



**Professional Indemnity Insurance**

**Claims Management Consultants  
Proposal Form**

## Presentation

If this is the first time you (the proposer) have submitted a proposal form to The PI Desk please make sure you answer all questions fully leaving no blank spaces (if necessary comment as N/A, 'not applicable' or 'none'). If the form is not satisfactorily completed we will not provide any terms but may make further enquiries of you or automatically decline.

If there is insufficient space to complete all answers, please continue at the end of the form or provide additional information on the firms headed paper. Providing as much information as possible will help underwriters to understand the business and enable Insurers to offer terms quickly. Failure to provide underwriters with relevant information in an appropriate manner may adversely influence the ability of Insurers to offer suitable terms.

The form must be signed and dated by a Director, Partner or Principal or an identified Officer of the proposing entity.

Insurance cover is not effective until the underwriters and/or Insurers have accepted a proposal form and any terms and payment method offered to the proposer have been accepted in writing.

If the proposer has not been trading for at least 3 years in this profession, please enclose CV's of all Directors, Partners and/or Principals. If the proposer is a new start-up please provide full details of past experience, qualifications along with the CV's.

Where available, email addresses, web site addresses, brochures, the proposer's standard contract conditions and/or agreements should be provided to assist the underwriting process.

## Claims and/or Claims Circumstances

If the proposing firm has received any complaint(s) or claim(s) or is aware of any circumstance(s) that may give rise to a claim please provide full details and forward a complaints/claims log in a durable format which has been fully completed; is up to date and which should incorporate all complaints/claims from inception of the business. Please also include any complaints/claims notified to any predecessor firm and/or whilst conducting business for or on behalf of any other firm.

Professional Indemnity (PI) policies respond on a claims-made basis, which means that cover is only provided for matters arising where Professional Indemnity Insurance is in force at the time of the notification of a complaint or claim to Insurers. Where a retroactive date is noted on the policy certificate/schedule, then no cover is provided for any matter arising from business conducted prior to the retroactive date. If a PI policy is allowed to lapse at renewal or mid-term due to unpaid premiums then cover is automatically cancelled and no cover is provided in any event.

Please note that Professional Indemnity Insurance schedules/certificates are issued as annual contracts and you cannot cancel the Insurance mid-term unless specifically agreed by Underwriters.

## Disclosure

All information that is material to the firms coverage requirements (which might influence Insurers in deciding whether or not to accept an insurance risk, or which may affect the terms and conditions that they offer and/or may directly impact the cost of cover) must be disclosed. The onus is on the proposer to decide what information may be material and there is no duty on Insurers to make additional enquiries of the proposer in respect of any proposal. Failure to disclose material facts may allow Insurers to avoid the policy and/or decline any claim made under it. The duty of disclosure applies equally on taking out a new insurance policy, at renewal and throughout the duration of the insurance.

If you are in doubt whether or not any fact is material, you should disclose the information to Insurers.

If you require any assistance in completing this form please contact your Insurance Broker or The PI Desk Ltd.

**Please note that we will communicate with you preferably by email so please provide a valid and regularly used email address.**

## The PI Desk Contact Details

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Email the completed form to us on: [enquiries@thepidesk.co.uk](mailto:enquiries@thepidesk.co.uk)

alternatively Fax to: 0114 242 2372 or

Post to: The PI Desk Ltd, Suite B, Sheffield Business Centre, Europa Link, Sheffield, South Yorkshire, S9 1XZ

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For all General Underwriting queries 0114 242 1176

Larger cases, claims or technical queries contact: Roger Crowther

Email: [roger.crowther@thepidesk.co.uk](mailto:roger.crowther@thepidesk.co.uk)

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# Professional Indemnity Proposal Form for Claims Management Consultants

Please print your answers clearly to assist the Insurers' consideration of the proposal

## 1 – General Information

Contact Name	<input style="width: 100%;" type="text"/>		
Name of Firm to be Insured	<input style="width: 100%;" type="text"/>		
Trading Address	<input style="width: 100%; height: 60px;" type="text"/>		
Date firm established	<input style="width: 100%;" type="text"/>		
email:	<input style="width: 100%;" type="text"/>		
Telephone:	<input style="width: 200px;" type="text"/>	Mobile: <input style="width: 150px;" type="text"/>	Fax <input style="width: 100px;" type="text"/>
Web Site:	<input style="width: 100%;" type="text"/>		

## 2 – Details of Principals

Full Names of Sole Trader / Directors / Partners	Age	Qualifications	Number of years in this capacity (in this firm)

Does the firm have at least 3 years experience trading in this profession Yes  No

If this is a new start up business and/or where any Principal has less than 3 years experience please attach full CV's

Please state the total number of: (including part time workers)

Total number of Principals, Partners, Directors	<input style="width: 100%;" type="text"/>
Technical / Sales Staff ( excluding Administration staff)	<input style="width: 100%;" type="text"/>
Administrative and all other staff (inc part time)	<input style="width: 100%;" type="text"/>

## 3 – Professional Associations

Is the Firm registered with the Ministry of Justice and does it comply with the rules and regulations as published and updated by the Ministry of Justice from time to time? Yes  No

If Yes please provide the date of authorisation and your reference number:      Date No.

Is the firm a member of the following trade associations?:

The Association of Regulated Claims Management Companies (ARC) Yes  No

The Association of Professional Claims Managers (APCM) Yes  No

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Has any person in the firm/organisation or any Partner/Principal/Director been subject to Disciplinary proceedings, suspension or investigation by any Regulator, Trade Association or Professional Body? Yes  No

If Yes please provide full details at the end of the form or on a separate sheet

## 4 – Gross Income/Fees – Financial Information

What date is your Financial Year end (day/month/year):

Please give the amount of known Gross Income / Fees received for the last 2 financial years, and also an estimate for the current financial year in respect of fees received from business conducted in the following territories

		UK	USA/Canada	Elsewhere	Total
Current year/projected ending	2	£	£	£	£
Last full Financial Year ending	2	£	£	£	£
Prior Financial Year ending	2	£	£	£	£

## 5 – Division of Work

For your last completed financial year please provide the percentage split in your Gross income between the following categories – If you are a new business please provide your best anticipated projections

Description of activities	Percentage in last Complete Financial year
• Investment Products & Services	%
• Pension Products & Services	%
• Mortgage and other Financial Products & Services	%
• Insurance Products and Services (excluding PPI)	%
• Payment Protection Plans (PPI)	%
• Unfair Credit Agreements	%
• Employment Practices/Unfair Dismissal etc	%
• Personal Injury / Accident	%
• Industrial Injury / Accident / Disablement Benefit	%
• Medical Negligence	%
• Criminal Injury	%
• Housing Disrepair	%
• Other – (please provide details)	%
<b>Total</b>	<b>100 %</b>

Please confirm the number of cases dealt with in the last 12 months  cases

Please confirm the largest settlement during the last 12 months  £

Please confirm the average settlement in the last 12 months  £

Has your firm ever undertaken work for, or on behalf of, or in any way involving the Amulet Group, The Accident Group, Claims Direct, Medical Legal Support Services and/or The Claims Bureau?  
If yes please provide details Yes  No

If you act for third parties does your firm have a delegated claims settlement authority?  
If yes please provide full details Yes  No

Does your firm arrange or sell insurance related products? If yes please provide details of type and include the firms Authorisation number. Yes  No

If Yes to any of the above please provide further details here or at the end of the form

## 6 – Risk Management Procedures

- Does the firm abide by the regulatory guidance rules published and updated by the Ministry of Justice from time to time?      Yes       No
- Do you take steps to ensure that you adequately understand your client's requirements?      Yes       No
- Do you take steps to ensure that your client fully understands the scope of your proposed services?      Yes       No
- When engaging with customers, do you issue standard terms of business, form of contract or engagement agreement in every case?      Yes       No
- Does the firm provide any brochures, other material or website information in connection with the business/practice that adequately describes the proposed services?      Yes       No
- Is all documentation and other communication provided in such a way that it is clear, fair and not misleading?      Yes       No

If No to any question in this section please provide details

- Does the firm conduct direct marketing and operate an unsolicited outbound telesales service to source business?      Yes       No
- Does the firm operate an unsolicited texting service to source new business?      Yes       No
- If Yes to either question does the firm conduct regular due diligence to screen its data and use it in a fully compliant manner abiding by The Privacy and Electronic Communication Regulations 2003 at all times?      Yes       No

- Does the firm hold Client Money and if so abide by all relevant regulatory Client Money rules?      Yes       No
- Do the firm ensure that all cash/cheques received by employees in the course of their duties are paid in daily or held secure until such time they can be?      Yes       No
- Do the firm ensure that all cheques issued by the firm in respect of the business or client accounts are signed by more than one partner or director?      Yes       No

If No to any question in this section please provide details

- Do the firm always obtain written references when engaging new partners, directors, employees or agents?      Yes       No
- Has any partner or director ever been made bankrupt or has the business discharged any employee or severed any relationships with any partner or director within the last 10 years?      Yes       No

If Yes please give full details

Please comment on any features of your work that will be conducted in the next 12 months that may affect or change the proposed risk and / or dramatically increase income:

- Does the firm engage or use independent specialist consultants or sub-contractors?      Yes       No
- If Yes please provide further information at the end of the form.

## 7 – Previous Coverage – (do not complete if already insured with TPIDL)

Has this business been previously insured for professional indemnity? Yes  No

How many years have you held continuous cover?  Years

Please provide details of current insurer below

Name of Insurer:	<input style="width: 100%;" type="text"/>
Limit of Indemnity (state whether aggregate or any one claim basis)	£ <input style="width: 100%;" type="text"/>
Self-Insured Excess:	£ <input style="width: 100%;" type="text"/>
Retroactive Date:	<input style="width: 100%;" type="text"/>
Date of expiry of Cover:	<input style="width: 100%;" type="text"/>
Annual Premium paid:	£ <input style="width: 100%;" type="text"/>

Please attach a copy of your current schedule if this is easier

Has any similar insurance made on behalf of the firm, any predecessors in business or present Partners, Principals, or Directors ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than market rate increases)? Yes  No

If yes please provide details:

## 8 – Limit of Indemnity required for this insurance

Please tick the level of indemnity required: *(please note that the MOJ require personal injury firms to carry a minimum of £250,000)*

£100,000  £250,000  £500,000  £1 million  Other £

Please insert the level of excess you require – (this is the amount you pay on each claim) £

*(Underwriters will require minimum limits and excesses, depending on size and type of work undertaken)*

## 9 – Complaints/Claims History

Has any claim whether successful or not, ever been made against this firm/organisation or its predecessors in business or any past or present Partner, Principal, Director or Employee (whether previously Insured or not)? Yes  No

If "Yes", please give full details (attach a schedule if this is easier) including dates, amounts involved, brief details of the nature of the claim and whether settled or outstanding?

Name of Claimant	Reason	Outstanding /Closed	Amount Settled
			£
			£
			£

Has the business sustained any loss during the past 10 years as a result of the fraud or dishonesty of any partner, director or employee of the business? *(if yes please provide full details below)* Yes  No

Are you or any of the Partners, Principals, Directors or Employees, AFTER FULL ENQUIRY, aware of any circumstance which may result in any claim being made against the Proposer, its predecessors in business or any past or present Partner, Principal, Director or Employee? Yes  No

Please provide more information that you feel is necessary at the end of the form

**10 - When do you want this Insurance to start - (Insert start date or tick one other box - do not backdate)**

Start Date:

Or on renewal date of existing TPIDL PI Insurance

Or T.B.A.

**11 – Declaration**

Please read the following carefully

**Data Protection**

By signing this proposal form you consent to The PI Desk Ltd using the information we hold about you for the purpose of providing insurance contracts and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean that we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance companies, third party claims adjusters, fraud detection and prevention service, reinsurance companies and regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents, or service providers appointed by us, Insurers, (including their reinsurers, legal advisers, loss adjusters or agents). Where such 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 by its use by us as set out above. The information provided will be treated in the strictest confidence and where relevant, 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.

**Duty to disclose material facts:**

Since an Insurance Contract is based upon the duty of utmost good faith, it is important that those seeking Insurance should provide full disclosure of all material facts to Insurers and that this information should be kept updated. The Courts will find a fact to be 'material' where it would affect the judgement of a prudent Insurer as to whether or not to accept the risk at the particular terms offered. You are reminded that if you are in doubt whether or not any fact is material we recommend that you disclose the information to Insurers.

**Declaration**

I hereby confirm that I am authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance and understand that signing this proposal form does not bind the Proposer or the Insurers to complete this insurance.

I declare that all Principals, Partners and/or Directors have read, understood and agreed that all the statements and particulars given, including those answers written for me by any other person and that to the best of my/our knowledge and belief, the contents of this proposal form, all attached additional information and other particulars which have been given separately to The PI Desk Ltd and/or Insurers by me or our agents are true and complete and that no material facts have been omitted, suppressed, misrepresented, or misstated.

I agree that this proposal form, any additional information supplied and this declaration shall be the basis of the contract between all parties entitled to coverage under this insurance and the Insurers and I undertake to pay the premium when asked to do so.

I undertake to inform the Insurers of any change to any material fact that occurs prior to the point at which this insurance contract has been agreed.

I agree that The PI Desk and/or Insurers may contact any previous Insurers for further information and/or clarification if required.

Full Name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

**N.B. APPLICATIONS MUST BE SIGNED WITHIN 30 DAYS OF THE PROPOSED START DATE AND CANNOT BE BACK DATED**

***Please take a couple of minutes to check the information on the proposal form and always save a copy for your records***

Please use this space for additional information