

This form is a declaration confirming that the information that you, the proposer named in Section 1, or your adviser have sent to Gulf Insurance Group (Gulf) B.S.C. (c) is true, full and accurate.

The information you have provided

It is essential that all the information you and your adviser have provided is full and true, and that it includes all relevant information because this information will form the basis of the insurance contract between you and us.

By 'relevant information', we mean information that could affect our decision to give you insurance or affect the terms we give you. If you are not sure whether something is relevant information, please tell us anyway.

Please note:

- The information we base your insurance contract on may include emails, letters, phone calls or other communications from you or your adviser, as well as your adviser's presentation. Please keep a record of all information given to us (including copies of letters or emails).
- If you do not disclose all relevant information, or if you fail to give full and true answers to any of the questions on this form, your policy will not protect you.
- If you fail to give complete and accurate answers your policy may not protect you in the event of a claim.

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.



1. Your details

1.1 Practice name (include all names under which you practice):

Main office address:

Contact email:

Practice website:

List number of branch offices: (Please list on a separate sheet all branch offices including addresses for which you are seeking cover)

Date established:

1.2 Is cover required for anything other than work undertaken by the above firm(s)? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere. Yes No

If 'Yes', please provide details:

1.3 State type of business/profession to be insured:



2. The firm

2.1 Please list below your details if you are a sole trader or those of the partners/directors/members of the company:

Name	Date of birth	Qualifications	Years in industry	How long as partner/director/member of the firm(s)



3. Staff

3.1 Please advise total number of staff excluding partners, directors, members:

3.2 Please advise number of staff who have 5 or more years experience in the business undertaken:

3.3 All others:

Sole practitioners only

3.4 What arrangements do you make when you are unable to attend your business?

3.5 Is the company/firm or any partner/director/member/principal, a member of any professional association?

If 'Yes', please provide details:



4. Subcontractors

4.1 Does the company/firm engage or intend engaging in the future, any external sub consultants/sub contractors?

4.2 Do you ensure they hold their own professional indemnity insurance?



5. Associated companies

	Yes	No
5.1 Does the company/firm or any partner/director/member act on behalf of or undertake work for any other firm, company organisation in which the company/firm or any partner/director/member has a financial interest?	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Does any other firm, company or organisation have a financial interest in the company/firm?	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Is cover required under this insurance for this work?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to any of the above questions, give details of work carried out for and fees earned from the company/firm or organisation:

5.4 Do you operate under any formal terms of engagement with the company/firm/organisation in 5.1 or 5.2 above? Yes No

Give details:

5.5 If you do not use any formal terms of engagement, please provide details of the arrangements you operate under:



6. The business/work undertaken

6.1 As a wide range of services is covered by this proposal, we ask you to provide as full details as possible of your business activities. We can then provide you with a tailored quotation.

Please provide full details of all business activities undertaken:



7. Your clients

7.1 Do you use standard conditions of engagement/contract? Yes No



8. Gross fee turnover

8.1 State the gross fees received for the following years:

	Current year fee	Last completed year fee	Previous year fee
GCC			
EU contracts			
US contracts			
Rest of the World			
Total Gross Fee/ turnover			

8.2 Within the past three years what is the approximate average fee you have received?

8.3 Within the past three years what is the largest fee you have received?

8.4 Give details of the three largest contracts started in the last three years.

Client name	Client business	Nature of services provided	Total contract value (\$)	Fees received (\$)

Please state the split of the company/firm's turnover between each of your professional activities undertaken:

Activity	% of total fees for last year
1.	
2.	
3.	
4.	
5.	

Please give details of what you regard as your speciality within your area of work:



9. Risk management

9.1 Does the company/firm operate any internal quality assurance systems? Yes No

If 'Yes', please give details

Does the company/firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee, director, partner, member or principal responsible for money, accounts or goods? Yes No



10. Claims and circumstances

10.1 Has the company/firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any employee, director, members or principal? Yes No

If 'Yes', give full details including amounts involved:

10.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the company/firm or its present and/or past partners, directors, members? Yes No

If 'Yes', give full details including amounts involved

10.3 Have all claims been notified to Insurers? Yes No

10.4 Are any of the partners, directors or members or employees after enquiry, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm(s) or its predecessors in business, or any of its present or former partners, directors or members? Yes No

If 'Yes', please provide details:



11. Current insurance

11.1 Has any proposal for professional indemnity insurance ever been declined by an insurer to whom you have applied? Yes No

If 'Yes', please provide details:

11.2 Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide details:

Renewal date	Insurer	Broker	Limit of indemnity £ any one claim/aggregate - please advise	Excess £	Premium £



12. Quotation requirements

12.1 Please advise your requirements:

Limit of indemnity \$	Excess \$



13. Declaration

13.1 Disclosure of relevant information

If you have not given full and true answers to all questions asked on this proposal form, your insurance may not protect you in the event of a claim.

Please read this declaration carefully and then sign below:

- I/We agree that the policy, the policy schedule and this proposal form and any additional information given will be the basis of the contract between me/us and Gulf Insurance Group (Gulf) B.S.C. (c)
- I/We understand that all relevant information, which is information that may influence Gulf Insurance Group (Gulf) B.S.C. (c) in the acceptance of this insurance and the terms provided, has been disclosed and recorded.
- I/We declare that all particulars given in this proposal form whether made by me/us or on my/ our behalf are true and complete.
- I/We understand that if full and true answers have not been given or if all relevant information has not been disclosed that this insurance may not protect me/us in the event of a claim.
- I/We will tell you of any change to the details given before the start date of the contract.

Signature of partner, director or member:

Date:

Print name:

Position