



Proposal Form for Linguistic Professions' Professional Indemnity Insurance (Eire)

IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method Of Completion

- This proposal form may be completed in ink or electronically, provided you print out an original and sign and date the declaration;
- ALL questions must be answered (if necessary comment as "not applicable" or "none");
- Please review the complete document before signing and dating the declaration;
- Please post the original form to us after taking a copy for your records. A faxed or electronic copy will enable work to commence on your behalf straight away.

Presentation

- Insurers see many proposals during the course of a working day and it is therefore important that your proposal form is completed fully, clearly and accurately. First impressions really do count here;
- If there is insufficient space in the proposal form or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;
- CV's of your principals should be supplied if you have not previously been insured or if any principal has been in their current position fewer than five years;
- Standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken or the potential professional liabilities faced;

Disclosure

- You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms. In the case of renewal of existing insurance arrangements, this includes any material changes to information already disclosed to insurers;
 - If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form;
 - It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current underwriters of such matters as appropriate;
 - Failure to disclose material information may give underwriters the right to avoid any contract of insurance they may subsequently issue, with the consequence that you will not be protected for any claims notified under that insurance.
-

1. NAME(S) OF FIRM (PLEASE INCLUDE ANY PREDECESSORS IN BUSINESS FOR WHOM COVER IS REQUIRED)

--

2. ADDRESS OF PRINCIPAL OFFICE (PLEASE LIST ALL OTHER LOCATIONS BY TOWN OR COUNTRY IF OVERSEAS AND IDENTIFY SUPERVISING PARTNER/DIRECTOR AT EACH LOCATION)

--

Partner Contact:		Telephone Number:	
E-Mail:		Fax Number:	
Web-Site Address:			

3. DATE(S) ESTABLISHED:

--

4. PARTNER / DIRECTOR / SOLE PRACTITIONER DETAILS

NAMES OF:

A) PARTNERS / DIRECTORS / SP'S	QUALIFICATION	DATE QUALIFIED	PROFESSIONAL INSTITUTE MEMBERSHIP *	NO OF YEARS EXPERIENCE IN THE BUSINESS ACTIVITIES (SEE Q9)
B) CONSULTANTS				
A)				
B)				

* Note: Special Premium rates apply to membership to certain professional bodies or institutes

5. IF COVER IS REQUIRED FOR ANY PARTNER / DIRECTOR FOR LIABILITY PRIOR TO JOINING THE ABOVE FIRM(S) PLEASE ADVISE

- (A) NAME OF PARTNER / DIRECTOR
- (B) NAME OF PREVIOUS FIRM(S)
- (C) DATE OF JOINING THE ABOVE FIRM

6. NUMBER OF STAFF:

QUALIFIED	UNQUALIFIED	ADMINISTRATIVE

7. RECENT CHANGES – DURING THE LAST SIX YEARS, HAS THE NAME OF THE FIRM(S) CHANGED OR HAS ANY AMALGAMATION OR ACQUISITION TAKEN PLACE, OR HAVE THERE BEEN CHANGES OF PARTNERS / DIRECTORS? (I.E. DEPARTED, RETIRED OR DECEASED ETC)

YES	NO
-----	----

IF "YES" PLEASE GIVE DETAILS

--

8. GROSS EARNINGS – PLEASE ADVISE TOTAL GROSS EARNINGS FOR EACH OF THE LAST TWO FINANCIAL YEARS (IF APPLICABLE) AND ESTIMATE THE INCOME FOR THE FORTHCOMING YEAR

FINANCIAL YEAR END: - __ / __ / 20__	20__	20__	20__
EIRE	€	€	€
OVERSEAS (EXCLUDING USA / CANADA)	€	€	€
USA / CANADA	€	€	€

9 BUSINESS ACTIVITIES – PLEASE GIVE A DESCRIPTION OF BUSINESS ACTIVITIES

--

10. DISCIPLINE PROFILE – PLEASE CATEGORISE THE FIRM'S BUSINESS ACTIVITIES AND ADVISE APPROXIMATE SPLIT OF WORK DURING THE LAST COMPLETE FINANCIAL YEAR (OR FORTHCOMING YEAR IF A NEW FIRM)

CATEGORY:

TRANSLATION / LOCALISATION (INCLUDING PROJECT MANAGEMENT)

%

INTERPRETING (INCLUDING SIGN LANGUAGE INTERPRETING)

%

LANGUAGE TRAINING / TUITION

%

PRINTING / PUBLISHING / TYPESETTING

%

OTHER (PLEASE GIVE FULL DETAILS, PARTICULARLY IN RELATION TO ANY WORK WHICH IS NOT PURELY INTERPRETIVE)

%

TOTAL

100%

11. INDEPENDENT CONSULTANTS

IS ANY WORK PUT OUT TO INDEPENDENT OR SPECIALIST CONSULTANTS / FREELANCES

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "YES", PLEASE GIVE DETAILS OF WORK CARRIED OUT BY SUCH CONSULTANTS / FREELANCES

--

ARE SUCH CONSULTANTS REQUIRED TO CARRY INSURANCE TO COVER THEIR LIABILITY FOR SUCH WORK

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

DO YOU CHECK WORK CARRIED OUT ON YOUR BEHALF BY SUCH CONSULTANTS / FREELANCES

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

PLEASE NOTE THAT WHENEVER YOU ENGAGE OR EMPLOY CONSULTANTS, YOU SHOULD ASK EACH YEAR FOR EVIDENCE OF THEIR PROFESSIONAL INDEMNITY INSURANCE

12. OTHER FINANCIAL INTERESTS – DOES THE FIRM OR ANY PARTNER / DIRECTOR UNDERTAKE WORK OR PROFESSIONAL SERVICES FOR ANY OTHER PARTNERSHIP, COMPANY OR ORGANISATION:

(A) IN WHICH THEY ARE ABLE TO EXERCISE A CONTROLLING INTEREST IN SUCH PARTNERSHIP, COMPANY, ORGANISATION ? (OTHER THAN SHARES HELD IN PUBLIC COMPANIES) OR,

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

(B) IN WHICH ANY PARTNER / DIRECTOR HOLDS A DIRECTORSHIP OR OTHER APPOINTMENT?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "YES", PLEASE STATE THE NAME AND NATURE OF SUCH ORGANISATION AND OUTLINE WORK UNDERTAKEN.

--

13. CONTRACT CONDITIONS

(A) DO YOU HAVE STANDARD CONTRACT CONDITIONS

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "YES", PLEASE SUPPLY A COPY WITH THIS PROPOSAL FORM

(B) ARE ALL YOUR CONTRACTS SUBJECT TO UK LAW?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "NO", PLEASE GIVE DETAILS

--

PLEASE NOTE: IT IS IMPERATIVE THAT THIS QUESTION IS ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

14. CLAIMS & OR CIRCUMSTANCES

(A) CLAIMS – DURING THE LAST TEN YEARS, HAVE ANY CLAIMS BEEN MADE AGAINST THE FIRM(S) OR PREDECESSORS IN BUSINESS OR PRESENT OR FORMER PARTNERS / DIRECTORS ARISING OUT OF THE FIRM'S ACTIVITIES?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "YES", PLEASE ADVISE FULL DETAILS INCLUDING AMOUNTS INVOLVED AND SETTLEMENT DATES WHERE APPROPRIATE:

CLAIMS PAID
CLAIMS OUTSTANDING

(B) CIRCUMSTANCES – ARE ANY OF THE PARTNERS **AFTER ENQUIRY** AWARE OF ANY CIRCUMSTANCES WHICH MAY GIVE RISE TO A CLAIM AGAINST THE FIRM(S) OR ITS PREDECESSORS IN BUSINESS OR ITS / THEIR PRESENT OR FORMER PARTNERS / DIRECTORS?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "YES", PLEASE PROVIDE FULL DETAILS INCLUDING AMOUNTS INVOLVED.

--

15. CURRENT INSURANCE ARRANGEMENTS – PLEASE ADVISE:

LIMIT OF INDEMNITY	EXCESS	PREMIUM	INSURER	RENEWAL DATE	PERIOD CONTINUOUSLY INSURED
€	€	€			-- YEARS

HAS ANY SIMILAR INSURANCE FOR THIS FIRM(S) OR ANY PARTNER / DIRECTOR BEEN DECLINED, CANCELLED OR RENEWAL REFUSED

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

IF "YES", PLEASE PROVIDE DETAILS

--

16. QUOTATIONS REQUIRED

LIMITS OF INDEMNITY REQUIRED	€75,000		€150,000		€375,000		€750,000		OTHER (PLEASE SPECIFY): €
	YES	NO	YES	NO	YES	NO	YES	NO	

DECLARATION

I / WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND I / WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS.

I / WE AGREE THAT THIS PROPOSAL, TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY ME / US SHALL FORM THE BASIS OF ANY SUBSEQUENT CONTRACT OF INSURANCE.

SIGNED:

PARTNER / DIRECTOR / SOLE PRACTITIONER

DATE:

FOR AND ON BEHALF OF:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE