

Professional Indemnity Proposal Form For Insurance Intermediaries

1) Name of Legal Entity to be Insured: _____

2) Please name all other businesses, including any Appointed Representatives, for which cover is required under this insurance (if applicable): _____

3) Date Established: _____

4) Address: _____

_____ Post Code: _____

Telephone Number: _____ Fax Number: _____

5) Name(s) of Director(s)/Partner(s): 1) _____

2) _____

3) _____

4) _____

6) Can you confirm that at least 50% of the directors &/or partners have relevant professional qualifications and/or 3 years relevant experience in this business? **YES / NO**

7) Are you authorised and regulated by the Financial Services Authority? **YES / NO**

8) Please provide your Financial Services Authority Firm Reference Number _____

9) Renewal Date: _____ Retroactive Date: _____

10) Have you had, any past or existing claims, or any circumstances which may give rise to a claim, against the business principal, or partners, or directors, or employee or appointed representative, or predecessor in the business in respect of the type of liabilities to which this proposal relates? **YES / NO**

If you have answered **YES**, a full explanation should be given below of each claim or circumstance including dates, amounts involved, brief details of the nature of the claim and whether the claim is paid or still outstanding. If you do not have enough room, please provide a separate sheet of paper.

11) Please confirm your total fee income for the last 3 financial years (by ticking the relevant box or entering an amount). We will need to use the highest of these for premium purposes.

Year	20	20	20
£0 to £50,000			
£50,001 - £100,000			
£100,001 – £200,000			
£200,000 + (enter amount)			

12) Please estimate your total fee income for the next 12 months? £

13) Please advise if you undertake any Mortgage mediation work? YES / NO

If Yes, please advise if your estimated fee income for mortgage mediation for the next 12 months will be above 25% of your total fee income? YES / NO

15) Please provide a percentage split of your General Insurance work below:

Protection Products		General Insurance Products	
a) Term Life	%	a) Buildings & Contents	%
b) Mortgage Protection	%	b) ASU*	%
c) Critical Illness	%	c) Commercial**	%
d) PHI/Income Protection	%	d) Personal Insurance	%
		e) Private Medical Insurance	%

* If you undertake ASU insurance, please advise what percentage of these are single premium? _____ %

** If you undertake Commercial Insurance, please estimate what your fee income for the next 12 months will be in respect of Commercial Insurance? £

IMPORTANT NOTICE CONCERNING DISCLOSURE

- It is your duty to disclose all material facts to Underwriters.
- A material fact is one which may influence an Underwriter’s judgement in the consideration of your proposal.
- If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted.
- If you are in any doubt as to whether a fact is material you should disclose it.
- **FAILURE TO DISCLOSE** could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the 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 effect thereon.

I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

I/We declare that in signing the proposal understand that the policy is issued on an annual basis, and once cover has been affected it must run to it’s natural expiry on a non-cancellable & non-refundable policy.

Signature of Partner, Principal or Director: _____

Name in block letters: _____ Date: ____ / ____ / ____