



Tel: +44 (0)20 7488 1024
Fax: +44 (0)20 7481 1812
E-mail: managers@britishmarine.com
Website: www.britishmarine.com

Walsingham House,
35 Seething Lane
London EC3N 4DQ
England

PROFESSIONAL INDEMNITY – PROPOSAL FORM

- ° This proposal form may be completed by your authorised insurance broker.
- ° Please attach any relevant company literature that will assist us with your enquiry.

It is your duty to disclose all material information to the underwriters that may affect the premium or conditions. This completed proposal form will form part of your insurance policy with International Transport Solutions. Cover is subject to receipt of the original signed proposal form within 30 days of inception.

Please return the completed proposal form to the above address.

GENERAL INFORMATION:

Company Name:			
Address:			
Tel:		Fax:	
E-mail:		Vat No:	
Website:			
Date Company Established:			
Insurance Broker to whom Quotation should be sent:			

Subsidiary Companies to be named in the insurance policy:
•
•

Directors and Senior Managers (Please give names and qualifications):
.
.

a. Please provide us with the number of:

Partners, Directors and Senior Managers:	
Qualified Staff:	
Clerical Staff:	
Total:	

b. Name of person to whom correspondence should be addressed:

--

c. Please give details of any trade association to which you are a member:

2. BUSINESS ACTIVITIES:

a. Please indicate your gross Annual Income (fees and commissions only):

Currency:

Estimate for this financial year

Estimate for next financial year

--	--

b. Please indicate (a) the activities to be insured and (b) the approximate percentage of your gross annual income derived from these activities:

	% of Annual Turnover

c. Please name the clients for whom you regularly act:

d. Do you have any financial interest in your client's companies? Yes No

e. Do your clients have any financial interest in your company? Yes No

f. Are you involved in any process of manufacture, construction, alteration or repair other than in a consultancy capacity? Yes No

g. Do you use a standard form of contract, agreement or Letter of appointment? Yes No
 (If yes, please provide us with copies.)

INSURANCE / CLAIMS HISTORY

a. Are you currently insured for your professional liability exposure? Yes No
 If yes, please provide us with the following details:

(i) Name of insurer:
(ii) Limit of liability:
(iii) Deductible:
(iv) Premium:

b. Have any claims been made against the company or its present partners or directors in respect of the type of liabilities to which to which this proposal relates? Yes No
 (If yes, please attach full details)

c. Have you, at any time, been refused similar insurance, or been quoted increased premiums or had special terms imposed? Yes No
 (If yes, please attach full details)

d. Please indicate any preferred limits or deductibles:

[i]	Limit :	Deductible:
[ii]	Limit :	Deductible:

DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or omitted any material facts. (A material fact is one likely to influence the underwriter’s assessment of this proposal.) I/We agree that this proposal, together with any other information supplied by myself/ourselves shall form the basis of any contract of insurance effected thereupon. I/We undertake to inform the underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Name:.....

Position:.....

Signature:.....

Date:.....

We are committed to ensuring that our customer’s personal information is protected. ITS treats all personal information in compliance with the Data Protection Act 1998.