

# Professional Indemnity Insurance

For Members of the Public Relations Institute of Ireland



## Public Relations Consultants

### Proposal Form

Arranged in co-operation with:



H W Wood Limited  
The Baltic Exchange – 38 St. Mary Axe  
London EC3A 8BH – United Kingdom  
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**IMPORTANT INFORMATION**

**IF POSSIBLE, PLEASE ENCLOSE WITH THIS PROPOSAL FORM:**

- A. The last Financial statement of the Organisation
- B. A copy of your standard contract
- C. A sample of your corporate brochure/literature

Any Insurance arranged will be on a CLAIMS MADE basis.

*When completing this Proposal Form...*

- Please answer all questions giving full and complete answers

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as any additional relevant facts.

A relevant fact is a known fact and/or circumstance that may influence the insurer in the evaluation of the risk. If you have any doubts about what a relevant fact is, please contact H. W. Wood Ltd.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting professional indemnity insurance for the firm who acts as a Proposer.

This proposal form does **NOT BIND** the Proposer to complete the insurance but will form part of any insurance

**If you have any questions or comments whilst completing this Proposal Form, please contact:**



**H. W. WOOD LIMITED**  
**The Baltic Exchange**  
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**Email: [commercial@hwint.com](mailto:commercial@hwint.com)**



## **PRII Professional Indemnity Insurance Proposal Form**

Please give answers to all the following questions (in CAPITAL LETTERS)

Before any question is answered, please ensure that you read and understand the Declaration at the end of this proposal which you are required to sign. You should ensure that you answer all questions as fully as possible and mark the necessary Yes/No boxes.

### 1. ABOUT THE COMPANY / PROPOSER

1.1	Full Trading Name:		
1.2	Postal Address <i>(for correspondence)</i> :		
1.3	Premises Address(es) <i>(if different from the above)</i> :		
1.4	Contact details:	Contact person	
		Work Phone No	
		Fax No	
		Email	
		Website	
1.5	Practise establishment date?		
1.6	Please state number of:		
	Creative staff :		Other Technical staff :
	Administrative staff :		Others (please state) :

### 2. ADDRESS OF PROPOSER

All addresses must be shown together with the Principal responsible for the work at each office:	
<u>Address</u>	<u>Principal in charge</u>

### 3. LIST ALL THE PRINCIPALS

3.1 All addresses must be shown together with the Principal responsible for the work at each office:				
	<b>Name in full of all Principals</b>	<b>Qualifications</b>	<b>Date qualified</b>	<b>How long as Principal with Proposer</b>
3.2	Please confirm that one or more of the Principals has at least 5 years experience in the relevant industry?		YES <input type="checkbox"/>	NO <input type="checkbox"/>



**4. TRADE ASSOCIATIONS**

Please state the name of any Professional body or Trade Association of which the proposer is a member	
<b>Professional Body</b>	
<b>Trade Association</b>	

**5. PAST PARTNERS/PRINCIPALS**

5.1	Is coverage required for any past Partner of Principal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 5.1 is YES, please complete question 5.2 below:			
5.2	<b>Name in full</b>	<b>Qualifications</b>	<b>How long with Proposer</b>
5.3	Is coverage required for previous business activities of any Principal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 5.3 is YES, please complete information in question 5.4 below:			
5.4	Name of Principal		
	Name of Previous Firm		
	Period	From / / To / /	From / / To / /
	Fees for the last 3 years	Y/E / / EUR Y/E / / EUR Y/E / / EUR	Y/E / / EUR Y/E / / EUR Y/E / / EUR
	Reason for leaving		
	Position in Firm		
	Is there separate insurance covering the activities of this firm for the period stated above?		



6. INCOME/FEES							
6.1	Please state income/fees for the past 3 years						
		Last complete year		Current year estimate		Forthcoming year estimate	
	Year end	/ /		/ /		/ /	
	Ireland Work	EUR		EUR		EUR	
	USA Canada	EUR		EUR		EUR	
	Other Overseas	EUR		EUR		EUR	
	<b>TOTAL</b>	<b>EUR</b>		<b>EUR</b>		<b>EUR</b>	
6.2	Please categorise the activities outlined above and indicate the approximate percentage of gross income/fees each represents:						
	<b>A) STRATEGY</b>						
	Strategic Planning	%	Budgetary Control and Management	%			
	Crisis Management	%	Public Relations Programme Management	%			
	Issues Management	%					
<b>B) MEDIA SUPPORT</b>							
	Media Relations	%	Media Competitions	%			
<b>C) PUBLICITY</b>							
	Product Launches	%	Promotions	%			
	Corporate Events	%	Corporate Entertainment	%			
	National Award Schemes	%	Official Openings	%			
	Plant Visits	%	Sponsorship Assessment	%			
	Sponsorship Management	%	Sponsorship Negotiations	%			
<b>D) WRITTEN COMMUNICATIONS</b>							
	News Releases	%	Feature Articles	%			
	Brochure / Leaflet copy	%	Reports	%			
	Scripts	%					
<b>E) PRODUCTION</b>							
	Photography shoot co-ordination	%	Newsletter Production	%			
	Print and Design Management	%	Marketing Support Activities	%			
<b>F) OTHER</b>							
	Any other work please give details on a separate spreadsheet	%	Newsletter Production	%			
<b>Please ensure that the Combined Total of A, B, C, D, E and F equal 100%</b>				<b>%</b>			



**7. ABOUT YOUR BUSINESS**

7.1	Do you anticipate any major changes in these activities in the forthcoming 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.2	Have you undertaken any activity in the past for which cover is required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 7.2 is YES, please advise below:			

**8. MAILINGS/MAILSHOTS**

8.1	Do you undertake any mailshots/mailings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 8.1 is YES, please continue with question 8.2 below. If NO go to question 9			
8.2	What is your largest mailing (by number of pieces mailed)		
8.3	What is your average size mailing?		
8.4	Do you do 100% mailings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 8.4 is YES, please advise below:			



**9. SUB CONTRACTORS**

9.1	Is any work put out to sub contractors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 9.1 is YES, please continue below otherwise go to Question 10.			
A)	What percentage of gross income/fees was paid to sub-contractors in the last financial year?		%
B)	Are sub-contractors required to carry professional indemnity insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C)	Do you get an indemnity from sub contractors in writing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D)	If YES, to what limits	EUR	
9.2	Do you require any sub-contractors to be indemnified under your insurance arrangements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 9.2 is YES, please advise below:			
	<b>Name</b>	<b>Qualifications</b>	<b>Fees Paid (last financial year)</b>
			EUR
			EUR
			EUR

**10. GENERAL QUESTIONS**

10.1	A) Please give details of the 3 largest contracts in the past 5 financial years (give details of current projects if new business):					
	Client	Start Date	Description	Contract Value	Fee	Approx. Complete Date
				EUR	EUR	
				EUR	EUR	
				EUR	EUR	
	B) What is the total income received in the last financial year from your largest client?				EUR	
	C) What is the average fee received in the last financial year				EUR	



10. GENERAL QUESTIONS (continued)						
10.2	Have you <b>at any time</b> undertaken any work where the “end product” is situated outside Ireland?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to question 10.2 is YES, please advise below:						
	Country	Start Date	Description	Contract Value	Approx. Complete Date	Services provided
				EUR		
10.3	Do you work other than from your Irish offices?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.4	Have you at any time accepted liability other than under the jurisdiction of Irish courts?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answers to either of the above questions is YES, please advise below:						
10.5	Do you use a standard form of contract, agreement or letter of appointment?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer is YES, please provide a copy						
10.6	Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answers to either of the above questions is YES, please advise below: <b>Please note that special arrangement must be made to cover this kind of work</b>						
10.7	Does the proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answers to either of the above questions is YES, please give full details of the nature of the association together with the <b>name</b> and <b>business</b> of the third party.						



10. GENERAL QUESTIONS (continued)		
10.8	i. Do you always have a written specification with your clients for each job which includes campaign details, volume, quality, timings and sign off?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	ii. Are all deviations to the above specification contract reported?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	iii. Do you always use a purchase order, or equivalent, when employing subcontractors which mirror any client obligations for each contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	iv. Do you always obtain full client sign off before going to print?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	v. Do you commit your clients to contracts with third parties?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	vi. If YES, do you always obtain your clients' written acceptance of the terms of contract before committing them?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answers to any of the above questions is NO, please advise below:		

11. LEVEL OF COVERAGE REQUIRED		
For what limit/s of indemnity are quotations required?		
EUR 1,000,000	<input type="checkbox"/>	EUR 5,000,000 <input type="checkbox"/>
EUR 2,000,000	<input type="checkbox"/>	Other (EUR .....)

12. PREVIOUS/EXISTING INSURANCE		
12.1	Are you currently insured?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>If the answer to above question 12.1 is NO go to Question 13 otherwise continue below</b>		
12.2	Name of current Insurance Company	
	Name of your current Broker	
	Renewal date of current insurance	
	Limit of Indmunity	
	Deductible	
	Annual Premium	



**12. PREVIOUS LOSSES**

13.1	In respect of <b>ANY</b> of the risks to which this proposal relates, have any Claims been made (whether successful or not) against the proposer, any predecessor or any past or present Principal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.2	Has any loss been suffered by the proposer, any predecessor or any past or present Principal in respect of <b>ANY</b> of the risks to which this proposal relates?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If the answers to any of the above questions is YES, please advise below:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

What steps have been taken to prevent a recurrence

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9.2 Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

i.	Give rise to a claim against the proposer, any predecessor or any past or present principal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii.	Cause any loss to the proposer or any past or present principal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii.	Cause any proposal for similar insurance made on behalf of the proposer or any past or present principal to be refused or terms amended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iv.	Otherwise affect the consideration of this proposal for insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If the answers to any of the above questions is YES, please give details below

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**DECLARATION**

You must read this before signing below.

**SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE**

We declare that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof. We agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Position: \_\_\_\_\_

**You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.**