

Miscellaneous Professions Proposal Form

Company Name _____
 Address _____

 Email _____ VAT No _____
 Telephone _____ Fax _____
 Name of person at your company to whom
 correspondence should be addressed _____
 Insurance broker to whom quotation should be sent _____

1 General Information (If additional space is required please list separately)

a. Date established _____

b. Name and Address of any subsidiary, affiliated, associated companies or branch offices which you wish to cover

Name and Address	Main Activity
_____	_____
_____	_____
_____	_____

c. Number of Directors/Partners _____ Total number of staff _____

d. Names, positions, professional qualifications and number of years experience of Directors/Partners and Senior Managers

Names of Directors, Partners, Principals	Qualifications	Year obtained	Length of time as Director, Partner or Principal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide copies of relevant curriculum vitae with brochures/literature relating to your company

2 Business activities

a. Please briefly describe the nature of your business _____

b. Please indicate your approximate gross income/fees.
Please state currency e.g., US\$

i. Last financial year	ii. Estimate for this financial year
iii. Estimate for next financial year	iv. Of which estimated income from UK based operations (if applicable)

c. Please list your largest single pieces of work over the last three years (name of client, fees earned & nature of work)

d. Are you involved in the manufacture, construction, alteration, repair or sale of products other than in a consultancy capacity? *If "Yes", please supply details and advise what approximate percentage of fees are earned from these physical activities.*

_____	_____
_____	_____ %

We provide professional indemnity insurance not products liability insurance.

e. Are you a member of any professional trade association? *(If "Yes" please detail)*



delete as appropriate

3 Contract Conditions

a. Do you operate under national or "standard contract conditions"?	
b. Do you operate under any form of "master service agreement"?	
c. If "Yes" to either of the above, do you always advise your customers that your standard contract conditions apply?	

delete as appropriate

Please supply copies of all contract conditions or master service agreements under which you operate. If "Yes" to a) or b) please give details on separate sheet

d. What approximate percentage of clients accept your standard form of contract?		%
e. What approximate percentage of your business is subcontracted to others?		%

enter approx. percentage

4 Insurance/Claims History

a. Are you currently insured against the risks covered by ITIC?	
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If "Yes", answer the following. (If "No" please give details of most recent insurance)

i. Name of insurer	
ii. Limit of indemnity	
iii. Excess/Deductible	
iv. Premium	
v. Expiry date	
vi. Retroactive date	

b. Has any insurer	
i. Declined to insure you?	
ii. Cancelled your insurance?	
iii. Refused to renew your Insurance?	
iv. Imposed penalties or special terms?	

If "Yes" please give details on a separate sheet

delete as appropriate

c. Have any claims for professional negligence, successful or not, ever been made against your company or its present Directors?	
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If "Yes" please give details on a separate sheet

delete as appropriate

5 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1	Limit	Deductible	Please state currency
Alternative 2	Limit	Deductible	Please state currency

6 Quality Assurance

Have you obtained quality assurance accreditation BS5750/ISO9002 or similar? _____

7 Please supply any literature about your company which is relevant to this proposal.

DECLARATION

I/We undertake that if this proposal is accepted I/We will act and abide and agree to be bound by the Rules of ITIC and any modification or alteration thereof made in accordance therewith from time to time by the decision of the Club and its Directors.

I/We declare that to the best of my/our knowledge and belief, the information given above is true and that I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence the underwriter's assessment of this proposal).

Signed _____ Date _____

Status of Signatory _____

This proposal form must be completed and signed by a person who is authorised to bind the proposer.



LIG Marine Managers

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