Agents Name: POLICYFAST

Reference/Policy Number: cvdso155114

Date: 22nd August 2022





Professional Indemnity Statement of Fact

IMPORTANT NOTICE

This Statement of Facts should be read in conjunction with the Policy Wording. You should read this statement of facts carefully and verify that all material facts and circumstances have been disclosed to us and that the information contained within it is correct prior to the risk being placed on cover. This means you must disclose every material fact and circumstances which you know or ought to know and not make misrepresentations to us. Any incorrect information must be notified to your agent immediately since providing us with inaccurate information or failing to tell us of anything which may increase the risk may lead to this quotation being withdrawn or, if the risk is placed on cover, your policy being voided or claims not being paid or being paid in part only.

To assist your understanding of which facts are material and relevant to us, here are some key examples:

• Number of persons working in the business – the premium charged for this policy is based on the total number of persons working in the business, as declared to us by you. If the number of workers increases beyond the number shown on the schedule during the period of insurance, you must notify us within 30 days of such increase or by the renewal date whichever is the earlier. If the total number exceeds the maximum permitted under the policy however you must notify us immediately.

If part-time workers are used, it is the number of persons that must be declared to us, not their full-time equivalents.

- 1. Who you are the legal entity that owns the business
- 2. Business status sole proprietor, partnership, limited liability partnership or a limited company
- 3. What you do the description of the business as shown on the schedule
- 4. Personal and business history the previous history relating to proprietors, partners or directors or their business that is provided to us in the statement of fact e.g. previous bankruptcies, company liquidations, convictions, claims etc.

Other material facts and circumstances will be shown on this statement of fact. If you are in any doubt or require clarification of what must be declared to us, please discuss this with your agent.

Insured	Pim Electrical Ltd		
Correspondence Address	13 Elizabeth Rise Banbury		
Correspondence Postcode	OX16 9LZ		
Organisation Name	Pim Electrical Ltd		
Main Contact	07754695217	Trading name	Pim Electrical Ltd
Legal Status	Limited	Months Trading	5
Inception Date	19 Aug 2022	Period of insurance	12 months
cancelled by an insurance co Has the proposer or any pers them?	mpany, or had any specia on named on this policy e	ever had a county court judgement against	No No
Has any proposer, director, partner of the business/practice or person named on this policy ever been declared bankrupt?			No
Has any proposer, director, partner of the business/practice or person named on this policy had any convictions, criminal offences or prosecutions pending other than motor offences?			No
Establishment date of business		11 Mar 2019	
Registered Postcode		OX16 9LZ	
Registered address of the business to be Insured		13 Elizabeth Rise Banbury	
Primary Trade or Business		Electricians	
Additional Trades/Businesses	•		Electrical appliance servicers

Additional Trade Question(s)		

Has any proposer, director or partner of the business/practice or person named on this policy;	
made any insurance claim, been claimed against or suffered any event or loss which may lead to a	No
claim for any of the covers provided by this policy (whether previously insured or not) in the last 5 years?	No
become or is aware of any circumstances that could give rise to a Professional Indemnity claim being made against them?	No
ever been involved in a legal or contractual dispute, including employee disputes?	No
any involvement in any contracts where the contract value exceeds £1,000,000?	No
any contracts with USA or Canada domiciled clients?	No
been the owner or director of, or partner in, any business, company or partnership which became	No
A 1 12 9 1	

Ageas Insurance Limited

Registered office address: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

Registered in England and Wales No 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority Financial Services register No 202039

Please note that correspondence should not be directed to the above address, but must always go through the broker who arranged this insurance.

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insolvent or was the subject of insolvency proceedings or went into administration, admini	
receivership or liquidation, and /or was the subject of any company and/or individual volur	ntary
arrangement with creditors, a winding up order or an administrative order?	
been disqualified from being a company director?	No
Does the business have any involvement with:	
asbestos?	No
chemicals, petrochemicals, oil or gas, or other substances which could be harmful to healt	th, other
than substances that are normal for the trade?	INO
nuclear installations, docks, harbours, railways, watercraft, aircraft, airports or airfields?	No
Does the business dispose of fumes, effluent or other harmful waste?	No
Is the majority of work in the course of the business undertaken in England, Scotland, Wale	es, Isle of Yes
Man and the Channel Islands?	Yes

Professional Indemnity Section		
Annual Turnover	£50000	
Percentage of annual turnover paid to sub-contractors	0 %	
Number of fee earners excluding sub-contractors	1	
Limit of Indemnity	£250000	
Has the proposer previously held Professional Indemnity Insurance?	No	
Optional Extensions		

rias the proposer previously held Professional indentitity insurance:	140
Optional Extensions	
Liebility Costion	No
Liability Section	No
Material Damage Section	No
	·
Postable Positions Fundament Costing	N-
Portable Business Equipment Section	No
Legal Expenses	Yes
	·
Limit of Indemnity	£250000

Claims			
Date of Incident	Type of Claim	Settled?	Amount paid/outstanding