

## PROFESSIONAL SERVICES SUPPLEMENTARY QUESTIONNAIRE

1. Name of Applicant: \_\_\_\_\_

2. Does the Applicant require a quotation for Professional Services Cover? Yes  No

3. If the answer to question 1 is 'yes', please advise if any of the following professional services are provided:

a) Financial or legal advice? Yes  No

b) Counselling? Yes  No

c) Medical advice, diagnosis or treatment? Yes  No

d) Certification, examination, licensing or regulatory activities or functions? Yes  No

e) Other (please describe): \_\_\_\_\_ Yes  No

If the answer to question 2.c. is 'Yes', please provide details of medical advice, diagnosis or treatment provided:

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If any answer to any other part of question 2. is 'Yes', please supply copies of any leaflets or brochures which describe the work of the services provided by the Applicant. Please also answer questions 3. – 7. as appropriate.

4. a) Give details of the type of financial or legal advice provided :  None

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b) How many people provide it?  None Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

c) What is the qualification/background/experience of those who provide it?  None

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d) What is the approximate number of enquiries per annum?  None \_\_\_\_\_

5. a) Give details of the type of counselling provided:  None

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b) How many people provide it?  None Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

c) What is the qualification/background/experience of those who provide it?  None

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d) What is the approximate number of enquiries per annum?  None \_\_\_\_\_

6. a) Where counselling or financial or legal advice is provided, give details of present procedures/guidelines which identify situations where the person being counselled/advised should be encouraged to seek independent professional advice. (If 'not applicable', please so state)  
 N/A \_\_\_\_\_

b) Where such independent advice is appropriate, is it usual practice to recommend one or more named advisors?  
Yes  No  N/A

7. a) Give full details of other services (e.g., advice, information, assistance, design, training) provided (if 'not applicable', please so state):  
 N/A \_\_\_\_\_

b) How many people provide it?  None Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

c) What is the qualification/background/experience of those who provide it?  None

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d) What is the approximate number of enquiries per annum?  None \_\_\_\_\_

7 Please advise if the Applicant is subject to, or regulated by, the Financial Services Authority: Yes  No

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**DECLARATION**

The Proposer declares and warrants that after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Proposer further declares and warrants that he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy.

The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal Form as they deem necessary.

For and on behalf of (name of Company):

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

Name of Signatory: \_\_\_\_\_ Position: \_\_\_\_\_

Position must be the Chairman or Managing Director or Chief Executive or any equivalent of the Company.

Brokerage: \_\_\_\_\_ Broker e-mail: \_\_\_\_\_

Broker signature: \_\_\_\_\_ Date: \_\_\_\_\_