

# Professional Insurance Portfolio



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## Proposal Form (Republic of Ireland) Business and Management Consultants

You must complete the General Information section, the Claims section and read and sign the Declaration.

**GENERAL  
INFORMATION**

**You must complete this section.**

**Company name:**

**Main address:**

  

Postcode

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

**Additional insured name and address:**

  

Postcode

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

**Additional liabilities:**

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES  NO

If YES, please provide details:

**Year business established:**

**Total income:**

	Last completed financial year	Current year	Estimate next year
Republic of Ireland and UK law contracts	€	€	€
EU law contracts	€	€	€
US law contracts	€	€	€
Other law contracts	€	€	€

**Number of employees:**

Last year	Current year	Estimate next year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your experience:**

Please confirm that one or more of the Principals has at least 5 years experience in the relevant industry:

YES  NO

If NO, please provide CV's for all Principals

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CONSULTANTS**

**OPTIONAL - Only complete this module if this insurance cover is required.**

Do you undertake any work in relation to the following: the law, investment of client funds, audit, accountancy, tax, insolvency, liquidation, receivership, mergers, acquisitions, pollution, turnaround management or do you have responsibility to your clients for: the procurement of goods or services on their behalf, pricing policy, legally binding them in other ways?

YES  NO

If YES, please provide full details.

**Your business activity**

Please split your last completed financial year's income approximately between the following professional disciplines. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year:

- |                                                                     |                        |
|---------------------------------------------------------------------|------------------------|
| a) Strategic consultancy                                            | € <input type="text"/> |
| b) Organisation, design and development consultancy                 | € <input type="text"/> |
| c) Quality management                                               | € <input type="text"/> |
| d) Manufacturing systems consultancy                                | € <input type="text"/> |
| e) Financial management - consultancy only                          | € <input type="text"/> |
| f) Project management                                               | € <input type="text"/> |
| g) Human resources consultancy                                      | € <input type="text"/> |
| h) Recruitment consultancy:                                         |                        |
| i) Permanent staff                                                  | € <input type="text"/> |
| ii) Temporary staff                                                 | € <input type="text"/> |
| i) Marketing consultancy                                            | € <input type="text"/> |
| j) Telecommunications consultancy                                   | € <input type="text"/> |
| k) Computer and IT consultancy                                      | € <input type="text"/> |
| If over 30% please complete the Hiscox IT form in addition to this. |                        |
| l) Outsourcing and facilities management consultancy                | € <input type="text"/> |
| m) Design and creativity consultancy                                | € <input type="text"/> |
| n) Quality assurance consultancy                                    | € <input type="text"/> |
| o) Health and safety and fire consultancy                           | € <input type="text"/> |
| p) Interim/locum management                                         | € <input type="text"/> |
| q) Training services                                                | € <input type="text"/> |

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r) Other - please supply full details below:

€

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Within the past three years what is the approximate average fee you have received?

€

What is the largest?

€

Please give details of the three largest contracts carried out in the past three years (or coming year if a new venture):

Name of client	Nature of their business	Service provided by you	Total value of contract	Income to you from the contract

**Project Management**

If you have stated any income under Project Management:

i) Please provide brief details of a typical project:

Type of work	Your fees	Contract value	Start/end date	Name of client

ii) Are you responsible for the direct appointment of any advisory or professional consultants?

YES  NO

**Please note that it is a condition of this insurance that any advisory professional consultant appointed by you must carry their own PI insurance to an equivalent level.**

**Outsourcing and facilities management consultancy**

If you have declared any income under Outsourcing and facilities management consultancy:

Do you become involved in any contractual negotiations?

YES  NO

If YES, please give full details:

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**Design and creativity  
consultancy**

If you have declared any income under Design and creativity consultancy please advise what you design and what your client will do with your completed design:

**Interim management**

If you have stated any income under Interim/locum:

i) What position(s) do you undertake and what are your responsibilities?

ii) What is the reason for your employment in this position?

iii) What level of decision making do you accept without referral to higher level management?

a) Day to day management YES  NO

b) Strategic management with budgetary responsibility YES  NO

**Financial management**

If you have declared any income under Financial management, please confirm:

Do you accept responsibility for strategic/budgetary decisions? YES  NO

If YES, do you obtain sign off by senior management/board? YES  NO

**Health and safety  
and fire consultancy**

If you have declared any income under Health and safety and fire consultancy, please advise whether you deal with clients in the construction industry?

YES  NO

If YES, what are your responsibilities?

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If you carry out a quality assurance role, do you always ensure that any health and safety recommendations have been implemented by your client and that written sign off procedures are in place? YES  NO

If NO, please explain why:

**Sub-contractors**

Do you use independent sub-contractors? YES  NO

If YES:

a) What approximate percentage of your turnover is paid to sub-contractors?  %

b) For which work are they used?

c) Do you ensure they have their own PI insurance? YES  NO

**Current cover**

Have you ever bought Professional Indemnity Insurance in the past? YES  NO

If YES, please provide details:

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of years continuously held

Please tick the limit of indemnity now required:

€325,000

€650,000

€1,300,000

Other €

**GENERAL LIABILITY -  
PUBLIC & PRODUCTS  
AND EMPLOYERS'  
LIABILITY**

OPTIONAL - Only complete this module if this insurance cover is required.

Total waggeroll:

	Current full year	Estimate next year
Clerical	€	€
Non-manual	€	€
Manual	€	€

No. of premises:

Name of existing insurer:

**CLAIMS**

**You must complete this section.**

Please complete the claims questions for any risk now to be insured under the following insurance covers.

In relation to your professional business activities, are you after reasonable enquiry aware of:  
Any shortcoming in your work which may lead to a claim against you.  
This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
  - A complaint about your work or anything you have supplied which cannot be immediately resolved. YES  NO
  - An escalating level of complaint on a particular project. YES  NO
- A client withholding payment due to you after any complaint. YES  NO
- Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES  NO
- Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES  NO
- Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee. YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt? YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

**Professional Indemnity**

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES  NO

**In respect of the following insurance covers:**

**General Liability - Public & Products and Employers Liability**

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? YES  NO

**CLAIMS**

If YES, please provide full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

**In respect of Employers Liability:**

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim?

If YES, please provide full details:

YES  NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES  NO

If YES, please provide details:

Date	Details



## DECLARATION

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

### MATERIAL INFORMATION

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

### DATA PROTECTION

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

### DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

**A copy of this proposal should be retained for your records.**

## COMPLAINTS

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

**Telephone:** 0870 084 3777

**Email:** [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

**Address:** Hiscox Insurance Company Limited, 1 Great St Helen's, London EC3A 6HX.