

PROPOSAL FORM

Miscellaneous Services Professional Indemnity Insurance

Important Notice

Please answer all questions fully, truthfully and to the best of your knowledge and belief as directed by this proposal form. Please do not answer questions "as before" or "see your records". If there is insufficient space to answer any questions fully, please attach a continuation sheet, making reference to the relevant question.

It is your duty to fully and truthfully disclose to the best of your knowledge and belief, all material facts or facts which may influence insurers' judgement or acceptance of your risk. Failure to do so may prejudice your rights in the event of a claim or result in insurers voiding your policy.

If in doubt, please contact the Arachas Professional risk team.

Once completed a copy of this completed proposal form should be retained for your own records.

The completion and signature of this proposal does not bind either you or your insurers to complete a contract of insurance.

Insurers hereby deem the questions asked in the proposal form to be their own and sufficient for underwriting purposes unless specified otherwise.

HOW TO COMPLETE THE PROPOSAL FORM

On your computer:

1. Download and save the blank PDF form to your hard drive
2. Open the form with Adobe Reader
3. Complete all fields within the form
4. You can save the form on your hard drive and return to complete it at any stage
5. Make sure that you include all relevant supporting documentation with your submission to avoid processing delays
6. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas

By hand:

1. Open the PDF
2. Print the PDF
3. Complete the printed form
4. Make sure that you included all relevant supporting documentation within your submission to avoid processing delays
5. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas or to pi@arachas.ie

Arachas Corporate Brokers
The Courtyard,
Carmanhall Road,
Sandyford Business Estate,
Dublin 18

Arachas Corporate Brokers
9 Eastgate Avenue,
Eastgate Business Park,
Little Island,
Cork

Arachas Corporate Brokers
Marine Point,
Belview,
Waterford

Complaints Procedure

If you have a complaint about the insurance contract, you should contact Arachas Corporate Brokers Limited.

If you have a complaint, please contact Arachas Corporate Brokers Limited. A copy of our complaints procedure is available on request.

If you remain dissatisfied, you may contact the Financial Services and Pensions Ombudsman at Lincoln House, Lincoln Place, Dublin 2, D02 VH29, tel. +353 1 567 7000, email; info@fspo.ie, The FSPO website gives information on its complaints handling.

Data Protection

The Company processes data in line with the provisions of the Data Protection Acts' shall mean the Data Protection Acts 1988 to 2018, as amended, updated, supplemented, repealed or replaced from time to time and includes the EU General Data Protection Regulation (Regulation 2016/679).

Personal data is collected in order to provide the highest standard of service to you. The information you give us may include your name, date of birth, details of home address, contact address, e-mail address and phone number, employment details, bank account detail, tax details, assets and liabilities, expense details, financial and credit card information, photo identification documentation, criminal convictions. Information supplied is kept secure, is used only for legitimate purposes in our activity as intermediary and is retained for no longer than is necessary, subject to any regulatory rules regarding record maintenance. You may have entitlements under legislation to inspect all personal information held on file by the Company and to have inaccuracies in that information corrected. Subject access requests for specific information should be sent to the Data Protection team at our Dublin office. There is no fee for such requests.



1

Name of the Firm/Partnership/Individual
including Trading and Business Name:

Address (main office)

Postcode/Eircode

Telephone No:

Website:

Date of commencement
of the firm:

If under two years experience in this occupation please
supply a cv for principals and brief business plan.

Contact Name:

E Mail address:

County:

Renewal /

Inception date:

2

Please give total fee income generated for the last completed year (including those paid to sub-contractors).
For 'start-ups' please enter estimates for all questions.

**Fee income last
completed year €**

a) Republic of Ireland/UK/
Channel Islands/Isle of Man

b) USA/Canada

c) Europe and Rest of World

Total

Specify the month of your Financial Year End:

Do you have any offices outside the Republic of Ireland for which you are seeking cover

If 'Yes', please provide details

☐ Yes

☐ No

For the last complete financial year what was the largest single fee

State the largest contract in the last financial year

Client

Client Industry

Nature of Contract

Contract Value

3

During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever

- | | | |
|---|------------------------------|-----------------------------|
| a) Declined to Insure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Imposed special terms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Cancelled or voided a policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Requested the withdrawal of a claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any answer is 'Yes', please provide full details on a separate sheet

4

If you do not have a current Professional Indemnity policy, skip to Question 5.

Has the firm purchased and maintained PI insurance continually with no breaks in coverage for the past 6 years or since establishment?

☐ Yes ☐ No

If 'No' can you please advise the retroactive date on your current policy

If you are currently not insured for Professional Indemnity, or have not entered the date above, the retroactive date will be the inception of this policy

5

Do you require cover for the previous business activities of any Partner/Director/Principal

☐ Yes ☐ No

If 'Yes', please provide full details

Name of Partner / Director / Principal

Name of Practice

Date Leaving

Additional Partner/Director/Principal

Name of Partner / Director / Principal

Name of Practice

Date Leaving

Additional Partner/Director/Principal

Name of Partner / Director / Principal

Name of Practice

Date Leaving

6

Please give the percentage split of fee income in Euro (including those paid to subcontractors) for the last complete financial year

Activity	% of Fee Income
Accoustic Consultant	<input type="text"/>
Acoustic Engineers	<input type="text"/>
Actuary	<input type="text"/>
Agricultural Consultant &/or Forestry Consultant	<input type="text"/>
Agricultural Consultant (incl. H&S &/or Book Keeping)	<input type="text"/>
Alarm Monitoring	<input type="text"/>
Arbitrator	<input type="text"/>
Auctioneer (non-RICS)	<input type="text"/>
Bailiff &/or Private Investigator	<input type="text"/>
Beautician	<input type="text"/>
Book Keeping	<input type="text"/>
Building Energy Rating (BER) Assessor	<input type="text"/>
Call Centre / Outsourcing Company	<input type="text"/>
Certification	<input type="text"/>
Chamber of Commerce	<input type="text"/>
Communication Consultant	<input type="text"/>
Company Formation / Reg / Search	<input type="text"/>
Company Registrar	<input type="text"/>
Conference Organiser	<input type="text"/>
Court Reporter	<input type="text"/>
Credit Reporter / Researcher	<input type="text"/>
Digital Marketing Consultant	<input type="text"/>
Document Storage &/or Destruction	<input type="text"/>
Enquiry Agent / Investigator	<input type="text"/>
Environmental Consultant	<input type="text"/>
Estate Agency Sales (Non RICS)	<input type="text"/>
Event Planner	<input type="text"/>
Exhibition Designer	<input type="text"/>
Expert Witness Services	<input type="text"/>
Facilities Management	<input type="text"/>
Feasability Studies	<input type="text"/>
Food Industry Consultant	<input type="text"/>
Funeral Director	<input type="text"/>
Graphic Designer	<input type="text"/>
Health & Safety / Quality Assurances	<input type="text"/>
Hotel Catering Consultant	<input type="text"/>
Human Resource Consultant	<input type="text"/>

Q6 Contd.

Activity	% of Fee Income
Interior &/or Garden Designer	<input type="text"/>
Interior Designer	<input type="text"/>
Landscape Gardener	<input type="text"/>
Law Centre / Advice Centre	<input type="text"/>
Law Costs Draftsman	<input type="text"/>
Lecturer	<input type="text"/>
Life Coach	<input type="text"/>
Loss Adjuster	<input type="text"/>
Management Consultant	<input type="text"/>
Market Researcher	<input type="text"/>
Marketing Consultant	<input type="text"/>
Mediator	<input type="text"/>
Outsourcing Services	<input type="text"/>
Photographer	<input type="text"/>
Photographic Library	<input type="text"/>
Property Management & Rent Reviews (non-RICS)	<input type="text"/>
Recruitment	<input type="text"/>
Relocation Agent	<input type="text"/>
Safety Trainer	<input type="text"/>
Secretarial services	<input type="text"/>
Security Consultant	<input type="text"/>
Town Planning	<input type="text"/>
Trade Associations	<input type="text"/>
Training Company	<input type="text"/>
Translator	<input type="text"/>
Travel Agent (excluding tour operating)	<input type="text"/>
Travel Agent (including tour operating)	<input type="text"/>
Will writer	<input type="text"/>
Zoologist	<input type="text"/>
Other	<input type="text"/>

If 'Other' please provide details, including percentage split per occupation

Q6 Contd.

Has your practice ever provided any professional services for or on behalf of a Financial Institution, Bank and /or Building Society?

☐ Yes ☐ No

Has your practice ever provided any financial or investment advice on behalf of a client?

☐ Yes ☐ No

If 'Yes' please provide details

What limit of indemnity do you require?

€500,000 ☐ €750,000 ☐ €1,250,000 ☐ €1,500,000 ☐

☐ Other (If other please enter amount)

7**Do you require cover for Public Liability**

☐ Yes ☐ No

What Limit do you require

€1,300,000 ☐

€2,600,000 ☐

€6,500,000 ☐

Have any claims or losses whether successful or not, ever occurred or been made against you or your predecessors or any past or present partner, principal Director or employee

☐ Yes ☐ No

If 'Yes' please provide details

Do you undertake any manual work

☐ Yes ☐ No

Do you sell supply, manufacture, install, repair or service any products

☐ Yes ☐ No

Do you work with heat or at heights over 3m

☐ Yes ☐ No

Do you undertake work away from the office other than business meetings and client entertainment

☐ Yes ☐ No

If 'Yes' please provide details

8

- a) Has the firm and/or any prior practice made any claim or notified any circumstance in the last 6 years?
☐ Yes ☐ No
- b) Is the firm aware, after careful enquiry, of any loss or claim or circumstance which may give rise to a claim which has not already been notified to past or present insurers?
☐ Yes ☐ No
- c) Is there any matter notified by the firm to insurers or that has not been accepted as an effective notification?
☐ Yes ☐ No

If 'Yes' to a,b, or c above, please provide details on the Claims page at the back of this document. Include steps taken to prevent a recurrence.

9**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 or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated:

	DD		MM		YY	
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Signature of Partner _____

Name of Signatory (PLEASE PRINT)

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A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.

Claims Details

Notification Date DD MM YY	Claims Status Outstanding / Settled	Damages	Claimants Costs	Defence Costs	Total
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
Notification Date DD MM YY	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
Notification Date DD MM YY	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
Notification Date DD MM YY	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					

Please provide a brief description of each claim.