

Professional Indemnity Proposal For Insurance Brokers



“**Firm**” means the practice, partnership, company (or principal if a sole practitioner) including all partners proposing for this insurance, and any subsidiaries and previous firms (and partners) requiring coverage.

This proposal form must be completed in ink, signed and dated by the Principal, Managing Director, Senior Partner or Insurance/Risk Manager of the **Firm** (or any Partner or Director who has been with the **Firm** for at least 3 years).

All questions must be answered. The completed proposal form along with all additional information provided will form part of the contract of insurance with the Underwriters. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Firm**'s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the proposal form including all supporting documentation, if the **Firm** is aware of any other information which it considers may alter, influence or prejudice the Underwriters' appraisal of the risk being proposed, this information must be disclosed in conjunction with this proposal form.

It is agreed by the **Firm** that any information provided to the Underwriters will be processed by the Underwriters in compliance with the provisions of the Data Protection Act 1998, which may necessitate providing such information to third parties. By signing this proposal form the **Firm** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Firm** confirms that it has been given the requisite consent to disclose such information to the Underwriters for processing.

1. General Details

a) Name of **Firm** _____

b) Principal Address _____

c) Tel No. _____

d) Fax No. _____

e) E-mail Address _____

(Please list any other branch office(s) on the last page of this form under Additional Information)

f) Date **Firm** was established _____

g) Please give the following details of all Partners/Directors/Principals of the **Firm**

Name	Qualifications	Date Qualified	How Long A Partner/Director/Principal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Business Activities

- a) Please state the gross income earned by the **Firm** for the last 3 full financial years and the estimated income for the current outstanding financial year:-

	___ / ___	___ / ___	___ / ___	Current Estimate
Gross Income				

Financial Year End Date _____

- b) Please provide details of the percentage of the gross income earned by the **Firm** for the last completed full financial year from each of the following categories:-

Personal Lines (excluding Motor & Legal Expenses)	%	Aviation/Marine	%
Private Motor	%	Mortgage Broking	%
Commercial Motor	%	Building Society Agency	%
Commercial Lines	%	Professional Indemnity	%
Reinsurance	%	Legal Expenses	%
Life	%	Private Health / Medical	%
Pensions	%	Personal Accident / Travel	%
Personal Investment Related (apart from Pensions)	%	Other (please give full details)	%

- c) Has the **Firm** during the past six years held a binding authority on behalf of any insurer or been authorised to quote business without reference to the insurer at pre-agreed rates? **Yes** **No**

If **Yes** please complete the HTC Binding Authority Supplementary Questionnaire.

- d) Does the **Firm** transact business over the Internet? (i.e are clients able to purchase products online?) **Yes** **No**

- e) Has the **Firm** ever (or does it intend to in the next twelve months) given any investment advice or transacted investing of money or capital including, but not limited to, all activities regulated by the Financial Services and Markets Act 2000 and/or the Financial Services Act 1986? **Yes** **No**

- f) Has the **Firm** ever (or does it intend to in the next twelve months) sold any life insurance products where there is a discretionary investment element to the product? **Yes** **No**

- g) Has the **Firm** ever (or does it intend to in the next twelve months) enter into any tied or sole agency agreements with any insurance company, bank, building society or other financial institution? **Yes** **No**

- h) Has any client represented more than 50% of the **Firm's** income in any of their last three financial years or the current financial year? **Yes** **No**
- i) Does the **Firm** (or has it in any of the last three years) place business with any insurer where the financial security of insurers with whom it places business at the time of placement is below A-? **Yes** **No**
- k) Has any insurer or individual Lloyd's Syndicate written more than 50% of the **Firm's** business in any of their last three financial years or the current financial year? **Yes** **No**
- l) Does the **Firm** undertake or commission any pre-risk or pre-renewal survey (including but not limited to physical inspections, forensic investigations, desk top studies and/or questionnaires) for any client or insurer? **Yes** **No**

If **Yes** to any of questions 2d) to 2l) inclusive, please provide details:-

- m) Has the **Firm** ever signed any application or proposal form on behalf of any client? **Yes** **No**

If **Yes**, please confirm that the **Firm's** client always provides written ratification of the information contained therein before the risk incepts. **Yes** **No**

- n) Please confirm that the **Firm** is authorised by the FSA to undertake insurance business and only operates within its FSA authorisation limitations. **Yes** **No**

- o) Has the **Firm** in the last six years (or does it intend to in the next twelve months) arrange insurance relating to:-

- | | |
|--|--|
| (i) Aviation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (ii) Marine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iii) Oil & Gas | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iv) Reinsurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (v) Risks pre-dominantly placed outside the European Union | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (vi) Clients in the sports or entertainment industries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (vii) Policies with a Sum Insured or Limit greater than GBP 10,000,000 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (viii) Policies greater than 5 years (except for Life Insurance) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If **Yes** to any of the above, please provide full details:-

3. Previous Coverage

Please give details of your existing Professional Indemnity Insurance

Expiry Date	Insurer	Limit	Excess	Annual Premium

4. Claims Related

- a) Please confirm that no principal, partner or director of the **Firm's** business has been made personally bankrupt, or been personally associated with any business which has been placed into receivership, liquidation, or been wound up at the behest of its creditors. **Yes** **No**
- b) Please confirm that no **Firm** (including any partner), director or employee of the **Firm** has been the subject of professional disciplinary proceedings or committed a fraudulent or dishonest act. **Yes** **No**
- c) Please confirm that no negligence, infringement of copyright, breach of confidentiality, libel or slander or other claims relating to this proposal have ever been made against the **Firm** (including any partner) or against any director or employee of the **Firm**, whether successful or otherwise. **Yes** **No**
- d) Please confirm that no claims for dishonesty have ever been made against the **Firm** (including any partner) or against any director or employee of the **Firm** whether successful or otherwise. **Yes** **No**
- e) Please confirm that no complaints or investigations have ever been made or undertaken against the **Firm** (including any partner) or against any director or employee of the **Firm** by any Professional, Regulatory or Judicial body. **Yes** **No**
- f) Please confirm that the **Firm** (including any partner) or any director or employee of the **Firm** has never had a document relating to the **Firm's** activities unintentionally destroyed, damaged, lost or mislaid. **Yes** **No**
- g) After full enquiry please confirm that **Firm** (including all partners) and all directors and employees of the **Firm** are not aware of any circumstances relating to the questions a)-f) above which may give rise to a potential claim or request for indemnity under the professional indemnity policy. **Yes** **No**

If you have answered **No** to any of the above claims related questions please provide full details below:-

- h) Has any proposal for professional indemnity insurance made on behalf of the **Firm** or any predecessors in the business, or present directors ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed. **Yes** **No**

If you have answered **Yes** to question h) above please provide full details below:-

**We must remind you that it is imperative to answer these questions correctly.
FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.**

5. Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Underwriters' view of the risk, or affect their assessment of the exposures they are covering under the policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the policy.

Signed _____

Title _____

Date _____

SIGNING THIS PROPOSAL DOES NOT BIND THE FIRM TO COMPLETE THIS INSURANCE

Additional Information

Please detail below any additional material facts that may alter, influence or prejudice the Underwriters' appraisal of the risk being proposed:-

Contact Information

To Email this proposal please save, attach and send to info@htcassociatesltd.co.uk

Or you can Fax or Post it to us at

Fax – 01773 714813

Post – HTC Associates Ltd, Shanakiel, Ilkeston Road, Heanor, Derbyshire, DE75 7DT