

The Insurance
Supermarket



Personal Touch Financial Services Ltd

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**Professional Indemnity Proposal Form – Professional
Consultants**

**Personal Touch Financial Services Ltd is authorised
and regulated by the Financial Services Authority**

Professional consultants proposal form

1. a) Name of business
- b) Address(es) of business
- c) Telephone Number
- d) When established?

2. Please tick the box which most accurately describes your general activities
- a) Computing b) White Collar Engineering*
- c) Interim Management d) Business & Finance
- If a) are you a member of The British Computer Society? Yes No
- If Yes, please give Membership No.

3. Please give the following details of the Directors/Principals of the business

Name	Qualifications/Experience	How long as Director
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Number of a) practising Directors/Contractors b) other staff

5. Please provide a full and clear description of your business activities.

6. Does your turnover exceed £200,000 per annum? Yes No

* Please note that not all types of white collar engineering can be covered under the Professional Consultants Package Policy - please submit this form for approval and do not send a cheque at this stage.

7. Are any of the Directors, after enquiry, aware of or suspect or have grounds for suspecting any circumstances which might give rise to a claim against the business or any present or former Directors? If Yes, please provide details on a separate sheet. Yes No
8. Has any claim such as would be covered by the proposed insurance ever been made against the company or any of its Directors whilst in this or any other company? If Yes, please provide full details. Yes No
9. Has any insurer ever declined a proposal or renewal for this business or any Director? If Yes, please provide full details. Yes No

10. Professional Indemnity limit required £

Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform insurers of any material alterations to these facts whether occurring before or after completion of the contract of insurance.

Signature of Director

Name of Signatory

Date