

Intersure Insurance Brokers Limited

Prospect House, 63 North Street, Sudbury, Suffolk CO10 1RE

Telephone: 01787 313133 Fax:01787 313656

enquiries@intersure.net

www.intersureinsurance.com

**Professional Indemnity Proposal Form
for
UMBRELLA/PAYROLL SERVICE COMPANIES**

IMPORTANT NOTICE

This proposal form must be completed in ink by the Individual or a Partner, Principal or Director of the Firm or Company. All questions must be answered to enable a quotation to be given. The completion and signature of this

proposal does not bind the Proposer or Underwriters to complete a Contract of Insurance. If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form.

Please provide a Brochure, if possible, and any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

1. Title(s) of Firm(s) (including any associated/subsidiary companies for which cover is required)

Date(s) Established: _____

2. Principal Address

Telephone No _____

Facsimile No _____

e mail _____

Web-site _____

3. Partners or Directors and Staff

Full Names of all Partners or Directors	Qualification(s)	Year Qualified		
Please state number of permanent staff	Qualified	Unqualified		

4. Limit of Cover Required:

Please indicate the classes of insurance for which you require quotations:

Limit any one claim	£250,000	£500,000	£1M	Other: £
Please state policy excess you would be willing to accept				£

5. Basis of Cover.

Please indicate the basis of cover for which you require quotations:

i) The liability of the Firm(s) in respect of the services provided to contractors: YES NO

ii) Cover the activities of the contractors working under the Umbrella or through the Composite, in respect of losses caused to Third parties: YES NO

6. Gross Income

Please state the total Gross Income of the Firm(s) for each of the last two Financial Years and the anticipated income for the forthcoming year. This amount should be inclusive of contractors' salaries and dividends

Financial Year End Date:

	United Kingdom	Overseas Excluding USA/Canada	USA/Canada	Total
2005	£	£	£	£
2006	£	£	£	£
2007 Estimate	£	£	£	£

7.. Information regarding Contractors.

Please state the % split between the various categories of contractor:

Clerical/Technical	£	
Engineers/Teachers	£	
Manual	£	
Welders	£	
Safety Critical Rail	£	
Others?	£	

Total Turnover:

£

8. Offshore Work

Have you any contractors who work offshore? YES NO
If yes, do you require cover for these contractors? YES NO
If yes, approximately how many are there and what are their activities?

9. Overseas Offices

In which country (ies) does the Firm(s) have offices and how is the work controlled.

10. Professional Service(s) Provided to Contractors by Umbrella’s/Payroll/Services Company

Please indicate below the services provided by the Firm(s) and provide a full description of any other activities for which cover is required:

- i) Advice regarding IR35 status YES NO
- ii) Advice regarding company formation YES NO
- iii) Collection and payment of income YES NO
- iv) Contract drafting YES NO
- v) Accountancy activities (e.g. book-keeping, PAYE calculation, VAT Returns, processing expenses etc.) YES NO
- vii) If there are any other services that you provide for which cover is required then please provide full details below:

11. Jurisdiction.

Does the Firm(s), or any of the Contractors for whom you act, accept liability other than under the jurisdiction of European Union courts? YES NO
If “YES” please provide full details

12. Contractual Issues.

i) Does the Firm(s) use a standard form of contract, agreement or letter of appointment when agreeing to provide services to a contractor?

YES NO

If "YES", please enclose copies.

ii) Does the Firm(s) use a standard form of contract to define the contractual relationship between The Firm, The Contractor and the Employing Company and/or Agency?

YES NO

If "YES", please enclose copies.

13.. Professional Indemnity Claims and/or Circumstances

(a) During the past 6 years have any claims been made against the Firm(s), any Partner or Director or their predecessors in business in respect of any liability of the type to be indemnified by the proposed

YES NO

If "YES" please advise details of the Year(s) in which the claim(s) was/were made the amount paid and/or outstanding and brief circumstances surrounding the claim(s) and/or circumstances(s).

(Please use a separate sheet if necessary):

(b) Are any of the Partners or Directors AFTER ENQUIRY, within the Firm(s) aware of any circumstance(s) which may give rise to a claim(s) against the Firm(s), any predecessors in business or any former Partner(s) or Director(s)?

YES NO

If "YES" please provide full details:

18. Do you have any contractors working in the industries stated below:-

The rail industry Independent Financial Advisors
The aviation industry The fire security industry
The car production industry (including motor racing)

YES NO

If yes please provide full details

19. Current Insurance.

Policy Type	Indemnity Limit	Insurer	Renewal Date

21. Declaration

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgment in the consideration of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

Failure to disclose could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/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. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature

NAME:

(Partner, Principal or Director)

Dated

If you feel that there is any further information which may assist us in obtaining your quotations please detail below

