



AFRO-ASIAN[®]

INSURANCE SERVICES LTD

Broker at **LLOYD'S**

MISCELLANEOUS PROFESSIONAL INDEMNITY PROPOSAL FORM

Please answer all questions fully and to the best of your knowledge. Please do not make any misrepresentations to the insurer; any insurers can rely on the accuracy of your responses.

General Information

1. Name of the company or entity (Insured):

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2. Address of registered or principal office:

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3. Website address:

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4. Date of Establishment

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5. Please provide details of directors, partners or principals of the business:

Name	How long director/partner/principal?	Relevant qualifications and year of qualification

6. What is the total number of

a. Professionally qualified staff and principals?

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b. Other technical staff?

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c. Clerical administrative staff?

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d. Total?

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7. Please provide details of offices or subsidiaries that are to be covered by this insurance:

Name	Country of Registration	Ownership relationship with the main practice

Business Activities

1. Please detail the business's gross turnover / fees for the last 3 financial years and an estimate for the next financial year emanating from the following territories:

Year	UK	USA	Rest of the World	Total
Estimate for next year				

2. Please indicate which of the following services are by the practice by showing the approximate percentage of gross fee for the past twelve months

Type of work	% of Turnover / fees		
	Uk	USA	Elsewhere
Total			

3. Please give a full description of all your activities:

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4. a. What is the total fee received in the last year from your largest client?

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b. What is the average fee received last year per client?

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5. Has your business work split materially changed over the past three years? Yes No

If yes, please provide details

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6. Do you anticipate any material changes to your business activities in the coming year? Yes No

If yes, please provide details

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7. a. what percentage of fees is paid to sub-consultants employed directly by the business?

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(i). Please give details of work carried out by such sub-consultants

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b. Do you obtain verification that such sub-consultants carry and maintain in force professional indemnity insurance? Yes No

c. Do you analyse the financial stability of each sub-consultant? Yes No

8. Is the business or any partner, principal or director connected or associated (by way of shareholding, financial interest, contract of employment or otherwise) with any other company or organisation? Yes No

If yes, please provide details

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9. Is the practice owned or controlled by any other business entity? Yes No

If yes, please provide details

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10. Is or has the business been a member of consortium, joint venture, group practice or similar associations? Yes No

If yes, please provide details

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Risk Management

1. List the five largest contracts undertaken during the last 5 years

Client	Industry	Scope of Services	Contract Value	Fee	Start Date	End Date

2. List three typical contracts undertake during the last three years

Client	Industry	Scope of Services	Contract Value	Fee	Start Date	End Date

3. Does the business always enter into standard written contracts (own or market recognised)?

Yes No

If no, please provide details:

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If yes, do your standard delivery terms:

- | | | |
|---|-----|----|
| a. Accept liability for consequential or indirect losses | Yes | No |
| b. Accept liability for financial damages greater than the value of the contract | Yes | No |
| c. Include any form of liquidated damages | Yes | No |
| d. Warrant a performance standard greater than reasonable care and skill | Yes | No |
| e. Provide for an unlimited warranty period | Yes | No |
| f. Allow for changes to the scope of work without a written variation contract | Yes | No |
| g. Provide indemnities to your clients (except intellectual property rights, death, bodily injury and/or property damage) | Yes | No |

If yes to any of the above, please detail below

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|---|-----|----|
| 4 .Are all contracts reviewed by a qualified lawyer? | Yes | No |
| 5. Do you always ensure there is a signed contract in place prior to starting work? | Yes | No |
| 6. Do all contracts clearly define the scope of services provided? | Yes | No |
| 7. Are changes to the scope of work always written into contract? | Yes | No |
| 8. Do you have contract approval process? | Yes | No |
| 9. Do you have peer review process? | Yes | No |
| 10. Can you confirm the following 'good practice'? | | |
| a. Satisfactory written references are always obtained from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods? | Yes | No |
| b. All cheques drawn for more than £25,000 require two signatures | Yes | No |
| c. Cash in hand and petty cash are checked independently of the employees responsible at least monthly and additionally, without warning, at least every six months | Yes | No |
| d. Bank statement, receipts, counterfoils and supporting documents are checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank | Yes | No |

e. Employees receiving cash and cheques in the course of their duties are required to pay in daily Yes No

f. Employees are required to account for money received at least weekly Yes No

If No to any of the above, please provide details of your system:

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Cyber

1. Do you require coverage for cyber? Yes No

2. a. How many personally identifiable information (PII) records or unique consumer records do you currently hold?

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b. Do you hold or process any of the following types of sensitive data?

Financial Information (including credit/debit records) Yes No

Identity Information (including NI number or passport details) Yes No

Names, addresses, telephone numbers Yes No

Medical Information Yes No

c. Do you anticipate any significant changes over the next 12 months for for the above? Yes No

If yes, please provide full details:

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3. a. What percentage of your turnover emanates from online or E-commerce activities?

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b. What is the size of your dedicated IT budget annually?

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4. Can you confirm you adhere to the following best practices?

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|---|-----|----|
| a. Have a dedicated individual responsible for information security and privacy | Yes | No |
| b. Have a written incident management response plan | Yes | No |
| c. Perform background checks on all employees and contractors with access to sensitive data | Yes | No |
| d. Have restricted access to sensitive data (including physical records) | Yes | No |
| e. Have a process to delete systems access within 48 hours after employee termination | Yes | No |
| f. Have written information security policies and procedures that are reviewed annually and communicated to all employees including information security awareness training | Yes | No |
| g. Ensure all remote access to IT systems is secure | Yes | No |
| h. Only use operating systems that continue to be supported by the original provider | Yes | No |

If no to any of the above please detail below along with mitigating comments

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5. Are annual or more frequent internal/external audit reviews (including Penetration testing) performed on your IT network and your procedures

	Yes	No
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If yes, **please provide a copy of the latest report from any examination/audit**

6. Can you confirm you comply with the following minimum security standards?

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|--|-----|----|
| a. You use anti-virus, anti-spyware and anti-malware software and update them regularly | Yes | No |
| b. You use firewalls and other security appliances between the internet sensitive data | Yes | No |
| c. You use intrusion detection or intrusion prevention systems (IDS/IPS) and these are monitored | Yes | No |
| d. You ensure all sensitive data on your system is encrypted | Yes | No |
| e. You ensure all sensitive data on all removable media is encrypted | Yes | No |

- f. You ensure all sensitive data is permanently removed (e.g physical destruction not merely deleting) from hard drives and other storage media or sold and from paper records prior to disposal Yes No
- g. You perform regular backups and periodically monitor the quality of the backups Yes No

If No to any of the above, please provide detail below along with mitigating comments

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7. a. Do you have a disaster recovery plan (DRP) and/or business Continuity plan (BCP) in place? Yes No

b. In your DRP / BCP, how long would it take for you to be fully operational again following an incident?

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c. How often do you test your DRP / BCP?

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8. Please provide details of the vendors for the following services or state if it is managed in house:

a. Internet Service Provider

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b. Cloud / Hosting / Data Centre Provider

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c. Payment processing

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d. Data or Information processing (such as marketing or payroll)

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e. Offsite archiving, backup and storage

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Claims History:

1. Regarding all the types of insurance covers to which this proposal form relates, are you or any of the partners, principals or directors, after having made full enquiries, including of all staff, aware of any of the following matters in the past 6 years?

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|--|-----|----|
| a. Any claims (successful or otherwise) or cease and desist orders been made against the company, its predecessor, or present or past partners, principals, or directors | Yes | No |
| b. Any circumstances which may give rise to a claim against the company, its predecessor or any past or present partner, director, principal or employee | Yes | No |
| c. The receipt of any complaints, whether oral or in writing, regarding services performed, products or solutions sold or provided, or advice given by you | Yes | No |
| d. Any loss or damage that has occurred to the company or its predecessor | Yes | No |
| e. Any privacy breach, virus, DDOS, or hacking incident which has, or could, adversely impact(ed) your business | Yes | No |
| f. Any unforeseen down time to your website or IT network of more than 3 hours? | Yes | No |
| g. Any allegation of loss or loss sustained as a result of the fraud or dishonesty of any person employed by the business? | Yes | No |

If yes to any of the above, please provide full details:

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Insurance Details

Please provide the following details from your previous policy:

1. Name of insurers

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2. Retroactive date

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3. Limit of Liability

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4. Excess

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5. Premium

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What limit of indemnity is now required?

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Consent:

Please confirm you are happy for us to send all information provided to our insurers to provide you with a quotation:

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Is there anything else you think we should be made aware of?

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You must inform us of any fact that may influence our decision to accept this risk or the terms upon which the risk is accepted. Failure to so inform us may invalidate this insurance or any claim made under it. If in doubt as to whether a fact should be disclosed to us, please consult your broker.

The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

I/We am/are authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance.

Signed:

Company:

Date:

A copy of this Application Form should be retained for your own records.