



FREEPHONE: 0800 980 3803
SWITCHBOARD: 01454 322266
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Professional Indemnity – Quotation Request

To save you time we have kept this form as brief as possible. Use the tab key to move through the form. If you do not know the answer, please state “unknown”. When complete, kindly save as your surname and email to enquiries@edisonfordinsure.co.uk

Tell us about you/your business

Title	<input type="text"/>
Your first name/s	<input type="text"/>
Your Last name	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YYYY
Business name	<input type="text"/>
Business address name or number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Contact telephone number	<input type="text"/>
Website address (if you have one)	<input type="text"/>
Nature of business	<input type="text"/>
Description of type of work you undertake	<input type="text"/>
Number of years in business	<input type="text"/>

Details of all principals, partners or directors

Name	Age	Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indemnity limits required

What limit of indemnity do you require?	<input type="text"/> £
Please advise the excess amount you have or would be willing to carry	<input type="checkbox"/> £250 <input type="checkbox"/> £500 <input type="checkbox"/> £1,000 <input type="checkbox"/> £2,500

Business activities

Fee Information

	UK	USA/Canada	Other	Total
Total gross fees in last financial year	£	£	£	£
Estimated gross fees for next financial year	£	£	£	£
Largest fee from any one client	£	£	£	£

Please fully describe business activities with percentage breakdown (estimated if no historical data)

Activity	%

Please provide details of your 3 largest contracts in the last 5 financial years. Provide details of current projects if this is a quotation for a newly formed business.

Client	Description	Contract value	Fee
		£	£
		£	£
		£	£

Claim history (within last 5 years)

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the principals, partners or directors?

Yes No If yes, please complete below:

Claim 1 -	Date	<input type="text"/>
	Circumstances	<input type="text"/>
	Payments Made	£ <input type="text"/>
	Outstanding payments	£ <input type="text"/>
Claim 2 -	Date	<input type="text"/>
	Circumstances	<input type="text"/>
	Payments Made	£ <input type="text"/>
	Outstanding payments	£ <input type="text"/>
Claim 3 -	Date	<input type="text"/>
	Circumstances	<input type="text"/>
	Payments Made	£ <input type="text"/>
	Outstanding payments	£ <input type="text"/>

Additional information

Has any Principal or Director of the Company:

Ever been refused insurance or had any special terms or conditions imposed by an insurer? Yes No

Ever been convicted or pending for an offence involving fraud, arson, theft, wilful damage or handling stolen goods? Yes No

Ever been declared bankrupt, subject to bankruptcy proceedings, insolvency, winding up, etc. Yes No

Ever been prosecuted or awaiting intended prosecution under any health and safety at work act? Yes No

Existing insurance details

Who are you currently insured with?

What is the renewal date of your current policy?

What is your renewal premium?

Premium of best quotation received

Name of insurer providing best quotation

Any additional information that you feel may affect this policy