



**INSURANCE INTERMEDIARIES
PROFESSIONAL INDEMNITY
PROPOSAL FORM**

INSURANCE INTERMEDIARIES PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

1. Name of Insured/Proposer:

2. Main address plus any overseas addresses:

3. Web-site address:

Email address:

Telephone No:

Fax No:

4. Date business established:

5. Full description of your business activities:

6. Are you connected or associated (financially or otherwise) with any other business?

Yes No

If Yes, please give full details

7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes No

If Yes, please give full details

8. Are you a member of any Professional Association?

Yes No

If Yes, please give full details

BBL

9. Details of Principal/Partners/Directors:

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

10. Number of Employees:

Qualified Others

11. Do you have any agreements in force whereby you accept responsibility for the insurance activities of any other entity?

Yes No

If Yes, please provide full details

12. a) Give details of your fees/brokerage/commission income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

b) What was the total premium placed by you in the last financial year? £

c) On what date does your financial year end?

BBL

13. Division of Work

Please indicate the approximate percentage breakdown of the firm's brokerage/commission/fee income for each of the following categories during the last financial year:

Non-Marine Personal Lines	%
Non-Marine Commercial Lines	%
Motor	%
Life & Pensions/Investments (please see Questions 14 and 15)	%
Marine & Aviation	%
Professional Indemnity	%
Reinsurance	%
Mortgage Broking	%
Other Activities (please specify)	%
TOTAL	100%

14. Have you sold or provided advice or consultancy on pensions or endowments at any time since 1988?

Yes No

If Yes, you will need to complete additional questionnaires

15. Life/Pensions/Investment Business

In respect of the percentage given in Question 13 above please indicate the approximate percentage breakdown between the following:

Pensions	%
Endowments	%
Other Life Insurance (eg Term)	%
Dealing in listed UK securities	%
Dealing in unlisted UK securities	%
Dealing in foreign securities	%
Dealing in bonds (eg Eurodollar)	%
Investment in Unit Trusts	%
Investment in Insurance Bonds	%
Dealing in commodities, investment in 'tangibles'	%
Private client portfolio management (please state whether non-discretionary basis)	%
Institutional fund management	%
Corporate finance	%
Mergers & Acquisitions	%
Other (please specify)	%
TOTAL	100%

16. Please name the three Insurers/Underwriters with whom you place the largest amount of business by premium volume:

--	--	--

17. Do you place business with any Insurer who does not operate in the UK?

Yes No

If Yes, please provide full details

18. Do you have an agreement with any Insurer, Underwriter or other party where you have authority to set premiums, rates, terms and conditions or handle claims at your own discretion?

Yes No

If Yes, an additional questionnaire is required

BBL

19. Do you always ensure that clients check and sign any proposal or application completed by you on their behalf?

Yes No

20. Do you currently have professional indemnity insurance in force?

Yes No

If Yes, please advise Insurer Renewal Date

21. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes No

If Yes, please give full details

22.

a. Have you sustained any loss through the fraud or dishonesty of any person? Yes No

b. Are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee? Yes No

If Yes, please give details

c. Do you always obtain satisfactory written references when engaging Employees? Yes No

If No, please provide reasons

d. Is any partner, principal, director or employee allowed to sign cheques without a counter signature? Yes No

If Yes, please give the circumstances and the cheque limit

e. Are employees who receive cash/cheques in the course of their duties required to pay in daily? Yes No

If No, please give details of the procedures implemented

BBL

23. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes No

If Yes, please give full details

24. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes No

If Yes, please give full details

25. What is the amount of indemnity required? Please tick

£ 100,000	<input type="checkbox"/>	£ 250,000	<input type="checkbox"/>	£ 500,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>	Other	<input type="checkbox"/>

26. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

.....
Signature of Principal/Partner/Director

.....
Dated