

PROPOSAL FORM

ROPE SURE CONSULT

Proposer name

Operating address

Operating post code

Contact name

Telephone number

Email address

Company reg. number

Business description

If you carry out NDT please confirm types of items inspected and processes used for testing

IRATA membership number

Year business established

Current Insurer

Current Broker

Renewal date

Limit of indemnity

Premium

Retroactive date

Staff numbers

Partners / Directors / Principals

Qualified Staff

Other Staff (Excluding Administration)

Administration Staff (Typists etc)

Contract Hired Staff

Details of all Directors/Partners/Principals

Name

Qualifications

Date qualified

How long a Principal with the firm?

Does the Proposer have a compliance officer or risk manager?

Y N

If so please provide the following:

Name

Qualifications

Date joined the Firm

If no please provide details of who is responsible for the internal risk management of the business:

Name

Qualifications

Date joined the Firm

Has any Principal, Partner or Director of the Proposer's business been made personally bankrupt, or been personally associated with any business which has been placed in to receivership, liquidation, or been wound up at the behest of its creditors?

Y N

If Yes, please provide full details below

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Is the Proposer or any Principal, Partner or Director of the Proposer's business connected or associated (financially or otherwise) with any other Organisation?

Y N

If Yes, please provide full details below

If sole director or principal

Is this a part-time occupation?

Y N

If Yes, please provide details of present full time occupation below

Are your full time employers aware of these other activities?

Y N

Please provide details of the activities you have undertaken and the approximate percentage of your gross revenue for each over the last 12 months

Activity	% of Revenue	
		%
		%
		%
Total	100	%

Please provide details of the activities you have undertaken and the approximate percentage of your gross revenue for each over the next 12 months

Activity	% of Revenue	
		%
		%
		%
Total	100	%

Is the Proposer involved in any process of manufacture, construction, alteration, repair, installation or supply of products other than in a pure consultancy capacity as described above?

Y N

If Yes, please provide full details below

Please provide the amount of gross income/fees for the last 3 financial years, and also an estimate for the current financial year:

Year	UK	Overseas Excluding USA/Canada	USA/Canada

Please confirm your financial year end

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Please provide details of your five largest projects:

Project	Country	Client	Fee	Value	Commenced	Finished
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What is the total fee received in the last year from your largest client? £

What is the average fee received in the last year per client? £

Does the Proposer undertake any work whatsoever where the 'end product' of such work is carried out outside the UK or for overseas clients? **Y N**

If Yes, please provide the following details

Project	Country	Client	Fee	Value	Commenced	Finished
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Do you work other than from your UK offices? **Y N**

If Yes, please provide full details below

Do you accept liability other than under the jurisdiction of the UK courts? **Y N**

If Yes, please provide full details below

Does the Proposer use a standard form of contract, agreement or letter of appointment? **Y N**

If Yes, please enclose copies

Does the Proposer use sub-contractors? **Y N**

If Yes, please answer the following questions:

Does the Proposer require sub-contractors to carry their own Professional Indemnity insurance? **Y N**

What percentage of your fees is paid to sub-contractors? %

Please provide details below as to what type of work is carried out by your sub-contractors

Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer? **Y N**

If Yes, please provide full details below

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Do you require any of the following extensions?

Libel and Slander	Y	N
Dishonesty of Employees	Y	N
Loss of Documents	Y	N
Unintentional Breach of Copyright	Y	N
Unintentional Breach of Confidentiality	Y	N

Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors? Y N

If Yes, have such matters been notified to current or previous Underwriters? Y N

Please provide full details below:

Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters:

Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? Y N

The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? If Yes, please provide full details below: Y N

Declaration

The undersigned authorised Officer of the Company declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature: _____

Name: _____

Position: _____

Date: _____