



WIMSURE

**MISCELLANEOUS
ERRORS & OMISSIONS**

PROPOSAL FORM

For

Wimsure Underwriting Limited

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**Registered Office: as above Registered in England: 4851546
Authorised and regulated by the Financial Services Authority**

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The Person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this Proposal does not bind the Proposers or Underwriters to enter a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (Please indicate section number).

E.U. DISCLOSURE CLAUSE (UK)

ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE PLACEMENT.

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints and Advisory Department Lloyd's,
One Lime Street, LONDON EC3M 7HA Telephone 020 7623 7100

LSW 1002 (07/99) (amended).

- 01) **NAME/S** (including trading names) of the Proposer/s:
use a separate sheet if necessary

| Name | Date Commenced |
|------|----------------|
| | |
| | |
| | |

- 2) **ADDRESS/ES** of Proposer/s
All addresses must be shown together with the Principal responsible for the work at each office:

| Address | Principal in charge |
|---------|---------------------|
| | |
| | |
| | |

| Tel No | Fax No |
|--------|--------|
| | |

- 3) Is cover required for predecessor practices to the Proposer/s?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please provide full details:

| Name of Predecessor | Date Commenced | Date Ceased | Reason for Cessation |
|---------------------|----------------|-------------|----------------------|
| | | | |
| | | | |

- 4)

| Name in full of all Principals | Qualifications | Date Qualified | How long as a Principal with Proposer/s |
|--------------------------------|----------------|----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

5) Is cover required for the previous business activities of any Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please state:

| | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Name of Principal | | | |
| Name of Previous Firm | | | |
| Period | From / / To / / | From / / To / / | From / / To / / |
| Fees for Last 3 Yrs | Y/E / / £ Y/E / / £ Y/E / / £ | Y/E / / £ Y/E / / £ Y/E / / £ | Y/E / / £ Y/E / / £ Y/E / / £ |
| Reason for Leaving | | | |
| Position in Firm | | | |
| Is there separate insurance covering the activities of this Firm for the Period stated above? | | | |

6) Is cover required for any past Partner or Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give:

| Name | Qualifications | How long with Proposer/s |
|------|----------------|--------------------------|
| | | |
| | | |
| | | |

7) Please state total numbers of:

| | | | |
|-----------------|--|----------------------|--|
| Principals | | Contract Hired Staff | |
| Qualified staff | | Others | |

8) PLEASE PROVIDE DETAILS OF YOUR CURRENT INSURANCE:

| | |
|--------------------------|--|
| name of current insurers | |
| name of your broker | |
| renewal date | |
| limit of indemnity | |
| premium | |
| excess | |

9) (a) Please provide a full description of all of your activities:

PLEASE PROVIDE A BROCHURE, IF AVAILABLE.

- (b) Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

| | |
|--|-------------|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | 100% |

- (c) Do you anticipate any major changes in these activities in the forthcoming 12 months?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give full details:

- (d) Where do you perceive your exposure to claims to lie? In what circumstances might you envisage a claim arising?

- (e) Have you undertaken any other activities in the past for which cover is required?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please provide full details:

- (f) Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please provide full details:

10) (a) Is any work put out to sub-contractors?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please state:

| | |
|--|---|
| What percentage of gross income/fees was paid to sub-contractors in the last financial year? | % |
| Are sub-contractors required to carry insurance? | |
| Do you get an indemnity from sub-contractors, in writing? | |
| IF YES , to what limits? | |

(b) Do you require any sub-contractor to be indemnified under your insurance arrangements?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please state:

| Name | Qualifications | Fees Paid (last financial year) |
|------|----------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

11) State for the whole Proposer/s:

Gross income/fees received for each of the last five financial years:

| Year End | / / | / / | / / | Last Complete Year | Current Year Estimate | Forthcoming Year Estimate |
|----------------|----------|----------|----------|--------------------|-----------------------|---------------------------|
| UK Work | £ | £ | £ | £ | £ | £ |
| USA/Canada | £ | £ | £ | £ | £ | £ |
| Other Overseas | £ | £ | £ | £ | £ | £ |
| TOTAL | £ | £ | £ | £ | £ | £ |

12) Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

| Client | Start Date | Description | Total Contract Value | Fee | Appx Completion Date |
|--------|------------|-------------|----------------------|-----|----------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

13) What is the total fee income received in the last financial year from your largest client?

| |
|---|
| £ |
|---|

14) Have you **at any time** undertaken any work where the "end product" is situated outside the United Kingdom?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give the following details:

(a)

| Country | Start Date | Description | Total Contract Value | Appx Completion Date | Services Provided |
|---------|------------|-------------|----------------------|----------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

(b) Do you work other than from its UK offices?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(c) Have you at any time accepted liability other than under the jurisdiction of the UK courts?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES to either (b) or (c) then please provide full details listing jurisdiction and amount of work involved on a separate sheet.

15) Do you use a standard form of contract, agreement or letter of appointment?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please attach a copy.

16) (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give full details (including names of other parties)
special arrangements must be made to cover this type of work

| |
|--|
| |
|--|

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, give full details of the nature of the association together with the **name** and **business** of the third party.

| |
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|--|

17) Do you require insurance for:

| | | | | |
|------------------------------------|-----|--|----|--|
| Loss of Documents | YES | | NO | |
| Dishonesty of Employees | YES | | NO | |
| Libel & Slander | YES | | NO | |
| Breach of Copyright | YES | | NO | |
| Unintentional Breach of Confidence | YES | | NO | |
| Claims involving pollution etc. | YES | | NO | |

Some policies give this cover automatically.

18) For what Limit/s of Indemnity are quotations required?

| |
|--|
| |
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There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

| |
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| |
|--|

19) (a) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give details:

| Date of claim/loss | Brief details of each claim/loss | Cost of claim/loss | Estimated cost of claim/loss outstanding |
|--------------------|----------------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

(b) What steps have been taken to prevent a recurrence?

| |
|--|
| |
| |
| |

20) Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

(i) give rise to a claim against the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(ii) cause any loss to the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

- (iii) Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

- (iv) otherwise affect the consideration of this proposal for insurance?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES to any of the above, please give details:

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Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Date:

Signature of Principal:

A copy of this proposal should be retained by you for your own records.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION