


# Professional Negligence for Social Housing Organisations

## Specific services Proposal form

 Please provide a full answer to every question. Where there is insufficient space to answer a question please enclose additional sheets. Please note that the completion and submission of this form does not bind you or us to enter into a contract of insurance.

You understand that you must make a fair presentation of the risk to us when completing this form and at inception, renewal and whenever you request changes to your policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by the policy in a clear and accessible manner and must not misrepresent any material facts. A material fact is one which would influence our acceptance or assessment of the risk. If you have any doubt about facts considered material, it is in your interest to disclose them.

If you do not make a fair presentation of the risk the policy may be avoided, written on different terms and/or a higher premium may be charged, depending on the circumstances of the failure to present the risk fairly.

### 1. Proposer details

Name of your organisation (referred to in this form as the 'Proposer')

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### 2. Description of the Services to be insured

A

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B

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C

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D

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E

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F

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**Note:** It will help us if you describe the Services accurately and concisely. Please do not leave blank or refer to attachments. Split the description if it helps to explain multiple activities.

### 3. Clients: description of the types of organisations or individuals receiving each of the services described in section 2

A

B

C

D

E

F

**Note:** Cover cannot apply to work done for internal departments of the Proposer or for its subsidiary companies.

### 4. Cover requirements

Service (as above)	A	B	C	D	E	F
Limit of indemnity						
Excess (min £2,500)						
Retroactive Date						

**Note:** The **Limit of Indemnity** represents the aggregate of all claims first made against the Proposer and notified to the Insurer during any one Period of Insurance. The **Excess** is the amount of each and every claim that will be borne by the Proposer. Any claim originating before the **Retroactive Date** would not be covered. This date should be stated as years prior to cover Inception.

### 5. Annual fee income from the Services (provided in the UK only)

Service (as above)	A	B	C	D	E	F
Estimate for current or forthcoming year						
Actual for last full year						
Actual for year prior to last						
Actual for year 3 years ago						

**Note:** PI cover is based on fees charged by you, not on grants or other funding you receive. If you are in doubt about the nature of your income as it relates to PI insurance please speak to us.

## 6. Outline of qualifications and experience relative to the Services of all senior and supervisory staff and those having authority to work unsupervised

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**Note:** It is important to demonstrate that adequate control and supervision are practised in the delivery of the Services.

## 7. Finance and Investment

Are any of the Services regulated by the Financial Conduct Authority or do they involve advice or other services relating to the financing or investment for any project, scheme or venture?

☐ Yes

☐ No

If Yes, please provide full details:

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Please continue on a separate sheet if more space is required.

## 8. Does the Proposer subcontract any element of the Services to any other organisation or individual over whom the Proposer has no effective control?

☐ Yes

☐ No

If Yes, please confirm that:

a) the Proposer obtains annual written evidence that such subcontractor has Public Liability and Professional Indemnity insurance in place to cover their own liability for the work they contribute to the Services for at least £1m any one claim

☐ Yes

☐ No

b) the contract contains no hold harmless agreement or indemnity clause in favour of the subcontractor

☐ Yes

☐ No

**Note:** If subcontractors carry out work for you and have inadequate insurance arrangements of their own then any claim they cause will probably be made against you. We may therefore need to exclude claims arising from subcontractors, or load our premiums, if you are unable to confirm that you check their coverage.

## 9. Insurance History

Has the Proposer ever been refused, or had cancelled, Professional Indemnity insurance?

☐ Yes ☐ No

Have any claims been made against the Proposer which would have fallen within the scope of the proposed insurance had it been in force?

☐ Yes ☐ No

Are any of the Proposer's senior or supervisory staff **after individual enquiry from the Officer completing this form**, aware of any circumstances or incidents which might give rise to a claim?

☐ Yes ☐ No

If Yes, please provide full details:

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Please continue on a separate sheet if more space is required.

## 10. Data Protection Statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via [www.zurich.co.uk/dataprotection](http://www.zurich.co.uk/dataprotection)

### How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via [gbz.general.data.protection@uk.zurich.com](mailto:gbz.general.data.protection@uk.zurich.com) or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

## 11. Declaration

I/we declare that the statement and particulars in this proposal are true and complete. I/we have made a fair presentation of the risk and have not misrepresented or suppressed any material facts after full enquiry of relevant parties inside and outside my/our organisation. I/we agree to the contract of insurance being prepared using the information I/we have supplied in this form, along with any associated information I/we have supplied. I/we shall inform you of any material alteration to those facts and/or the information supplied before completion of the contract of insurance.

Signed

Date

Name

Role

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