

PROFESSIONAL INDEMNITY INSURANCE RENEWAL FORM



INSURED

PART 1 - GENERAL INFORMATION

1. Annual Revenue for last financial year. Only include revenue fully accruing to the Insured i.e. if catering outsourced to third party operator only include franchise revenue (if applicable)

Revenue Source	€000s
State Grants	
Student Fees	
Counselling Services	
Research: (Excl. US/Canada)	
Research: (US/Canada)	
Campus Stores/Shops	
Other Revenue	
Total All Revenue	

2. Annual Revenue forecast for current financial year. Only include revenue fully accruing to the Insured i.e. if catering outsourced to third party operator only include franchise revenue (if applicable)

Revenue Source	€000s
State Grants	
Student Fees	
Counselling Services	
Research: (Excl. US/Canada)	
Research: (US/Canada)	
Other Revenue	
Total All Revenue	

3. Staff numbers, categories and salaries/wages forecast for current year

Staff Category	Number of Staff	Total Salaries/Wages€000s
Full-time Academic Staff		
Part-time Academic Staff		
Clerical/Administrative Staff		
Operative/Maintenance Staff		
Other Staff (please specify)		
Total All Staff		

4. Student Numbers forecast for current year

Student Category	Number of Students
Full-time Undergraduate Students	
Part-time Undergraduate Students	
Postgraduate Students	
Exchange/Erasmus/Visiting Students	
Other Students (please specify)	
Total All Students	

5. Please give details of fees received in relation to private work carried out by members of the Insured's academic staff with the permission of the Insured

Staff Category	Nature of private work	Fees €

6. Does the University have a Central department responsible for vetting/negotiation of Contracts and Research agreements on behalf of University/Faculties/Companies? Yes No

7. Do you employ qualified medical personnel to provide medical services on campus, including medical treatment? Yes No

If 'yes' to above, is there a system of check and record in place that all qualified medical personnel employed or permitted to use the facilities are members of a Defence Association or Society or otherwise carry medical malpractice insurance before commencing duty? Yes No

Is timely verification obtained of annual renewal of such membership or medical malpractice insurance? Yes No

8. Your Website – what controls are in place:

Material Published on your Website:

- To prevent libel and slander
- To prevent breach of intellectual property rights
- To prevent breach of confidentiality

Security:

- To prevent hacking / breaches of security
- To prevent unauthorised viewing of e-mails
- To prevent unauthorised sending of e-mails

Further information may be provided on a separate sheet if necessary.

PART 2 - SUBSIDIARY COMPANIES

Please provide details of all subsidiary companies below.

Subsidiary Company Name	% owned by Insured	% owned by Other Parties	Name(s) of Other Parties	Business Activity (in particular specify if engaged in Manufacture of Products for Sale)	Annual Revenue €	Staff Numbers	Wageroll €	Does the company have their own insurance in place?

PART 3 - RESEARCH PROJECTS

1. Please provide details of all research projects on the separate sheet attached. Please include all projects currently underway and any new projects proposed for the next 12 months.

2. Do you carry out your 3rd party research under contract terms?
If so please forward us a copy of these contracts. Yes No

3. Do any of the research projects or other activities involve (answer yes/no).

Use of Human Material Yes No

Clinical Trials Yes No

Abattoirs / Farming Yes No

Production of Electricity Generators/Transformers Yes No

GMOs (Genetically Modified Organisms) Yes No

Radioactive / Nuclear Research Yes No

Manufacture of Products Yes No

If you answer 'yes' to any of the above please give full details in the attached sheet.

Name(s) of Researcher(s)	Department	Academic Qualification(s)	Project Description	Details of Public Sector Funding (Sponsoring body, Amount in €)	Details of Private Sector Funding (Sponsoring body, Amount in €)

DATA PROTECTION

Declaration

We declare that the statements and information in this proposal are true and accurate and no material facts have been misstated or suppressed after enquiry. We agree that this proposal, together with any other information supplied shall be incorporated into and form the basis of any Contract of Insurance effected thereon. We undertake to inform IPB Insurance of any material alteration to those facts occurring, or if any new fact or matter arising which may be relevant to the consideration of the proposal, before completion of the Contract of Insurance.

We understand and agree that if any facts, incidents or circumstances exist which may reasonably give rise to a claim under this proposed policy, then any claims arising from such facts, incidents or circumstances are excluded from coverage there under. Failure to disclose such known facts incidents or circumstances will void the proposed policy.

Please note that failure to disclose all material facts could invalidate your Insurance and/or result in a claim being repudiated. Material Facts are those facts an Insurer would regard as likely to influence the acceptance and assessment of your Insurance. If you are in any doubt whether a fact is material you should disclose it.

Please note that a copy of this Proposal Form and the Policy Wording is available on request at any time.

Personal Data

IPB Insurance is registered as a data controller with the Office of the Data Protection Commissioner and is required to comply with the Data Protection Acts 1988 and 2003 and the Data Protection Code of Practice for the Insurance Sector. Further information can be obtained at www.dataprotection.ie.

We will keep the information you provide about you and third parties confidential. We may use it to provide, administer and market insurance products and financial services provided by us and in some circumstances by our commercial partners. We may share the information both inside and outside the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register) and with those to whom we outsource certain business operations and as required by law.



IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820
Tel: +353 1 639 5500 Email: info@ipb.ie Web: www.ipb.ie

Reg. No. 7532 Republic of Ireland
IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.