

## Professional Indemnity Insurance Proposal Form

PLEASE MAKE SURE YOU ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

### SECTION 1: ORGANISATION DETAILS

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Organisation Name:  
Contact Name:  
Email Address:  
Address:  
Telephone Number:  
AdviceUK Reference (if known/if applicable):

### SECTION 2: STAFFING LEVELS

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Number of volunteer/advice workers: [     ]  
Number of paid advice workers (excluding Barristers and Solicitors): [     ]  
Number of Solicitors: [     ]  
Number of Barristers: [     ]

### SECTION 3: LEVEL OF INDEMNITY

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Indicate your required level of indemnity (tick as appropriate)

£250,000 [   ]  
£500,000 [   ]  
£1million [   ]

Please note, if you employ barristers or solicitors you should select a minimum of £1million cover in order to comply with the Law Society's Employed Solicitors Code. If are a registered charity and hold a Legal Services Commission contract for delivery of public legal help you must select £1million cover. If you are not a registered charity then you will require £2million cover. **Please contact us.**

### SECTION 4: YOUR WORK - Please tick all areas that are appropriate

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[   ] Community Care                      [   ] Debt                      [   ] Education                      [   ] Employment  
[   ] Family (Private & Public)            [   ] Housing                      [   ] Immigration                      [   ] Mental Health  
[   ] Race Equality/Diversity            [   ] Welfare benefits            [   ] Actions against the police

### SECTION 5: CASEFILE MANAGEMENT

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How do you store and manage your centre's case files?

[   ] Paper files                                      [   ] Electronic case management system. Which one:

### SECTION 6: CLAIMS AND CIRCUMSTANCES - please ensure you answer both questions

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1. After enquiry, has the centre incurred a Professional Indemnity Insurance claim in the last 5 years?

Yes: [   ] No: [   ]

**If Yes please attach full details**

2. After enquiry, are there any existing circumstances which might give rise to a claim against any person or the centre in respect of the proposed insurance?

Yes: [   ] No: [   ]

**If Yes please attach full details**

IMPORTANT NOTES: Failure to provide an accurate declaration to the above questions will invalidate your insurance. Circumstances that might give rise to a claim include complaints made against your advice service alleging negligence, errors or omissions.

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**SECTION 7: DEBT RELIEF ORDERS AND DEBT ARRANGEMENT SCHEME**

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Are you registered to act as intermediaries for Debt relief Orders (England and Wales) or the Debt Arrangement Scheme (Scotland)?

Yes: [ ] No: [ ]

IMPORTANT NOTES: Carrying out these activities does not affect your premium but you must inform us if you are registered.

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**SECTION 8: SOLICITORS, BARRISTERS, AND ACCOUNTANTS**

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Please only complete this section if you have solicitors, barristers or accountants working for you as paid staff or volunteers and acting in that function.

1. Have any solicitors, barristers or accountants ever been refused a practising certificate?

Yes: [ ] No: [ ]

2. Does your centre obtain written references for all such staff before commencing employment?

Yes: [ ] No: [ ]

3. Are you aware of any criminal or civil matters or any other circumstances which might affect the reputation of any solicitor, barrister or accountant working for you?

Yes: [ ] No: [ ]

4. Do you carry out regular file reviews and training for these staff?

Yes: [ ] No: [ ]

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**SECTION 9: FURTHER INFORMATION**

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1. Is your organisation a member of any advice networks?

Yes: [ ] No: [ ]

If yes, please name all relevant network memberships:

2. Does your organisation have the CLS Quality Mark?

Yes: [ ] No: [ ]

If yes, please state at which level:

3. Has your organisation met any other recognised quality standards? Yes: [ ] No: [ ]

If yes, please give details:

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**SECTION 10: DECLARATION**

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I/we declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I, as an officer of the organisation, am authorised to sign this declaration on the organisation's behalf.

Please PRINT name:

Date:

Signed:

Position in organisation:

**Data protection Information** submitted in this form will be stored and processed electronically for the purpose of delivering membership service, marketing, supplying information and to enable statistical analysis. Data may be passed to other parts of the organisation, our commercial partners or contractors operating on our behalf to enable this to take place.

**Please tick this box if you do not wish your details to be used for these purposes. [ ]**

Please return your completed form to:

VCS Insurance, c/o AdviceUK, 6<sup>th</sup> Floor, 63 St Mary Axe, London EC3A 8AA