

Business Consultant Proposal Form

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Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

1. Your business

1. Please provide the following details (including all trading names and subsidiaries):			
Name:			
Date of establishment:			
Website address:			
2. Address/es, including postcode/s, for all subsidiaries:			
3. Please supply details of all principals, directors, partners:			
Name	Qualifications	How long with company	
4. Please state total numbers of:			
Principals, directors, partners	Qualified staff	Administration	Others
5. Please state the name of any professional body or trade association of which you are a member:			
Professional body:			
Trade association:			



6. Is cover required for the previous business activities of any principals, directors, partners?		Yes	No
If YES, please provide:			
Name of previous firm:			
Last year's fees:			
Reason for leaving:			
Position in firm:			
Is there separate insurance covering the activities of this firm for the period stated above?		Yes	No
7. Do you currently have a professional indemnity policy in place?		Yes	No
If YES, please provide:			
Name of current insurers:			
Name of your broker:			
Renewal date:			
Limit of indemnity:			
Premium:			
Excess:			
Retroactive date:			
8. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation?		Yes	No
If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken:			



2. Professional Indemnity

1. Do you use consultants/sub-contractors?		Yes	No
If YES:			
A) What percentage of your fee income was paid to them in the last financial year?		%	
B) What was the nature of the work undertaken?			
C) Do you require cover for them under this policy?		Yes	No
D) Do you require them to carry professional indemnity insurance to a similar limit?		Yes	No
If NO to 1d, please provide details as to why not:			
2. Please complete the following:			
A) Financial year end date:			
B) Total fee income:			
	Previous	Last complete	Current
	£	£	£
C) Estimated percentage split of your fee income for:			
	Previous	Last complete	Current
Work carried out for UK clients	%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law	%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law	%	%	%



Work carried out for clients anywhere else in the world – please give details of where	%	%	%	%
D) Do you enter into contracts that are not subject to UK law?			Yes	No
If YES, please provide details of which countries and jurisdiction:				
3. Business activities:				
A) Please complete your split of gross fees:				
Strategic management consultants	%			
Organisational management consultants	%			
Manufacturing systems consultancy				
Marketing consultancy				
Human resources consultancy	%			
IT / telecoms consultancy	%			
Environmental management consultancy	%			
Training consultancy	%			
Quality assurance consultancy	%			
Outsourcing consultancy	%			
Procurement consultancy	%			
Interim / locum management consultants	%			
Financial management consultancy	%			
Project management consultancy	%			
Other work Please give details:				%
Total:			100%	

B) Were you involved in any consultancy or services in relation to any of the following areas:		
Accountancy / tax?	Yes	No
Legal?	Yes	No
Financial / insurance?	Yes	No
Medical / healthcare?	Yes	No
Construction / environmental?	Yes	No
If YES to any of the above, please provide details, including nature of activities and income:		
4. If there are activities in question 3a where you have declared no income for the last financial year:		
A) Have you undertaken any of these activities in the past?	Yes	No
B) Do you intend to undertake any of these activities in the future?	Yes	No
If YES to any of the above, please provide detail including nature of activities and income:		
5. If you have entered a percentage of income for interim / locum management consultants in question 3a:		
A) What roles do you typically undertake and what are your responsibilities?		
B) What is the reason for your employment in this position?		
C) What level of decision making do you accept without referral to higher level management?		
i) Day to day management	Yes	No



ii) Strategic management	Yes	No
6. If you have entered a percentage of income for financial management consultants in question 3a, do you accept responsibility for any strategic or budgetary decisions?	Yes	No
If YES: Is this always signed off by senior management or the board of directors?	Yes	No
If NO, please explain why not:		
7. If you have entered a percentage of income for project management consultants in question 3a:		
A) Please provide brief details of a typical project and describe your responsibilities:		
B) Are you responsible in the direct appointment of any advisory or professional consultants in this role?	Yes	No
If YES, please provide details of the work they will undertake:		
C) Please confirm whether you require them to carry PI insurance to the same level you do?	Yes	No
If NO, please confirm why not:		



Risk management

8. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?	Yes	No
9. Above what amount do payments require at least a two-stage sign-off?		
10. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts?	Yes	No
If YES:		
A) Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution?	Yes	No
B) Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions?	Yes	No
C) What steps have you taken to ensure that the transaction has been completed successfully?		
11. Do you always use a letter of engagement?	Yes	No
If NO, please provide details as to why not:		
12. Please confirm the letter of engagement outlines:		
A) The scope of services to be performed?	Yes	No
B) Any statement / assumptions upon which the letter of engagement is based?	Yes	No
C) The responsibilities of the client?	Yes	No
D) Any limitations / restrictions in respect of any services performed?	Yes	No
E) The client signs the letter of engagement?	Yes	No
F) You do not provide advice or services which fall outside the scope of the letter of engagement?	Yes	No



If NO to any of the above, please provide details:		
13. Do you commit clients to contracts with third parties?	Yes	No
If YES, do you always obtain clients written acceptance of the terms of contracts before committing them?	Yes	No
If NO, please explain why not:		
14. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association?	Yes	No
If YES, please provide details:		
15. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?		
If YES, please provide details:		
16. Is there any other information that you consider material to the insurance required?	Yes	No
If YES, please provide details:		



17. For what limits of indemnity are quotations required?			
£250,000	£500,000	£1,000,000	£2,000,000
£5,000,000	£10,000,000	Other £	

3. Office Protect

1. Website:		
2. Ransomware Controls		
A) Do you allow remote access to your network?	Yes	No
If YES, do you use MFA to secure all remote access to your network, including any remote desktop protocol (RDP) connections?	Yes	No
B) Do you use MFA to protect all local and remote access to privileged user accounts?	Yes	No
If the turnover is under £10M and limit required is £1M or lower, please move onto section 5. If above either thresholds, please answer Questions 3 and 4.		
3. Ransomware Controls (continued)		
A) Do you pre-screen emails for potentially malicious attachments and links?	Yes	No
If YES, who is your email pre-screen provider:		
B) Can your users access email through a web application or a non-corporate device?	Yes	No
If YES, do you enforce Multi-Factor Authentication (MFA)?	Yes	No
C) Do you use a next-generation antivirus (NGAV) product to protect all endpoints across your enterprise?	Yes	No
If YES, who is your NGAV provider:		
D) Do you use an endpoint detection and response (EDR) tool that includes centralised monitoring and logging of all endpoint activity across your enterprise?	Yes	No
If YES, who is your EDR provider:		
E) Do you use MFA to protect all local and remote access to privileged user accounts?	Yes	No



F) Do you use a data backup solution that has all of the following characteristics: 1. kept in a cloud service protected by MFA; 2. runs daily; and 3. can be used to restore essential network functions within 3 days after a widespread malware or ransomware attack?	Yes	No
4. Phishing Controls Do any of your employees complete social engineering training?	Yes	No
If YES:		
A) does your social engineering training include phishing simulation?	Yes	No
B) do employees with financial or accounting responsibilities complete training?	Yes	No
C) do employees without financial or accounting responsibilities complete training?	Yes	No

4. Location of premises to be covered

1. Location of premises to be covered.	
Location	Full address
1.	
2.	
3.	

Building

2. Please confirm the following in relation to all premises:		
A) Your business is the sole occupant of the premises	Yes	No
B) The entire building is used only for office-based activities	Yes	No
C) No licenced premises, commercial premises holding flammable liquids, gases or solvents, businesses utilising naked flames or heat, restaurants or takeaway establishments are attached to any premises to be covered	Yes	No
D) The premises are entirely constructed of • Walls: Brick, Stone or concrete • External covering of roof: Slate, tiles, concrete, metal, glass, asbestos	Yes	No



E) No part of the premises are listed by English Heritage or Cadw or Historic Scotland	Yes	No
F) All premises are and will be maintained in a good state of repair	Yes	No
G) All premises are not undergoing, nor will they be undergoing, any structural alterations or repairs and no planning permission is held or being sought to undertake any such alteration or repair	Yes	No
H) All premises are not in an area prone to or with a history of flooding or potential flooding	Yes	No
I) To your knowledge, the premises have never been flooded nor do they show signs of having been flooded	Yes	No
J) All premises are not within 400 meters of any river, open body of water or the sea	Yes	No
If NO to any of the above, please explain why not on a separate sheet		

Security

1. Do all premises have a working intruder alarm system that is maintained every 12 months?	Yes	No
2. If yes, are all alarms linked to the police or an alarm monitoring centre?	Yes	No
If NO to either of the above, please explain why not on a separate sheet		
3. Please confirm you comply with the following minimum standard of security: It is a condition precedent to the Insurer's liability for loss or Damage under Sub-Section 1 that the Insured shall have in place in full working order and in operation whenever the Premises are closed for business or left unattended the following minimum level of security or such level as is specified in the Schedule. A) the final exit door of the Insured's portion of the Buildings is to be fitted with either i) for timber or steel framed doors a mortice deadlock that has 5 or more levers and matching box striking plate which conform to BS 3621 or ii) for timber or steel framed doors a rim latch deadlock that conforms to BS 3621 B) all other external doors and internal doors giving access to any part of the buildings not occupied by the Insured are to be fitted with either i) as described in a) i. and ii. above or ii) 2 key-operated security bolts for doors fitted approximately 30cms from the top and bottom of the doors respectively C) aluminium or UPVC framed doors are to be fitted with integral cylinder key operated mortice deadlocks D) all ground floor and basement opening windows/skylights and other opening windows/skylights accessible from roofs decks balconies fire escapes canopies down pipes are to be fitted with key operated window locks. This requirement does not apply to windows/skylights which are protected by solid steel bars grilles gates expanded metal or weld-mesh securely fixed to the brickwork surrounding the window Any door or window officially designated a fire exit by the fire authority is excluded from these requirements. These are to be secured internally by panic bolts or fire exit bolts. Any additional devices are to be approved by the local Fire Prevention Officer		

Do all premises to be insured comply with the above minimum standard of security?	Yes	No
If NO to the above, please explain why not on a separate sheet.		

Contents

1. Please confirm the replacement cost as new for each of the following categories:			
	Address 1	Address 2	Address 3
Contents	£	£	£
Tenant's Improvements	£	£	£
Stock, samples and goods held in trust	£	£	£
Documents	£	£	£
Computer Equipment	£	£	£
Portable Equipment (UK and EU)	£	£	£
Portable Equipment (Worldwide)	£	£	£
Other (please provide details)	£	£	£
For any additional address/es, please supply the replacement cost as new for each of the above categories.			
2. Are there any interested parties in relation to the property to be Insured?		Yes	No
If YES to the above, please explain on a separate sheet.			

Business Interruption

3. Please confirm the Business Interruption costs for each of the following categories:			
	Address 1	Address 2	Address 3
Loss of revenue	£	£	£
Increased cost of working	£	£	£
For any additional address/es, please supply the Business Interruption costs for each of the above categories.			
4. Please confirm your required maximum Indemnity period:			
12 Months	24 Months	36 Months	

5. Management Liability

Directors and Officers (D&O) and Corporate Liability (CL)

1. Is the Proposer a UK / Irish registered private limited company?	Yes	No
2. Do the Proposer's latest annual report and accounts show a positive net worth and positive net income (after tax)?	Yes	No
If NO to questions 1 or 2 above please provide full details		
3. Do the business activities of the Proposer or its subsidiaries relate to any of the following:		
A) The provision of financial services and/or being authorised by either the Financial Conduct Authority or the Prudential Regulation Authority?	Yes	No
B) Professional legal advice?	Yes	No
C) Biotechnology, pharmaceuticals, healthcare / social care or childcare?	Yes	No
D) Aviation and Transportation?	Yes	No
E) Professional sports?	Yes	No
F) Travel and Leisure	Yes	No
G) General Retail	Yes	No



H) Advertising	Yes	No
I) Property Investment	Yes	No
J) Oil, Gas or Mining	Yes	No
4. In the next 12 months is the Proposer:		
A) Aware of any proposal relating to its acquisition by another organisation; or	Yes	No
B) Contemplating any offering or share issue?	Yes	No
5. Does the Proposer have any subsidiary companies incorporated outside of the EU or Switzerland?	Yes	No
6. Does the Proposer have any subsidiaries or assets in the USA or Canada?	Yes	No
7.		
A) Do you currently hold a Management Liability (Directors & Officers) Policy?	Yes	No
B) If Yes to a) please advise what the Prior & Pending Litigation date is stated on your current Policy		
If YES to any of questions 3-7 above please provide full details		

Employment Practices Liability (EPL)

(Only complete this section if Employment Practices Liability cover is required)

8. The Proposer confirms that all employees are based in the UK / Ireland.	Yes	No
9. The Proposer confirms that a contract of employment and employee handbook (which includes written employment and grievance procedures) has been issued to all employees.	Yes	No
10. The Proposer confirms that HR consultants or legal advisors are always consulted to review employment terminations.	Yes	No
11. The Proposer confirms that no redundancies, terminations or changes to employee benefits have taken place in the last 12 months or are planned in the next 12 months.	Yes	No

12. Do you currently hold Employment Practices Liability (EPL) cover?	Yes	No
If NO to questions 8-12 above, please provide full details.		

6. Claims

1. Are you, after full enquiry:		
A) Aware of any circumstance which is likely to give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?	Yes	No
B) Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes:	Yes	No
i) A shortcoming known to you, but not your client, which you cannot reasonably put right? ii) A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? iii) An escalating level of complaint from your client on a particular project? iv) A client withholding payment due to you after any complaint?		
If answered Yes to any of the above, please provide full details.		
2.	Yes	No
A) Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?		
B) Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?	Yes	No

If answered Yes to any of the above, please provide full details.

3. Public Liability and Employers Liability

A) Have there been any Liability claims against you in the last 5 years or are you aware of incidents that have occurred that could give rise to a claim against you?	Yes	No
B) Is there any other information that you consider material to the insurance required?	Yes	No

If answered Yes to any of the above, please provide full details.

4. Cyber

In the past 3 years, has the Applicant or any other person or organisation proposed for this insurance experienced one or more of the following:

- Been served with a lawsuit or received a demand, complaint or charge alleging liability for a privacy breach, privacy injury, security breach, intellectual property infringement or reputational harm;
- Been the subject of any government action, investigation or proceedings regarding any alleged violation of privacy law;
- Notified customers, clients or any third party of any security breach or privacy breach;
- Received any cyber extortion demand or threat;
- Sustained any unscheduled network outage or interruption for any reason;
- Sustained any property damage or business interruption losses as a result of a cyber-attack;
- Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud;
- A business interruption as a direct result of an unscheduled network outage or interruption of a service provider computer system; or
- Became aware of any other cyber security or data privacy event, incident or allegation involving or impacting your organisation? ccc

Yes No



If answered Yes to any of the above, please provide full details.		
5. Office Protect		
A) Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been cancelled or declared void due to a breach of a policy condition or due to non-disclosure or misrepresentation of a material fact?	Yes	No
B) Has the Insurance cover ever been restricted or cancelled due to non-compliance with risk improvement requirements?	Yes	No
C) Have you or any predecessor, past or present principals, directors, partners made any claims or suffered any incidents that could have given rise to a claim in respect of cover given under the Office Protect section in the last three years?	Yes	No
If answered Yes to any of the above, please provide full details.		
6. Management Liability		
A) Have there been any claims or investigations against the Proposer, its board members or employees within the last 5 years?	Yes	No
B) Are the Proposers board members aware, after enquiry, of any circumstance or incident which may give rise to a claim or investigation under this proposed policy?	Yes	No
C) The Proposer confirms that it has not had any employment related claims, complaints, administrative or tribunal hearings or litigation in the last 3 years.	Yes	No
If answered Yes to any of the above, please provide full details.		



7. Declaration

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the Proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of principal / director / partner:	
Date:	

About Tokio Marine HCC

Tokio Marine HCC is a leading specialty insurance group conducting business in approximately 180 countries and underwriting more than 100 classes of specialty insurance. Headquartered in Houston, Texas, the company comprises of highly entrepreneurial teams equipped to underwrite special situations, companies and individuals, acting independently to deliver effective solutions. Our products and capabilities set the standard for the industry, as many of our employees are industry-leading experts.

More information about our financial strength here:



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