

Errors and Omissions Proposal Form

- 1) **NAME/S** (including trading names) of the Proposer/s:
 use a separate sheet if necessary

| Name | Date Commenced |
|------|----------------|
| | |
| | |
| | |

- 2) **ADDRESS/ES** of Proposer/s
 All addresses must be shown together with the Principal responsible for the work at each office:

| Address | Principal in charge |
|---------|---------------------|
| | |
| | |
| | |

- 3) Is cover required for predecessor practices to the Proposer/s?

| | |
|-----|----|
| YES | NO |
|-----|----|

IF YES, please provide full details:

| Name of Predecessor | Date Commenced | Date Ceased | Reason for Cessation |
|---------------------|----------------|-------------|----------------------|
| | | | |
| | | | |
| | | | |

- 4)

| Name in full of all Principals | Qualifications | Date Qualified | How long as a Principal with Proposer/s |
|--------------------------------|----------------|----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

5) Is cover required for the previous business activities of any Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please state:

| | | | |
|---|----------------------|----------------------|----------------------|
| Name of Principal | | | |
| Name of Previous Firm | | | |
| Period | From / / To / / | From / / To / / | From / / To / / |
| Fees for Last 3 Yrs | 20 € 20 € 20 € | 20 € 20 € 20 € | 20 € 20 € 20 € |
| Reason for Leaving | | | |
| Position in Firm | | | |
| Is there separate insurance covering the activities of this Firm for the Period stated above? | | | |

6) Is cover required for any past Partner or Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give:

| Name | Qualifications | How long with Proposer/s |
|------|----------------|--------------------------|
| | | |
| | | |
| | | |

7) Please state total numbers of:

| | | | |
|-----------------|--|----------------------|--|
| Principals | | Contract Hired Staff | |
| Qualified staff | | Others | |
| | | | |

8) DO NOT ANSWER IF THIS IS A RENEWAL PROPOSAL:

| | |
|--------------------------|--|
| Name of current insurers | |
| Name of your broker | |
| Renewal date | |
| Limit of indemnity | |
| Premium | |
| Excess | |

9) (a) Please provide a full description of all of your activities:

PLEASE PROVIDE A BROCHURE, IF AVAILABLE.

(b) Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

| | |
|--|-------------|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | 100% |

(c) Do you anticipate any major changes in these activities in the forthcoming 12 months?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give full details:

(d) Where do you perceive your exposure to claims to lie? In what circumstances might you envisage a claim arising?

(e) Have you undertaken any other activities in the past for which cover is required?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please provide full details:

(f) Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please provide full details:

10) (a) Is any work put out to sub-contractors?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please state:

| | |
|--|----------|
| What percentage of gross income/fees was paid to sub-contractors in the last financial year? | % |
| Are sub-contractors required to carry insurance? | |
| Do you get an indemnity from sub-contractors, in writing? | |
| IF YES , to what limits? | |

(b) Do you require any sub-contractor to be indemnified under your insurance arrangements?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please state:

| Name | Qualifications | Fees Paid (last financial year) |
|------|----------------|---------------------------------|
| | | |
| | | |
| | | |

11) State for the whole Proposer/s:

Gross income/fees received for each of the last five financial years:

| Year End | / /200 | / /200 | / /200 | Last Complete Year / /20 | Current Year / /20 | Forthcoming Year / /20 |
|----------------|----------|----------|----------|-----------------------------|-----------------------|---------------------------|
| UK Work | € | € | € | € | € | € |
| USA/Canada | € | € | € | € | € | € |
| Other Overseas | € | € | € | € | € | € |
| TOTAL | € | € | € | € | € | € |

12) Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

| Client | Start Date | Description | Total Contract Value | Fee | Appx Completion Date |
|----------|------------|-------------|----------------------|-----|----------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

13) What is the total fee income received in the last financial year from your largest client?

| |
|---|
| € |
| |

14) Have you **at any time** undertaken any work where the "end product" is situated outside the Maltese Islands?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give the following details:

(a)

| Country | Start Date | Description | Total Contract Value | Appx Completion Date | Services Provided |
|---------|------------|-------------|----------------------|----------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

(b) Do you work other than from offices in Malta?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(c) Have you at any time accepted liability other than under the jurisdiction of the Maltese courts?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES to either (b) or (c) then please provide full details listing jurisdiction and amount of work involved on a separate sheet.

15) Do you use a standard form of contract, agreement or letter of appointment?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please attach a copy.

16) (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give full details (including names of other parties)
special arrangements must be made to cover this type of work

| |
|--|
| |
|--|

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, give full details of the nature of the association together with the **name** and **business** of the third party.

17) Do you require insurance for:

| | | | | |
|------------------------------------|------------|--|-----------|--|
| Loss of Documents | YES | | NO | |
| Dishonesty of Employees | YES | | NO | |
| Libel & Slander | YES | | NO | |
| Breach of Copyright | YES | | NO | |
| Unintentional Breach of Confidence | YES | | NO | |
| Claims involving pollution etc. | YES | | NO | |

Some policies give this cover automatically.

18) For what Limit/s of Indemnity are quotations required?

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

- 19)** (a) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES, please give details:

| Date of claim/loss | Brief details of each claim/loss | Cost of claim/loss | Estimated cost of claim/loss outstanding |
|--------------------|----------------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

- (b) What steps have been taken to prevent a recurrence?

| |
|--|
| |
| |
| |

- 20)** Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

- (i) give rise to a claim against the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

- (ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

- (iii) Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

| | | | |
|-----|--|----|--|
| YES | | NO | |
| | | | |

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION