

MISCELLANEOUS ERRORS & OMISSIONS INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OF YOUR LETTERHEAD INDICATING THE NUMBER OF THE QUESTION.

No. 1: Name of Firm(s), Partnership(s) or Individual(s) (please include all names under which you practice and include any Predecessor Practice(s) for which cover is required):

No. 2: Date of Commencement of Current t Firm/Practice:

No. 3: Address of Firm:

No 4: Principal Staff (Please attach a Curricula Vitae if the firm is a start-up)

Name of Directors, Partners and principal Staff	Age	Qualifications	Positions held

No 5: Total number of staff:

	Sweden based	Overseas based
Principals and Senior Members of Qualified Staff		
Technical Staff		
Others		

No 6: If Sole Director or Principal, please answer the following:

- 6a) Is this a part time occupation? Yes No
 6b) If YES, Please give brief details of present full-time occupation

No. 7: Professional membership

- 7a) Are you a member of any professional body or trade association? Yes No

7b) If YES, please state which.

No. 8: Nature of your business

- 8a) Please provide a detailed description of the business activities and professional services that your firm provides.

8b) Please categorize the specific business activities that you undertake and indicate the approximate percentage of the gross fee income that each activity represents:

Business Activity	%
Total	100 %

8c) Are any material changes to activities anticipated in the coming year? Yes No

If YES, please provide full details

8d) Are you involved in any 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 below

No. 9: Breakdown of Fee income:

9a) Please state the total fee income for the firm for the last two complete financial years and provide an estimate for the current financial year.

	Current year	Prior year	Next year
Sweden			
Europe			
USA / Canada			

Average Fee Per Client: _____

Largest Client Fee & Client Name _____

No 10: Largest Projects

10a) Please give details of the three largest projects undertaken in the last three years:

Start / completion date	Client	Project type and location	Total contract value	Firm's fee income

No 11.: Contracts

11a) Do you always use standard forms of contract, agreement or letter of appointment?
 Yes No

No 12: Sub-contracts / Sub-consultants

12a) Does your firm subcontract professional services? Yes No

If "Yes", indicate the percentage of professional fees derived from sub-contracted work and the types of professional services subcontracted

12b) Are written contracts used for all sub-contractors / sub-consultants? Yes No

12c) Do your firm's contracts with sub-contractors / sub-consultants always contain indemnification and hold harmless provisions? Yes No

12d) Do you always ensure that sub-contractors / sub-consultants maintain adequate professional indemnity insurance? Yes No

No 13: Related entities

13a) Is your firm controlled, owned or associated with any other firm, corporation or company, or does your firm own or control any other entity? Yes No

If "Yes" please provide details on a separate sheet

13b) Does your firm render services on behalf of any entity in which any principal, partner, officer or director of your firm, or an immediate family member of such person is a principal, partner, officer or director? Yes No

If "Yes" please provide full details:

13c) Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any project where professional services are being rendered by your firm? Yes No

13d) Does your firm seek coverage for these projects? Yes No

13e) Does your firm always obtain satisfactory references before taking on staff? Yes No

No 14: Loss history

14a) Has any claim been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessors, or any past or current principal, partner, officer or director of your firm? Yes No

If 'Yes' in either case, give full details or attach a separate note if preferred.

Date of Claim	Brief Details	Amount of Claims Paid	Reserves

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

14b) Is your firm (after proper and full inquiry of every principal, director or employee) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against your firm, its predecessors in business, or any of the present or past principals, directors or employees? Yes No

If "Yes" please provide details on a separate sheet

14c) Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? Yes No

If "Yes", please explain

No. 15: Professional Indemnity Insurance

15a) Is the firm currently insured for professional indemnity? Yes No

If "Yes" please provide details as follows:

I warrant that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective insurers any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

Signed _____ Date ____/____/____

Print Name _____ Position _____

This form must be signed by a principal of the firm