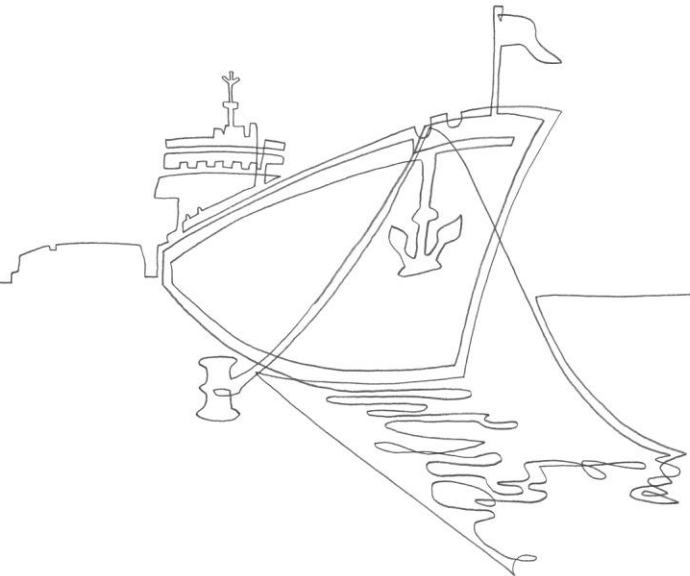


# Professional Indemnity Form

beazley



## Beazley Group plc

Plantation Place South  
60 Great Tower Street  
London EC3R 5AD

Phone: +44 (0)20 7667 0623  
Fax: +44 (0)20 7674 7100

info@beazley.com  
www.beazley.com

**GENERAL INFORMATION**

<b>Company Name:</b>	
<b>Address:</b>	
<b>E-mail:</b>	<b>Vat No:</b>
<b>Website:</b>	
<b>Date Company Established:</b>	
<b>Insurance Broker to whom Quotation should be sent:</b>	

<b>Subsidiary Companies to be named in the insurance policy:</b>
.
.
.
.
<b>Directors and Senior Managers (Please give names and qualifications):</b>
.
.
.
.

**Please include CVs of key staff members who perform the insured services with this proposal form**

Please provide us with the number of:

<b>Partners, Directors and Senior Managers:</b>	
<b>Qualified Staff:</b>	
<b>Clerical Staff:</b>	
<b>Total:</b>	

Please give details of any trade association to which you are a member:

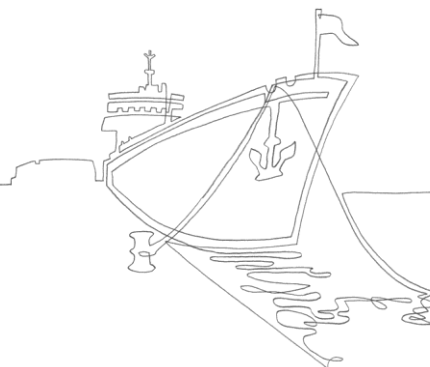
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**BUSINESS ACTIVITIES**

Please indicate your gross Annual Income (fees only):

Currency: .....

Last financial year	Estimate for this financial year	Estimate for next financial year

Please describe all the services for which insurance cover is required (attach a separate sheet if necessary):

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Please name the principals for whom you regularly act:

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Do you provide your services under standard trading conditions:  
If yes, please provide us with a copy.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are copies provided to your customers before you perform  
the insured services:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**INSURANCE / CLAIMS HISTORY**

a. Are you currently insured for your professional liability exposure?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide us with the following details:

(i) Name of insurer:

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(ii) Limit of liability:

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(iii) Deductible:

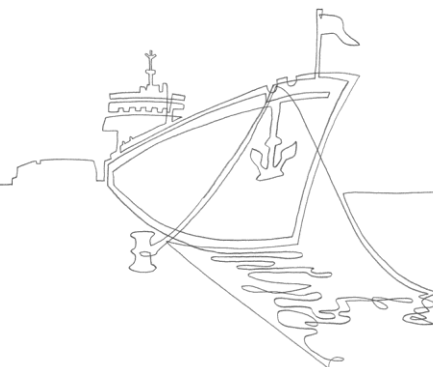
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(iv) Premium:

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b. Have any claims been made against the company or present  
partners or directors in respect of the type of liabilities to which  
to which this proposal relates?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



(If yes, please attach full details)

c. Have you, at any time, been refused similar insurance, or been quoted increased premiums or had special terms imposed?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(If yes, please attach full details)

d. Please indicate any preferred limit s or deductibles:

[i]	Limit	Deductible
[ii]	Limit	Deductible

**DECLARATION**

The applicant declares that the information given in this proposal form are true to the best of his or her knowledge or belief and no facts which may influence the assessment of the risk have been misstated or suppressed. If a contract of insurance is agreed, the applicant understands that the information given in this proposal will form part of the contract.

Name:..... Position:.....

Signature:..... Date:.....

We are committed to ensuring that our customer’s personal information is protected. Beazley Group Plc treats all personal information in compliance with the Data Protection Act 1998.

Please return the completed proposal form to:

**Beazley Group Plc  
Beazley Marine  
Plantation Place South  
60 Great Tower Street  
London EC3R 5AD**

