

# Social Housing Organisations professional negligence Specific services proposal form

Please note that the completion and submission of this form does not bind you or us to enter into a contract of insurance. In order to minimise the need for further clarification please answer all questions fully.

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 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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### Notes

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

#### Notes

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						

#### Notes

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						

#### Notes

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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### Notes

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 supply full details.**

## 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 & 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

### Notes

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

### Notes

If you have answered Yes to any part of this question please give details at the end of this form.

## 10. 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 within 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

D	D	M	M	Y	Y	Y	Y
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Name

Capacity

### Additional information

#### Zurich Municipal

Zurich Municipal is a trading name of Zurich Insurance plc.

A public limited company incorporated in Ireland Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland.

UK Branch registered in England and Wales, Registration No. BR7985.

UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance plc is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. These details can be checked on the FCA's Financial Services Register via their website [www.fca.org.uk](http://www.fca.org.uk) or by contacting them on 0800 111 6768.

Our FCA Firm Reference Number is 203093.

Communications may be monitored or recorded to improve our service and for security and regulatory purposes.

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