

# UIB UK PROFESSIONAL INDEMNITY

## PROFESSIONAL INDEMNITY RENEWAL PROPOSAL FORM

- It is very important that you disclose fully and accurately all material facts. If you require more space please continue on your headed paper, then sign and attach to this form. Material facts are those which may affect Underwriters' assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it.
- Please answer all the questions and complete this form in ink. This proposal shall form the basis of any insurance contract.
- We would remind you that this type of policy is written on a "claims made" basis. There are no days of grace for renewal negotiations under this type of policy. Cover will terminate at expiry date

### 1. DETAILS OF APPLICANT

Name(s) (including trading names) of all entities to be Insured:

### 2. TURNOVER

Please provide details of your gross Turnover:

	Last Complete Financial Year	Estimate for next financial year
Gross Turnover	<input type="text"/>	<input type="text"/>

### 3. CONTRACTS

Please give details of your 3 largest contracts undertaken in the last 12 months

Client	Country	Start Date	Completion Date	Total Contract Value	Description of Services
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. LIMIT OF INDEMNITY

Is any change in the limit of indemnity or excess required? Yes  No

*If Yes, please provide details:*

### 5. MATERIAL CHANGES

Have any material changes to your business taken place in the last twelve months? Yes  No

*If Yes, please provide full details on a separate sheet.*

Are you or any Partner/Director/Principal or Employees AFTER FULL ENQUIRY aware of any circumstances, or any circumstances other than those already notified to the Insurers which,

a) may give rise to a claim against the Insured, predecessors in business or any past or present Partner/Director/Principal or Employee? Yes  No

b) otherwise affect the Insurers' consideration of the renewal of this Policy? Yes  No

*If Yes to either, please provide full details on a separate sheet.*

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### 6. IMPORTANT NOTICE / DECLARATION

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By signing this renewal form you consent to United Insurance Brokers Ltd using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you and where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisors, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information related both in respect of 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, where relevant, in compliance with the Data Protection Act 1988. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this 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 Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this declaration does not bind the Proposer or Insurer to complete this insurance.

Signed	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Date	<input type="text"/>



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UIB is an accredited Lloyd's broker. Authorised & Regulated by the Financial Services Authority.