GROUP



MISCELLANEOUS

PROFESSIONAL INDEMNITY
PROPOSAL FORM

Coverholder at

LLOYD'S

OBF Insurance Group Ltd. Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1
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OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

Please Note:

- 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.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if there is insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- 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.
- 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
- CVs of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

DETAILS OF THE PROPOSER

1. Name(s) of the Firm(s):

2. Address(es):

3. Website:

4. Email address:

5. Phone No:

6. Establishment Date of Firm:

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

7. Website Address:

8. Establishment Date of Firm:

9. Please state total number of:

Principals/Partners/Directors:

Other Technical Staff:

Contract Hired Staff:

Qualified Staff:

Administrative/Other:

10. a) Details of all Directors/Partners/Principals:

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

11. Does the Proposer have a compliance officer or risk manager?

Yes

No

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

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

12. 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 into receivership, liquidation, or been wound up at the behest of its creditors?

Yes No

If Yes, please provide full details:

13. 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:

14. 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:

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	UK	EU (Excluding Ireland and UK)	USA /Canada	Rest of the World

Please state the date of your financial year-end:

6. Please provide details of your five largest projects:

Project	Country	Client	Fee	Value	Start Date	End Date

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

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

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	Start Date	End Date

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

N.B. 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 out by your sub-contractors?

PREVIOUS/CURRENT INSURANCE

1. Does the Proposer 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 indicate the Limit of Indemnity required:

€500,000 €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?

€1,000, €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

d) Unintentional Breach of Copyright?

Yes No

e) Unintentional Breach of Confidentiality?

Yes No

Please note that cover for the above extensions might not be automatically available or given as part of the cover. Always consult your broker for cover availability or confirmation.

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

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, please provide full details:

If Yes, have such matters been notified to current or previous Underwriters?

Yes No

Please provide full details:

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

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 and the non-disclosure of relevant information OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including where applicable private investigators and public bodies including An Garda Siochana;
- Check and/or file your details with fraud prevention agencies and databases such as InsuranceLink, and if you give us false or inaccurate information and we suspect fraud, we will record this. For more information on the functioning of InsuranceLink, please visit insurancelink.ie.

OBF Insurance Group Ltd. may also search these agencies and databases to :

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

DECLARATION

The undersigned authorised Person 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:

Name:

Position:

Date: