

Professional Indemnity Insurance for Archaeologists & Associated Professions

Proposal Form

This Form applies to any individual or group or company undertaking archaeological projects, or providing archaeological advice or services. **Please return this form and direct all correspondence to:**

Towergate Risk Solutions Fareham, Funtley Court, Funtley Hill, Fareham, Hampshire PO16 7UY

Telephone: 0870 366 9552 Fax: 0870 366 9553 Email: fareham@towergate.co.uk

Web: www.towergate.co.uk/archaeology

Please ensure that all relevant sections of the Proposal are completed. If necessary, please continue on a separate sheet.

1. Name under which business/practice is conducted with addresses of all offices

Date Commenced: DD / MM / YYYY	
Telephone No: _____	Fax: _____
Web address: _____	
Email address: _____	

2. Give details of the three largest contracts undertaken in the past 3 years, together with the 3 largest contracts expected in the forthcoming year

Details (name and business of client and nature of contract)	Your fees	Contract Value (if known)

3. Give details below of a) Partners/Directors and b) Consultants under a contract of service with the Proposer
 (Please attach a C V for each Director and / or Consultant) (please continue on a separate sheet if needed)

a) Partners / Directors

Full Name: _____ Date of Birth: DD / MM / YYYY

Membership of Institute of Professional Organisation/IFA area of competence _____

Date of Admission _____ No. of years in business/practice _____ Academic Qualifications _____

Full Name: _____ Date of Birth: DD / MM / YYYY

Membership of Institute of Professional Organisation/IFA area of competence _____

Date of Admission _____ No. of years in business/practice _____ Academic Qualifications _____

b) Consultants

Full Name: _____ Date of Birth: DD / MM / YYYY

Membership of Institute of Professional Organisation/IFA area of competence _____

Date of Admission _____ No. of years in business/practice _____ Academic Qualifications _____

Full Name: _____ Date of Birth: DD / MM / YYYY

Membership of Institute of Professional Organisation/IFA area of competence _____

Date of Admission _____ No. of years in business/practice _____ Academic Qualifications _____

4. State number of other permanent staff

a. Qualified			
i full time		ii part time	

a. All other			
i full time		ii part time	

5. Limit of Indemnity required under this insurance (please tick)

£100,000 £250,000 £500,000 £1,000,000
 £2,000,000 £5,000,000 other _____ (please specify)

6. Do you wish to pay your premium by monthly instalments? YES NO
 (Please note that there will be a small credit charge for this facility)

7. a. Does the business/practice or any partner/director act on behalf of, or undertake work for any firm, company or organisation in which the business/practice or any partner/director has a financial interest?

YES NO

b. Does any partner/director perform an executive role or hold a position whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation?

YES NO

If YES, in either case, please give details (by separate note, if preferred)

8. a. State gross fees (including those paid to sub-contractors) payable by clients for work undertaken in the UK. For any non-fee earning business/practice, please state total turnover

Last year	Previous year	Forthcoming year (estimated for new and existing practices)
£	£	£

b. Please provide a brief description of type of activities undertaken below, and approximate percentage of time spent on each - continue on a separate page if necessary:

c. Do you undertake work outside the UK? YES NO

If YES, please give details and state gross fees for last year, previous year, and forthcoming year

9. When would you like cover under this policy to start from?

DD	MM	YYYY
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10. Has the Proposer any existing Professional Indemnity Insurance in force?

YES NO

If YES, state

a. Name of Insurer

b. Renewal Date

DD	/	MM	/	YYYY
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11. Has any insurer, in respect of the risks to which this Proposal relates, ever:

- a. declined a Proposal, refused renewal or terminated an insurance? YES NO
- b. required an increased premium or imposed special conditions? YES NO

If YES in either case, please give details

12. a. Has any claim been made against the Proposer or any predecessors in business or any partner, director, consultant or employee for neglect, error or omission in relation to professional duty?

YES NO

b. Has the Proposer or any predecessors in business or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover?

YES NO

If YES in either case, please give details (or by separate note, if preferred)

Date of loss or claim	Please give brief details of each claim or loss	Cost (if any) of claim or loss incurred	Estimated outstanding cost

c. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

13. Is any partner, principal, director, consultant or employee, after enquiry, aware of any circumstances which might:

- a. give rise to a claim against the Proposer or any predecessors in business or any of the present or former partners or principals? YES NO

- b. result in the Proposer or any predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of this cover? YES NO
- c. otherwise affect the Insurer's consideration of this insurance? YES NO

If YES, please give details including maximum potential cost (by separate note, if preferred)

GENERAL

- What percentage of your work is put out to sub-contractors? %
- Do you accept liability outside the jurisdiction of UK courts? YES NO
- Do you have a standard form of contract, agreement or letter of appointment?
(if YES, please provide copies) YES NO
- Do you work to a professional code of practice? YES NO
- Are records maintained of original contracts and amendments? YES NO
- Are records maintained of meetings? YES NO
- Are file notes kept of important telephone conversations? YES NO
- Is all work undertaken by staff reviewed? YES NO
- Do you verify qualifications and previous experience of new employees? YES NO

If you have ticked any of the shaded boxes, please provide details in the space below

What does the Proposer think are the significant risks associated with their field of work and what does he/she do to minimise these risks?

Declaration

This Proposal shall be deemed to have been completed by all Proposers and is signed by me for and on behalf of all Proposers.

I have read all the statements given in this Proposal (INCLUDING ANY ANSWER WRITTEN FOR ME BY ANY OTHER PERSON) and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented or misstated. I am also not aware of any other circumstances likely to affect the risk.

I agree that in the event of the risk being accepted, the statements contained in this Proposal shall be the basis of the contract and I undertake to pay the premium when called upon to do so.

I understand that the Insurer may contact my present/previous insurers for further information.

Signature: Date: DD / MM / YYYY
(Partner or Director)

On behalf of *

* insert name of Company/Firm

Signing this form does not bind the Proposer to complete a Contract of Insurance

We strongly recommend that you take a copy of this form for your records