Professional Indemnity Submission Form

Broker Details

Broker: _____ **Contact Name:** _____

Telephone No: _____ **Email Address:** _____

Client Details

Insured(s) full trading name (include names of all subsidiary companies to be insured):

Postal address of the Business:

Occupation of the Insured(s): *(Please advise if any manual work involved)*

Are you currently insured for Professional Indemnity? , if yes provide Insurer and Renewal date:

Can you advise the Professional Qualifications you hold for this occupation:

Professional Indemnity Details

Fee Income	€
Limit of Indemnity	€
Retro Active Date (if required)	

Claims Details

Has the proposer suffered a loss, claim or incident (which may give rise to a claim)? Yes/No
(If yes please attach a verified claims experience with full details)

Is the proposer aware of any other claims or intimations of any possible claims or circumstances which may give rise to a claim or loss against the firm or its predecessors in business or any of its present or former directors or partners? Yes/No
(*If yes please provide details)*

a) Has the proposer (s), or any partner (s) , or director (s) had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms?? Yes/No

b) Has the proposer (s), or any partner (s), or director (s) Yes/No