

## **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).**

## Chartered Institute of Loss Adjusters

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.

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- 1) **NAME/S** (including trading names) of the Proposer/s:  
use a separate sheet if necessary

1)
2)
3)

**Website Address:**

**Email Address:**

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- 2) Is cover required for predecessor practices to the Proposer/s?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **YES**, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

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- 3)

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposers

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4) **ADDRESS/ES** of Proposer/s:

All addresses must be shown together with the Principal responsible for the work at each office:

<b>Address</b>	<b>Principal in charge</b>

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5) **DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC DIVERSIFIED FINANCIAL PRODUCTS LTD.**

<b>Name of Current Insurers</b>	
<b>Name of Broker</b>	
<b>Renewal Date</b>	
<b>Limit of Indemnity</b>	
<b>Premium</b>	
<b>Excess</b>	

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6) Please state total numbers of:

<b>Principals</b>		<b>Trained staff</b>	
<b>Qualified staff</b>		<b>Others</b>	

7) Do you require any sub-contractor to be indemnified under your insurance arrangements?

YES		NO	
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If **YES**, please state:

Name	Qualifications	Fees paid (last financial year)

8) State for the whole Proposer/s

(a) Gross fees received for each of the last five financial years:

				Last Year	Current Year	Next Year Estimate
Year End	/ /	/ /	/ /	/ /	/ /	/ /
UK Work	£	£	£	£	£	£
Overseas	£	£	£	£	£	£

(b) Split of Gross Fees in the last complete financial year from loss adjusting and other related activities:

	UK Work	Overseas
Personal Lines	£	£
Commercial Property	£	£
General Liability	£	£
Business Interruption	£	£
Contractors All Risks	£	£
Aviation	£	£
Marine	£	£
Claims Administration Services	£	£
Pre-Risk Surveys (Full Details)	£	£
Any other work	£	£
<b>TOTAL</b>	£	£

9) Please provide details of the 5 largest claim adjusting jobs carried out during the past 6 years:

Start Date	Description of Loss	Value of Claim
1		
2		
3		
4		
5		

10) Does the Proposer/s have claims settlement authority with any Insurer?

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

11) Do you require insurance for:

Loss of Documents	<b>YES</b>		<b>NO</b>		Limit £
Dishonesty of Employees	<b>YES</b>		<b>NO</b>		
Libel & Slander	<b>YES</b>		<b>NO</b>		

12) (a) For what Limit/s of Indemnity are quotations required?

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(b) 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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- 13)** (a) In respect of **ANY** of the risks to which this proposal relates, has any claim been made (whether successful or not) against the Proposer or any past or present Principal?

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

YES		NO	
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If **YES**, please give details:

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?

- 14)** Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

- (i) Give rise to a claim against the Firm, any predecessor or any past or present Principal?

YES		NO	
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- (ii) Cause any loss to the Firm, any predecessor or any past or present Principal?

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

YES		NO	
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## Chartered Institute of Loss Adjusters

If **YES**, to any of the above, please give details:

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- 15) Has any proposal for similar insurance made on behalf of the Firm or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Firm ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
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If **YES**, please give details:

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**Please read this paragraph carefully before signing the declaration:**

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters 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. The obligation to provide this information continues up until the time that there is a completed contract of insurance. 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.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC Diversified Financial Products Ltd may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC Diversified Financial Products Ltd in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC Diversified Financial Products Ltd.

**Date:**

**Signature of Principal:**

**PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION**