

Professional Indemnity Insurance Proposal

### ARBITRATORS / MEDIATORS / CONCILIATORS/ EXPERT WITNESS

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| This Proposal Form should be completed, signed and dated by a Principal of the current Proposer. If you require additional space to complete your answers to each question then please use your own letterhead and date and sign each additional page. Completion of the Proposal Form does not bind you or the Insurer to enter into any contract of insurance. If you have a brochure about your firm’s operation(s), please forward it with this application.  You should be aware that the completed Proposal Form along with all additional information provided will form part of the Contract of Insurance with the Insurer. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of your knowledge and belief. Any facts given which are knowingly false or misleading may make the policy null and void. In addition to the information contained in your proposal form including all supporting documentation, if you are aware of any other information which you consider may alter, influence or prejudice the Insurer’s appraisal of the risk being proposed, you must disclose this information in conjunction with this Proposal Form. If such “material” information is not disclosed at the same time as the completion of the Proposal Form, such non-disclosure may prejudice the Proposer’s rights to indemnity under the policy. A material fact is one which may influence the Insurer’s assessment or acceptance of the risk being proposed. If uncertain as to what may constitute a material fact, please consult us.  We will seek quotations based on the following Demands & Needs unless you confirm by amendment below   |  |  | | --- | --- | | Overall Cover Requirement | You require Professional Indemnity to cover loss resulting from any claim for any civil liability which arises from the performance or failure to perform your professional services | | Cost | No premium targets have been identified | | Policy Terms & Conditions | Negotiation based on standard policy terms or conditions unless otherwise specified | | | | | | | |
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| 1. Name of Applicant: | |  | | |  | |
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| Name(s) of firm(s) to be insured: | |  | | |  | |
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| Principal Address: | |  | | |  | |
| Postcode: | | |  | |  | |
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| Date Established: | |  | | |  | |
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| Website Address and Email: | |  | | |  | |
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| Number of Employees: | |  | | |  | |
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| Please provide a summary of your business activities/proposed business activities – please include as much detail and narrative as possible of the nature of work undertaken: | | | | | | |
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| If this proposal relates to new insurance, you **must** also enclose a copy of your CV or career summary plus any relevant supporting literature | | | | | |

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| 1. **ARBITRATION** FEES   Please provide details of the Proposers gross fees received in the last two financial years and the estimated fees  for the forthcoming year. If this is a new start up, please provide estimated figures for the forthcoming year | | | | | | | |
|  | For clients based in: | Past Year | Current Year | Forthcoming Year | | |  |
|  | United Kingdom | £ | £ | £ | | |  |
|  | Europe | £ | £ | £ | | |  |
|  | USA or Canada | £ | £ | £ | | |  |
|  | Other Countries (please specify) | £ | £ | £ | | |  |
|  | Total Fees | £ | £ | £ | | |  |
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| Financial Year End Date | | | | |  |  | |
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| 1. **MEDIATION/CONCILIATION** FEES   Please provide details of the Proposers gross fees received in the last two financial years and the estimated fees  for the forthcoming year. If this is a new start up, please provide estimated figures for the forthcoming year | | | | | | | |
|  | For clients based in: | Past Year | Current Year | Forthcoming Year | | |  |
|  | United Kingdom | £ | £ | £ | | |  |
|  | Europe | £ | £ | £ | | |  |
|  | USA or Canada | £ | £ | £ | | |  |
|  | Other Countries (please specify) | £ | £ | £ | | |  |
|  | Total Fees | £ | £ | £ | | |  |
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| Financial Year End Date | | | | |  |  | |
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| 1. Please identify the sums in dispute (taking into account claim and counterclaim) in the three largest awards made by the Proposer in the last three calendar years | | | | | |
|  | Year | Area/Description of Dispute | Seat | Sums in Dispute | Award |
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| 1. What types of agreement (e.g. reinsurance, maritime carriage, bilateral investment treaty etc) gave rise to the disputes handled by the Proposer as Arbitrator/Mediator/Conciliator in the last financial year, expressed as a % of gross fee income | | | | |
|  |  | £ | % |  |
|  |  | £ | % |  |
|  |  | £ | % |  |
|  |  | £ | % |  |
|  | Total | £ | 100% |  |
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| 1. Please provide details of the three largest contracts the Proposer has worked on since establishment | | | | |
|  | Name of client | Nature of services provided | Fees charged |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
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| 1. Do you operate under a standard terms and conditions of engagement/appointment? If yes, please include a copy with this proposal. | | Yes / No |  |
| If appropriate, please expand below, explaining situations and the extent to which non-standard terms are used : | | | |
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| 1. Are you a UK National? | | Yes / No |  |
| If No, please provide detail : | | | |
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| 1. 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 detail : | | | |
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| 1. Do you have any clients or arbitration/mediation parties (or ever had) domiciled in Russia, Belarus, Ukraine, Nigeria and no clients who are Russian, Belarusian or Ukrainian passport holders, who are listed on the UK or European Union (or any member State thereof) sanctions list or who are a Politically Exposed Person? | | Yes / No |  |
| If yes, please provide detail : | | | |
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| 1. Satisfactory confirmation that the Proposed Policyholder agrees that in such eventualities where there is any claim arising from matters involving Russian and/or Belarusian individuals and/or entities, the arbitrator/mediator will need to obtain a valid licence from OFSI and/or a relevant EU Member State competent authority. Insurers will not be applying for individual licences to make claim payment | Yes / No |  |
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| 1. Satisfactory confirmation that the Proposed Policyholder is not paying premiums from funds originating from sanctioned individuals or entities | Yes / No |  |
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| 1. Are you connected (financially) with any other business or concern, or a member of a consortium, or have you entered into any joint ventures? | Yes / No |  |
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| 1. In the last six years have any claims been made against you? | Yes / No |  |
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| 1. Are you, having made full enquiries, aware of any circumstances which may give rise to a claim against you? | Yes / No |  |
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| 1. In the last six years, have any complaints been made against you or any disciplinary proceedings been brought by any regulatory body? | Yes / No |  |
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| 1. Has the Proposer at any time been refused similar insurance, or had any policy cancelled or voided at any time? | Yes / No |  |
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| 1. Has any director, manager, partner or trustee of the Proposer or any person insured or proposing for insurance 2. been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence? 3. been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administration order? | | Yes / No |  |
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| If you have answered Yes to any of the questions above, please provide details below : | | | |
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| For what limit(s) of indemnity do you require terms? | £ | £ | | £ |  |
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| For what excess(es) do you require terms? | £ | £ | | £ |  |
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| 1. Policy Jurisdiction Required | | | |
|  | UK only |  |  |
|  | European Union |  |  |
|  | Worldwide excluding USA/Canada |  |  |
|  | Worldwide including USA/Canada |  |  |
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| Supplementary Information | | |
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| **Declaration**  I/We understand that the information I/we provide and seen throughout will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I/We declare that I/we after a reasonable search have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or underwriting of my/our insurance. I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application is true and complete and this application, declaration, documentation and information shall be the basis of the contract between myself/ourselves and the Insurer. I/We accept that if I am/we are in doubt whether any fact may influence the Insurer I/we should disclose it.  I/We declare that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the Proposer. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the insurers view of the risk, or affect their assessment of the exposures that they are covering under the policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the policy | | | | |
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| Signed: |  | Date: |  |  |
|  |  |  |  |  |
| Printed: |  | Position: |  |  |
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**Attachments Included with this proposal**

Curriculum Vitae Products/Services Literature Standard Terms & Conditions Other Relevant Information