

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Underwriters to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Once completed, please either:

Post to -

**Charles Insurance,
29 Hickman Road,
Penarth,
Vale of Glamorgan
CF64 2AL**

OR fax to -

029 2071 2919

OR scan and e-mail to

chris@pro-indemnity.co.uk

In case of difficulty with these forms, please ring

029 2070 2333

for assistance

Insurance Brokers

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For additional information or information that you cannot fit into the spaces provided, please use a separate sheet.

1) Please provide the following details:

Name of Company/Organisation	Date Commenced Trading

Website Address:

2) (a) Address/es (all must be shown together with the Principal/Director/Partner responsible for the work at each office):

Address	Principal/Director/Partner in charge

(b) Contact details of your main office:

Telephone No:	Fax No:
E-mail:	Web site address:

3) Please provide details of the Principal/Director/Partner/s:
(CV's must be attached for those unqualified with less than five years insurance experience)

Name	Qualifications	Date qualified	Date commenced

4) Please state total number of:

Principal/Directors/Partners		Self-employed staff	
Qualified staff		Administrative / Other	

5) Are there any agents, whether for Financial Services or General Insurance, that you require to be indemnified under this insurance? (Your answer should include any previous agent where cover is still required.)

YES		NO	
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If **YES**, please provide full details, including types of business, dates appointed (and ceased if applicable) and income levels (gross and net retained):

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6) Is cover required for the previous business activities of any Principal/Director/Partner?

YES		NO	
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If **YES**, please provide full details:

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7) (a) Has your ownership changed, or has there been any amalgamation or take-over in the past ten years?

YES		NO	
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If **YES**, please provide full details:

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(b) Is cover required for any predecessor/s?

YES		NO	
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If **YES**, please provide additional details:

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8) (a) Please state the professional/regulatory bodies, trade associations or societies to which you belong:

GISC		BIBA	
FSA		IIB	
Other (please specify)			

NB: If you are authorised to transact Financial Services business (or have been since implementation of the Financial Services Act (1986) and require run-off cover), you must complete the Financial Services Questionnaire.

(b) Do you act (or have you acted) as an authorised representative or tied agent for financial services general insurance business?

YES		NO	
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If YES, with whom?

9) (a) Please state total gross commission plus fee income:

		Last Complete Year	Current Year Estimate	Forthcoming Year Estimate
Year End	/ /	/ /	/ /	/ /
Commission plus fees from UK clients	£	£	£	£
Commission plus fees from overseas clients (Ex USA/Canada)	£	£	£	£
Commission plus fees from USA/Canada clients	£	£	£	£
Total commission plus fees	£	£	£	£
Average commission plus fee per client	£	£	£	£

NOTE: PERSONAL is deemed to mean insurances effected by private individuals insuring in their personal capacity only – **NOT** businesses. **ALL OTHER INSURANCES SHOULD BE DEEMED COMMERCIAL.**

Insurance Brokers

(b) Please give an approximate breakdown of the total commission plus fee income for the last complete financial year:

	TOTAL
MOTOR – Personal	%
MOTOR - Commercial	%
HOUSEHOLD & OTHER PERSONAL LINES	%
BLOODSTOCK	%
CONSTRUCTION	%
PROFESSIONAL INDEMNITY	%
OTHER COMMERCIAL	%
MARINE/AVIATION – Personal	%
MARINE/AVIATION – Commercial	%
INVESTMENT BUSINESS*	** %
LIFE (NON-REGULATED PRODUCTS)	%
BUILDING SOCIETY AGENCY	%
MORTGAGE BROKING	%
REINSURANCE	%
RISK MANAGEMENT	%
LOSS ASSESSING / CLAIMS ADJUSTING	%
OTHER (please specify)	%
TOTAL	100%

*As defined by Financial Services Act (1986)

** If completed this box please complete the Financial Services Questionnaire.

(c) Please state the two largest sums insured that you place in respect of:

(i) fire and perils (i.e. the material damage and business interruption combined exposure)

Client	Risk	Sum Insured
		£
		£

(ii) public liability, products liability or professional indemnity risks

Client	Risk	Limit of Indemnity
		£
		£

10) Have your activities significantly changed in the past five years or do you anticipate any major changes in these activities in the forthcoming 12 months?

YES		NO	
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If **YES**, please provide full details:

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11) Do you place insurances for clients who are resident outside of the UK?

YES		NO	
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If **YES**, please provide full details:

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12) Do you place insurances with Insurers/Underwriters outside of the UK?

YES		NO	
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If **YES**, please provide full details:

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13) Do you place business with any Underwriting Agency?

YES		NO	
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NB: This does NOT mean your own delegated authorities but refers to agencies underwriting an account of business for other insurers.

If **YES**, have you checked the validity of their authority?

YES		NO	
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Please state the names and countries of the agencies below:

Agency Name	Country

- 14) (a) Do you operate any Binding Authority where the insurer/s allow business to be accepted on terms set by you without referral?

YES NO

If YES, please complete a Binding Authority Questionnaire – download from www.pro-indemnity.co.uk.

- (b) If you operate any delegated authority, whether on pre-set terms or not (e.g. household) does income from such authorities exceed 30% of total gross commission / fee income in the last year?

YES NO

If YES, please provide full details:

- 15) Are all staff instructed never to sign proposal forms on behalf of clients?

YES NO

If NO, please provide full details:

- 16) (a) Have you sustained any loss through the fraud or dishonesty of any employee, or is there knowledge of such dishonesty?

YES NO

If YES, please provide full details including date, circumstances and steps taken to prevent a recurrence:

- (b) Is there a complete annual audit by a firm of professional accountants?

YES NO

- (c) Do you always obtain written references going back at least three years when engaging employees?

YES NO

(d) Is any employee allowed to sign cheques on his/her signature alone?

YES		NO	
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If **YES**, up to what amount?

£	
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(e) Are cash books, receipts, counterfoils and bank statements checked independently by a Principal Director/Partner at least monthly?

YES		NO	
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17) Please provide details of your professional indemnity insurance for the past three years:

DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC

Name of Insurer	Renewal Date	Limit of Indemnity	Excess	Premium

18) For what limit/s of indemnity are quotations required?

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NB: The GISC minimum is £1,000,000

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

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19) In the past ten years:

(a) In respect of **ANY** of the risks to which this proposal relates, has any claim been made against you (whether successful or not) or against any past or present Principal/Director/Partner?

YES		NO	
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(b) Has any loss been suffered by you, any predecessor or any past or present Principal/Director/Partner in respect of **ANY** of the risks to which this proposal relates?

YES		NO	
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**If YES for either 19(a) or (b), please give FULL details:
NB: "SEE YOUR RECORDS" IS NOT AN ACCEPTABLE ANSWER**

Insurance Brokers

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(c) What steps have been taken to prevent a recurrence?

20) (a) Is any Principal/Director/Partner, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

(i) Give rise to a claim against you, any predecessor or any past or present Principal/Director/Partner?

YES		NO	
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(ii) Cause any loss to you, any predecessor or any past or present Principal/Director/Partner?

YES		NO	
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(iii) Otherwise affect the consideration of this proposal for insurance?

YES		NO	
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(b) Have present insurers been notified of all claims or circumstances including Pension Review cases likely to give rise to claims?

YES		NO	
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(c) Has any:

(i) Proposal for similar insurance made on your behalf or on behalf of any of the present or past Principals/Directors/Partners, or any of your predecessor/s ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
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(ii) Application for or membership of any trade association or regulatory body (such as the GISC, PIA or FSA) ever been refused or cancelled?

YES		NO	
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(iii) Disciplinary proceedings been brought by a regulatory or professional body against the business, any employee, self-employed consultant or any partner or director or their predecessors in business during the past ten years?

YES		NO	
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If **YES** to any of the aforementioned, please provide full details:
NB: "SEE YOUR RECORDS" IS NOT AN ACCEPTABLE ANSWER

Please complete the declaration below:

If you are authorised to transact Financial Services business (or have been since implementation of the Financial Services Act (1986) and require run-off cover), you must complete the Financial Services Questionnaire at the back of this proposal form.

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance, disclose to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. Failure to do so entitles the underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:

Date:

A copy of this proposal should be retained by you for your own records.

All questions must be answered fully, and those questions not relevant to you should be marked N/A.