

Professional Liability Insurance for UK based Members of ASPECT



Your Information				
Full name of Proposer				
•				
Business Name (if applicable) - If a Limited Company please state registered name & the full names of all Directors and if a partnership please state the full names of all partners				
parational paration of the par				
ASPECT membership number	Estimated income for next 12 months			
subject to confirmation from ASPECT				
Correspondence address	Contact telephone number			
	Mobile number			
	Contact e-mail address			
Postcode:				
	v activities as an ASPECT member, which includes			
The policy provides cover for liability arising from your consultancy activities as an ASPECT member, which includes Educational Consultant/Adviser/Inspector and other Professional Services within ASPECT scope of practice. Please				
specify any activities which are outside this definition and for which cover is required.				
In the next 12 months will you be working outside the UK? Yes No				
If Yes please confirm the number of days you will be working outside the UK				
Number of Consultants Employed by Proposer (including yourself)				
Number of Non Consultants Employed by Proposer				
Please note any sub-consultants or sub-contractors engaged must maintain their own Professional & Public Liability Insurance				
Limits of Indemnity & Cover Options	•			
Please tick the limit of indemnity required (see "Rate Chart" for de	tails of annual charges)			
Professional Indemnity £100,000 £250,000	£500,000 £1,000,000 £2,000,000			
•				
Public Liability Insurance is included under all options to a limit of £5,000,000 any one claim				
If you require a higher limit to those shown above please state: Professional Indemnity £				
	Public Liability £			
Do you require Employers Liability Insurance? Yes	No			
Please refer to "Rate Chart" for details of additional charges				

if Employe	ers Liability is selected please confirm the number of employees		
Employers	s PAYE Reference Number		
The Emplo	oyers PAYE reference number is usually in the format of either NNN/Aan a number and A/a is a letter (e.g. 012/Ab34567)		/here N/n is
Total Am	nount Payable		
Disclosur	re of Material Facts Declaration		
Please ans	swer the following:		
(a)	(a) To the best of your knowledge and belief have there been any claims		
	made against you in respect of any of the covers now proposed?	Yes	No
(b)	Are you aware of any existing circumstances which may give rise to a		
	claim?	Yes	No
(c)	Do you undertake any work in the USA, or its territories and possession	ns,	
	or in Canada?	Yes	No
(d)	Has any Insurer declined a proposal or refused to renew insurance?	Yes	No
	If you have answered "Yes" to any of the above questions, please pr	ovide details below	
	Policy Start Date Please note that cover will not commence until this form has and accepted by Graybrook Insurance Brokers Limited (unless		
other inform information form of poli	nat to the best of my knowledge or belief the particulars and statements g mation provided in connection with this proposal are true and complete an a shall be the basis of the contract between myself and the insurer. I agre icy and endorsements for this insurance. I confirm that all persons carry usiness or Occupation as defined above are suitably qualified to do so	nd this proposal, declarate to accept the insurer's	ation and s standard
Signature	Date		
Important	t Information		
Personal Da		neme is administered on th	neir behalf b
supplied by	nd administer your policy AXA and Graybrook Insurance Brokers Limited will hold you. They may send it in confidence for processing to other companies acting on ide the European Economic Area.		
•	nsurance Brokers limited may also send you details of their other products and sethis box if you do not wish to receive such details	ervices.	
(IDS Ltd). The request for in	ers pass information to the Claims and Underwriting Exchange register, run by In the aim is to help us to check information provided and also to prevent fraudulent nsurance, we may search the register. When you tell us about an incident (such not give rise to a claim, we will pass information relating to it to the register. You	claims. When we deal with as fire, water damage or the	h your heft) which
	nce Premium Tax e Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on in	surance premiums. For fu	rther

This Scheme is administered by:

information, please ask us.

Graybrook Insurance Brokers Limited, 8 Chandlers Way, South Woodham Ferrers, Essex, CM3 5TB Web: www.graybrook.co.uk - Email: enquiry@graybrook.co.uk - Tel: 01245321185 - Fax: 01245 322240 Graybrook Insurance Brokers Limited are Authorised and regulated by the Financial Services Authority. Registered No. 595238

This scheme is underwritten by: