



UNDERWRITING AGENCIES LTD

GALLERY 7, THE LLOYD'S BUILDING  
1 LIME STREET  
LONDON EC3M 7HA

TEL: + 44 (0)20 7099 6880

FAX: + 44 (0)20 7623 8696

E-MAIL: CONTACTUS@GALATEA.UK.COM  
INTERNET: WWW.GALATEA.UK.COM

## MARINE PROFESSIONAL NEGLIGENCE INSURANCE

### Confidential short form questionnaire

- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet.

<b>Your company name and address:</b>			
<b>Telephone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Date company established:</b>			
<b>Please describe the services you provide to your customers that you wish to be insured:</b>			
<b>Number of directors, senior managers, brokers or surveyors:</b>			
<b>Number of clerical staff:</b>			
<b>Number of manual workers:</b>			
<b>Total number of employees:</b>			
<b>Annual income = fees and commissions</b>	<b>What is your estimated annual income for <u>this financial year</u>:</b>	<b>Do you anticipate a significant change for next year? If so, please indicate.</b>	
<i>(*please state currency)</i>			
<b><u>Your services:</u></b> Please estimate the percentage of this year's annual income that relates to each service you wish to insure:	<b>Service:</b>	<b>Percent:</b>	
			%
			%
			%
<b>In the last five years have any professional liability or related claims been made against you or have there been any circumstance that could have resulted in a claim against you?</b>		<b><i>*If yes, please attach details.</i></b>	
<b>Are you currently insured for your professional negligence exposure? If so, please specify renewal date.</b>		<b>Do you require a specific limit of liability and/or deductible to be quoted?</b>	

**Name**

**Position**

**Signed**

**Date**

