MISCELLANEOUS
PROFESSIONAL LIABILITY

APPLICATION FORM

- Please answer ALL questions fully. Questions not relevant to you please mark as not applicable. If there is insufficient space, please provide details on your letterhead.
- Please provide (if available) a brochure or risk profile, curriculum vitae of the principal/partners/directors to support your application.

DETAILS OF APPLICANT
1. Name(s) (including trading names) of all entities to be Insured: abc **Belfast City Council** **Belfast Waterfront & Ulster Halls Ltd.**
2. Address(es) of the Applicant(s): **City Hall, Belfast (Belfast City Council)** **Lanyon Place, Belfast (Belfast Waterfront & Ulster Halls Ltd.)** Postcode:
3. Website/e-mail address: **www.belfastcity.gov.uk** **www.waterfront.co.uk**
4. Date since the Applicant(s) has continuously conducted the business: **Belfast City Council (1973)** **Belfast Waterfront and Ulster Halls Ltc. (2016)** ____/____/___
5. Please provide details of the principal(s)/partner(s)/director(s) of the Applicant:

Name:	Qualifications:	Date Qualified:	Date commenced:
Please refer to supplementary information sheet.			

6. Please state total number of: **Please refer to supplementary information sheet.**

Principals/partners/directors:		Other technical staff:	
Qualified staff:		Administrative/Other staff:	

DETAILS OF PRACTICE

7. (a) Has the name of the Applicant ever been changed? YES ☒ NO ☐

   (b) Has any other practice or business amalgamated or merged with you? YES ☐ NO ☒

   (c) Have you purchased any other practice or business? YES ☐ NO ☒

   If YES to either (a), (b) or (c), please provide details:

8. Please list the professional/regulatory bodies, trade associations or societies to which you belong:

   Please refer to supplementary information sheet.

ACTIVITIES

9. (a) Please provide a full description of all your activities identifying the percentage of your income derived from each activity:

   Please refer to supplementary information sheet.

   (b) Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months? YES ☐ NO ☐

   If YES, please provide full details

INCOME

10. (a) Please provide details of your gross fees: **Please refer to supplementary information / individual forms**

	Previous Year	Current Year	Estimated Year
Gross Fees			
Maximum Fee			
Average Fee			

(b) Please provide a percentage split of your income by geographical area:

	% of gross fees
Domestic Contracts	
Overseas Contracts (excluding USA/Canada)	
USA/Canada (subject to non-USA/Canada law)	
USA/Canada (subject to USA/Canada law)	

(c) What percentage of your gross fees was derived in the previous financial year from your largest client? %

CONTRACTS

11.Please provide details of your largest 5 contracts undertaken in the last 5 years:

Client	Country	Start Date	Completion Date	Total Contract Value	Description of professional services
Please refer to supplementary information / individual forms					

12. (a) Do you use a standard form of contract, agreement or letter of appointment? YES ☐ NO ☐

If YES, please attach a copy.

(b) Do you always confirm verbal reports in writing? YES ☐ NO ☐

If NO, please explain:

CONSULTANTS, SUB-CONTRACTORS OR AGENTS

13.(a) Do you use the services of consultants, sub-contractors or agents? YES ☐ NO ☐

If NO, please proceed to qu.14, if YES, do you require them to maintain their own P.I. Insurance?

Please refer to supplementary information / individual forms YES ☐ NO ☐

If YES, what minimum limit of indemnity do you require them to have? £

(b) What percentage of your income relates to sub-contracted work? %

ASSOCIATED COMPANY

14. Does the Principal(s), Partner(s), Director(s) of the Applicant have any association with or financial interest in any other practice, company or organisation? YES ☐ NO ☐

If YES, please provide details:

BCC code of conduct for Staff and Councillors requires declaration of financial interests in other organisations. Further details can be provided on request.

PREVIOUS INSURANCE

15.Is the Applicant currently insured for Professional Indemnity insurance? YES ☒ NO ☐

If YES, please confirm: **As per existing QBE policy**

Name of Insurer:

Renewal date:

Limit of Indemnity:

Excess:

Premium:

16. Has the Applicant ever been refused this type of insurance, had special terms imposed by insurers or had a similar insurance cancelled? YES ☐ NO ☒

If YES, please provide full details:

CURRENT REQUIREMENTS

17.(a) What limit of indemnity is required?

£250,000	☐	£500,000	☐	£750,000	☐
£1,000,000	☐	£2,000,000	☐	£5,000,000	☒

Other - Please specify: £

(b) There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? Please tick as appropriate:

£500	☐	£1,000	☐	£2,500	☐
£5,000	☐	£10,000	☐	£25,000	☐

Other – Please specify: £**20,000.**

CLAIMS OR CIRCUMSTANCES

18.(a) If an insurance similar to that now applied for has been or is now in effect would any loss or claim against the Applicant(s) fall within the scope of such insurance? YES ☐ NO ☒

If YES, please provide details including date and cost/estimated cost of claim or loss:

If YES, what steps have been taken to prevent a recurrence:

(b) Are there any pending claims or circumstances that might reasonably be expected to give rise to any claim or loss against any persons proposed for insurance that would fall within the scope of this insurance? YES ☐ NO ☒

If YES, please provide details including estimated cost of claim/loss:

IMPORTANT NOTICE

- You must inform us of any fact that may influence our decision to accept this risk or the terms upon which the risk is accepted. Failure to so inform us may invalidate this insurance or any claim made under it. If in doubt as to whether a fact should be disclosed to us, please consult your broker.

- The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in **this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy** and will be considered as being incorporated into and constituting a part of the proposed policy.

DECLARATION

19. I/We am/are authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance.

Signed: David Smith

Capacity: Insurance and Risk Manager

Company: Belfast City Council

Date: 13/12/2022

A copy of this Application Form should be retained for your own records.

It is understood and agreed that we may hold documents relating to this insurance and any claims under it in electronic form and may destroy the originals. An electronic copy of any such document will be admissible in evidence to the same extent as, and carry the same weight as, the original.#

QBE records and holds data in accordance with the Data Protection Act 1998. We also follow strict security procedures in the storage and disclosure of information provided to prevent unauthorised access or loss of such information. We may find it necessary to pass data to other firms or businesses that supply products and services associated with this contract of insurance.

Further, by accessing and updating various databases we may share information with other firms and public bodies, including the police, in order to substantiate information and prevent or detect fraud. If you provide false or inaccurate information and we suspect fraud this fact will be recorded and the information will be available to other organisations that have access to the databases.

We can supply details of databases we access or contribute to on request.