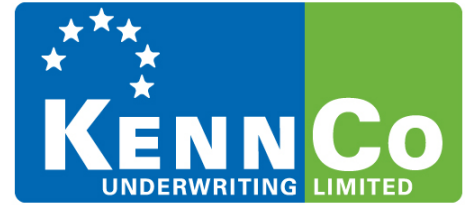


Professional Indemnity Miscellaneous



Proposal Form

Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- Where a question is not applicable to your particular circumstances, please write N/A
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- Any material contained in the Proposers website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities
- Please ensure that all relevant sections of the Proposal are completed

1. Name of Firm: (i.e. The Proposer) including previous and subsidiary firms requiring cover

2. Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients. a) Addresses of all offices (including telephone number) and percentage of total fees in each.

a) Addresses of all offices (including telephone number) and percentage of total fees in each.

b) Email address

c) Website

3. Commencement Date of Firm:

4. a) During the past 6 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or died?

Yes

No

If 'yes', please specify

b) Give details below of any predecessor firms for which cover is required.

5. Please provide details below of:

a) *Partners/Directors/Principals (please attach CVs)*

Full Name	Age	Qualifications	Date Qualified	No. of years in this capacity with the Proposer
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b) Consultants under a contract of service with the Proposer

Full Name	Age	Qualifications	Date Qualified	No. of years in this capacity with the Proposer
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6. Where the Proposer is a sole principal, give details of the arrangements for office supervision when the Proposer is absent.

7. Please state the total number of:

Partners/Directors/Principal

Qualified/Specialist Staff

Administration Staff

Other Staff (excluding administration)

Please specify:

8. Is cover required for Partners' Previous Business in respect of any partner named in 5a?

Yes

No

If 'yes', please state:

Name of Partner/Director/Principal	Name of Previous Practice	Date Leaving
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9. Please provide a full description of all your activities:

10. State gross fees (including those paid to sub-contractors) for work undertaken. For new ventures please provide estimates

Please state your Financial Year End

	Previous Year - Actual (€)	Last Year - Actual (€)	Forthcoming Year - Estimate (€)
a) In Ireland			
b) In the UK/Channel Islands/Isle of Man			
c) The USA, its territories and possessions and Canada			
d) Elsewhere			
Total of (a) to (d) above			
Average Fee			
Largest Fee			

11. Please list by activity as outlined in Question 10 the approximate percentage of work carried out in each instance
New firms should provide estimates.

	Activity	% of Work
1		
2		
3		
4		
5		

12. Please list the 3 largest contracts undertaken in the last 3 years:

New Firms should provide details on anticipated contracts.

1
2
3

13. State the gross fees paid last year and the nature of the work performed by subcontractors and how the proposer monitors this work.

14. Please state whether the subcontractors have their own Professional Indemnity Insurance in force? Yes No

15. Risk Management

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a) Is the practice accredited to (or in the process of accreditation to) IS EN ISO 9000 Quality Systems subject to a similar form of external assessment? | Yes | No |
| b) Are written contract conditions are used in every case? | Yes | No |
| c) Does the practice have written work instructions or checklists for the services provided? | Yes | No |
| d) Does Management review working procedures at least every twelve months to ensure their continuing stability? | Yes | No |
| e) Are records kept of the original contract, subsequent amendments, verbal agreements and telephone conversations? | Yes | No |
| f) Is work done by staff reviewed using spot checks and periodic reviews? | Yes | No |
| g) Are Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including Principals? | Yes | No |
| h) Do recruitment procedures include: | | |
| • Obtaining written references | Yes | No |
| • Verifying qualifications and previous experience | Yes | No |
| • Checking for any previous Professional Indemnity claims or circumstances? | Yes | No |

If 'No' to any of the above, give details below

16. Fidelity - Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee? Yes No

If 'Yes' state date, circumstances, amount and steps taken to prevent recurrence.

17. During the past 10 years has any insurer of this type of insurance in respect of the firm, its current Partners/Directors/Principals and/or Predecessors in business ever

a) Declined to insure?	Yes	No
b) Imposed special terms or conditions?	Yes	No
c) Cancelled or voided a policy?	Yes	No
d) Requested the withdrawal of a claim?	Yes	No

18. Current Insurance details

- a) Current renewal date of policy (if any)
- b) Name of Insurer
- c) Excess
- d) Premium
- e) Retroactive date

19. Please indicate the Limit of Indemnity required

€250,000 €500,000 €650,000 €1,000,000 €1,300,000 Other, please specify

20. Please indicate the level of excess the Proposer requires

€500 €1,000 €2,500 €5,000 Other, please specify

21. Does the practice undertake work for any firm, company or organisation in which any Principal holds a position whereby he or she is able to make major policy decisions on behalf of such firm, company or organisation? Yes No

If 'Yes' please provide details:

22. Has any person for whom this insurance is proposed:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a) Ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence? | Yes | No |
| b) Ever been declared bankrupt? | Yes | No |
| c) Ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administrative order? | Yes | No |

If 'Yes' please provide details and dates:

23. a) Has any claim been made or has anyone threatened to bring such a claim against the Proposer or any Partner/Director/Principal/Consultant or Employee during the last 10 years in respect of the risks to which this proposal relates?

Yes No

If 'Yes', give details (by separate note if preferred)

Date of Claim	Brief Details of Each Claim	Cost (if any) of Claim Paid	Estimated Outstanding Cost
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b) What actions / procedures have been taken to prevent a recurrence of the situation which gave rise to each claim?

24. Is any Partner/Director/Principal/Member/Consultant or Employee, after enquiry, aware of any circumstances which may:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a) give rise to a claim against the Proposer or any predecessors in business or any present or former Partner/Director/Principal/Member? | Yes | No |
| b) result in the Proposer or any predecessors in business or any present or former Partner/Director/Principal/Member incurring any losses or expenses which might be covered under the terms of this insurance? | Yes | No |
| c) otherwise affect the Company's consideration of this insurance? | Yes | No |

If 'Yes', give details including maximum potential cost (by separate note if preferred)

IMPORTANT NOTICE CONCERNING DISCLOSURE

KennCo Underwriting Ltd would like to remind you of the duty of policyholders and intermediaries to pass to the Underwriter(s), all material information relating to the risk under consideration. 'Material' in this context refers to all information which a prudent Underwriter (not necessarily the Underwriter in question), would wish to take account of when considering whether or not to accept the risk, and if so, upon what terms and at what price.

In arranging this policy you must have provided us with a fair presentation of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and the premium may not be returned. You must also make a fair presentation to us when the policy is to be renewed.

The duty of disclosure continues up until the Insurance has been concluded and "resurrects" in the event of any amendment to the risk during the policy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or warranties which effectively extend the duty of disclosure post inception of the policy.

DECLARATION

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become material before inception of the contract of Insurance.

Partner/Director/Principal

Signature

Date

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

KennCo Underwriting Ltd T/A KennCo Insurance is regulated by the Central Bank of Ireland.

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal.
Please state question number clearly