



BURKE

Insurance Brokers

Burke Insurances Ltd.

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PROFESSIONAL INDEMNITY

PR / MARKETING / COMMUNICATIONS CONSULTANTS ADVERTISING
AGENCIES

PROPOSAL FORM

THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

• estd. 1965

Dirs: S. Burke, A. Burke.

Registered in Ireland - Registered offices as above - Registration Number 42826

Burke Insurances Ltd. is regulated by the Financial Regulator

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

1. Name of the Firm/Partnership/Individual including Trading and Business Name:

Date of commencement of the firm :

2. a) Address (registered office and all branches):

Email
Telephone Number

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3. Please name any associations or professional bodies of which the firm is a member:

4. Please give details of all activities undertaken and any intended change

PLEASE SUPPLY A BROCHURE IF AVAILABLE

5. Names in full of all date obtained	Qualifications and practicing as Partner/etc.	Length of time	Partners/Directors/Principals
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IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE

6. Do you require cover for the previous business activities of any Partner/Director/Principal Yes No

If 'Yes', please provide full details

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7. Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed? Yes No

If 'Yes', please give full details

(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)

8. a) Staff (**excluding** Partners) :
a) qualified Full-time _____ Part-time _____
b) unqualified Full-time _____ Part-time _____

b) Do you retain the services of any self-employed person? Yes No
If 'Yes', please provide details:

9. a) Is all your business conducted from offices in the Republic of Ireland? Yes No
 If 'No', please provide details:

b) Is the business represented in any way in Canada and/or the USA or its territories and possessions? Yes No
 If 'Yes', please provide details:

10. State the five largest sources of business during the past three years

<u>Client</u>	<u>Client Industry</u>	<u>Nature of Contract</u>	<u>Fee in Euro</u>
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PLEASE SUPPLY COPIES OF STANDARD CONTRACTS USED

11. Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as shareholders or stockholders in a publicly quoted company) Yes No

If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company. State also if it is associated with any process of manufacture, construction, erection or installation or any other form of contracting or supply

(PLEASE NOTE COVER WILL NOT NORMALLY BE PROVIDED FOR THIS WORK UNLESS A CLAIM EMANATES FROM AN INDEPENDENT THIRD PARTY)

12. Please give the total gross earnings in Euro generated from :

	<u>year €</u>	<u>year €</u>	<u>Last estimate €</u>	<u>Current</u>	<u>Next year</u>
a) The Republic of Ireland and UK					
b) USA/Canada					
c) Elsewhere (please state which countries)					
Total					

13. Please give the income in Euro related to each activity for the following financial years (including total fees paid to sub-contractors)

Activities	Last year €	Current year €	Next year estimate €
a) Turnover			
- TV advertising			
- Non TV advertising			
- Design & production (brochures, annual reports etc)			
- Direct Marketing			
- Sales Promotions			

Activities	Last year €	Current year €	Next year estimate €
b) Fee income			
- PR consultancy			
- Market research consultancy			
- Graphic design (brochures, logos, etc where the agency does not arrange production)			
- Design of games, competitions & special offers			
- Other consulting work (describe)			

c) **Other**
(Please describe and state whether turnover or fee based)

14. a) Do you engage independent or specialist consultants/sub-contractors on behalf of any Principal? Yes No
- b) Do you undertake that only suitably professionally qualified persons will be engaged? Yes No
- c) Do you ensure that such consultants have entered into a binding contract with the Principal, accepting full responsibility for their own professional neglect, error or omission? Yes No
- Since when has this system been in place? _____
- d) What limit of indemnity for Professional Indemnity insurance do you insist such consultants have? _____
- Is this a requirement imposed by your own contract conditions? (If 'Yes', enclose a copy) Yes No
- e) Please state the nature of the work sub-contracted to consultants
- f) Please state the total amount in Euro paid to sub-contractors over the last twelve months (and whether this is a fee or turnover figure) _____

15. a) How does the firm control the risk of copyright infringement and libel ?
- b) Are terms of engagement always agreed and signed prior to commencing work for a client ? Yes No
How long has this system been in place? _____
- c) Please provide details of the system for signing off all proofs and artwork
- d) Please provide details of any other internal quality controls that are in place

16. a) Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods? Yes No
- b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes No
- c) Has the business discharged any employee or severed relationships with any partner or director within the past twelve months? Yes No
- d) Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes No

If the answer is 'Yes' to b) or c) or d) above, please give details on a separate sheet

17. During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever
- a) Declined to Insure? Yes No
- b) Imposed special terms? Yes No
- c) Cancelled or voided a policy? Yes No
- d) Requested the withdrawal of a claim? Yes No

If any answer is 'Yes', please give full details on a separate sheet

18. a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ? Yes No
- b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes No

If 'Yes' is answered to a) or b) above, please provide details on a separate sheet including steps taken to prevent a recurrence

19. a) Since what date have you had Professional Indemnity cover ? _____

If there were any gaps in cover since then, please state for which period(s) _____

b) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy ? Yes No

If 'Yes', please state since what year cover is required _____

20. Name of Current Insurers _____

Limit of Indemnity _____

Insured's Contribution (Excess) _____

Premium _____

Renewal Date _____

21. a) What limit of indemnity do you require? €325,000 €650,000 € 1,300,000 Other _____

b) What contribution (excess) do you wish to pay? €2,000 €3,250 €6,500 Other _____

DECLARATION

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by/me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated this _____ day of _____ 20 _____

Signature of Partner _____

Name of Signatory (PLEASE PRINT) _____

A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.