

Application Form for  
Professional Indemnity and Liability Insurances

# Medical & Scientific Consultants

This application form must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form any relevant additional information is provided in the box on the last page

All material facts must be disclosed to us whether or not they are the subject of a specific question herein and you have a continuing duty to disclose such facts to us throughout the duration of the period of insurance. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable or cover reduced

## Proposer Details

Full Trading Title (including full names if individuals or partners)


Trading Address (including postcode)

	Postcode

Please provide details of any other Trading Addresses on separate sheets

Correspondence Address (if different from Trading Address above)

	Postcode

Business Description (please provide a full description of all your business activities)


Date Business Established

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Website\*

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\* (Your website content will **not** be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

1 (a) Please complete the following

Full names of all Directors and Partners	No. of years in this capacity	Professional Qualifications	Date Qualified

(b) Number of staff (excluding those listed above)

Professionally Qualified Staff	Technical	Self employed/Contract Persons	Others e.g. Administration	Total Staff

(c) Wageroll

Clerical Employees	Manual Employees

2 (a) Please provide details of your fee income for the past 3 years together with an estimate for the forthcoming year

	Year 2 end date - __/__/__	Last Complete Financial Year end date - __/__/__	Current Financial Year end date - __/__/__	Forthcoming Year end date - __/__/__ (Est. Only)
UK & Channel Isles				
European Union				
USA & Canada Subject to US or Canadian Laws				
USA & Canada Not Subject to US or Canadian Laws				
Elsewhere				

(b) Please provide a percentage breakdown of your fee income as follows

Activity	Last Complete Financial Year	Forthcoming Year (Estimate)
Archaeology		
Brewing & Distilling Consultancy		
Fisheries Consultant		
Food Sector Consultancy		
Pharmaceutical Consultant - Compliance and regulatory		
Pharmaceutical Consultant - Qualified person		
Pharmaceutical Consultant - Other		
Scientific Consultancy (please provide details)		
Geologists - Ex Geotechnical Engineers - Petrochemical		
Geologists - Ex Geotechnical Engineers - Other		
Geologists - Geotechnical		
Paint Technologist		
Testing Laboratory - Asbestos		
Testing Laboratory - Other ex asbestos		
Testing Laboratory - Ex hazardous substances		
Total	100%	100%

(c) Please provide details of the 2 largest contracts you have undertaken during the past 6 years

Client	Services Provided	Start Date	Completion Date	Your Income	Total Contract Value

3 (a) Do you anticipate any material changes to your activities or the types of contracts in which you are involved in the forthcoming 12 months? If YES please provide full details YES  NO


(b) Are you (or any Partner or Director of yours) associated or connected (financially or otherwise) with any other organisation? If YES please provide full details including details as to the nature of the association or relationship details of any work undertaken for such organisation and the income received from such work YES  NO


(c) Are all of your contracts subject to English law? YES  NO   
If NO please provide full details


(d) Have you changed your name or been part of a merger de-merger or joint venture or have there been any material changes to your activities in the past 6 years? If YES please provide full details YES  NO


4 (a) Do you currently buy Professional Indemnity Insurance? If YES please confirm

YES  NO

Existing Insurer	Indemnity Limit
Excess	Premium
Renewal Date	Retroactive Date*

\*Please note that cover will only apply to work executed after the Retroactive Date. This date can usually be found in the schedule which accompanies your current policy or certificate

(b) (i) Please state/tick the limit(s) for which you require quotations

(ii) Please state the amount of Self Insured Excess you would like to carry. Please note that any terms provided may be subject to a minimum Excess based on the information supplied in this application form

	£250,000	£500,000	£1,000,000	£2,000,000	£5,000,000	£10,000,000	Other (£) Please State	Excess
Professional Indemnity								

(c) Please confirm Employers Reference Number(s) (required for Employers' Liability Insurance)

Company Name	Parent (P) Subsidiary (S)	ERN Number	Exempt? Yes (Y) No (N)	Exempt Reason 1, 2 or 3 Please select from below

1. The entity has no employees
2. All staff employed earn below the current Pay As You Earn (PAYE) threshold
3. The company is not registered in England, Wales, Scotland or Northern Ireland

## Risk Management

5 (a) Do you engage subcontractors or enter into any contracts where you are contractually liable for the actions of subcontractors?

YES  NO

If YES please answer the following

(i) What percentage of your annual turnover is paid to subcontractors?

%

(ii) Do you have a clearly defined process for the vetting selection management and control of subcontractors?

YES  NO

(iii) Are all subcontractors are engaged on contractual terms that either mirror or are at least as onerous as the contractual terms under which you have been engaged?

YES  NO

(iv) Are all subcontractors are required to carry adequate insurance prior to their appointment?

YES  NO

(v) What is the minimum limit of Professional Indemnity Insurance that you accept for your subcontractors?

£

(b) Are all of your current contracts progressing to timescale within budget and with no unresolved issues or problems? If NO please provide full details below

YES  NO


## Disclosure

You are not required to disclose convictions regarded as 'spent' by virtue of the Rehabilitation of Offenders Act 1974. All other material facts must be disclosed

Should you have any doubt about what you should disclose, do not hesitate to tell us

We recommend you keep a record (including copies of letters) for your future reference, of any additional information given

Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or will perhaps invalidate the policy

6 Have you, your present or former Directors, Partners or family members involved with this or any other business or living with you ever:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) had any previous request for insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) been made personally bankrupt or been personally involved with any business which has been placed into receivership liquidation or been wound up at the request of its creditors?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) sustained any loss or had any claim made against you whether insured or otherwise, in respect of Professional Indemnity Insurance?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) sustained any claims or circumstances which could reasonably be foreseen to give rise to a claim whether successful or otherwise in respect of Professional Indemnity including whilst in previous employment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) sustained any claims for dishonesty?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (f) been convicted of any offence other than a motoring offence which carries a fixed penalty?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered YES to any part of Question 6, please provide full details (including date of loss allegation quantum and current status) Please use a separate sheet of paper if there is insufficient space below


7 Do your business activities covered under this insurance involve any of the countries subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK and USA? YES  NO

If YES please provide full details


### Additional Information

Question number	Additional details

### Declaration

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief

I/we confirm that all material facts have been disclosed and this proposal makes fair presentation of the risks posed to insurers

I/we understand and agree that this application form shall be the basis of the contract with Glemham Underwriting Limited

Signature of Principal/Director/Partner:
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Name	Position	Date
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Please retain a copy of this application form for your records

#### Data Protection Act

By accepting this insurance you consent to us using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to 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 in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.