



# Professional Indemnity

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## Proposal Form Insurance Brokers

### **Supplementary Questionnaires:**

If the firm operates a Binding Authority please also download the Binding Authority Questionnaire.

If the firm undertakes or has undertaken any Mortgage Broking please also download the Mortgage Broking Questionnaire

If the firm has or does provide any Payment Protection Insurance (PPI / MPI) products, please also download the PPI Questionnaire.



### INSURANCE BROKERS / INTERMEDIARIES

Company name:

Contact details:

Address:	Contact name:
	Telephone: Fax:
	Email:
Post code:	Website:

**Additional insured name and address:**

Please attach similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance.

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

**About your business:**

Is this a part time practice?

YES  NO

**Additional liabilities:**

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Indemnity Insurance proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES  NO

If YES, please provide details:

**Date business established:**

Is the firm a Lloyd's Broker?

YES  NO

**FSA registration number:**

Number of staff

**Total income:**

	Last completed financial year	Current year	Estimate next year
UK law contracts	£	£	£
EU law contract	£	£	£
US law contract	£	£	£
Other law contract	£	£	£

**Partners and directors:**

Name	Qualifications	No. of years experience



**Your business activity:**

Please split your last completed financial year's income approximately between the following professional disciplines:

- a) Personal lines:
  - (i) Motor  %
  - (ii) Other  %
- b) Commercial lines
  - (i) Motor  %
  - (ii) Other  %
- c) Goods in transit  %
- d) Marine
  - (i) Small Pleasure Craft  %
  - (ii) Other  %
- e) Aviation  %
- f) Reinsurance  %
- g) Mortgage Broking (a separate questionnaire will be required)  %
- h) Non-regulated Life business (Please provide details)  %

*This insurance is not suitable if this accounts for >10% of your income.*

- i) Any others, please give full details of work undertaken:  %

Have you ever undertaken any mortgage broking? YES  NO

If YES a separate questionnaire will be required

Have you sold any payment protection products in the last five years? YES  NO

If YES a separate questionnaire will be required

**Placing business:**

Have you ever placed any insurance with Insurers / Underwriters not authorised by the DTI or FSA to conduct business in the UK? YES  NO

If YES, please give details:

Have you ever been authorised to conduct business under the Financial Services Act 1986? YES  NO

Have you ever placed business with an underwriting agency? YES  NO

Please give the names of the agencies:

*This does NOT mean your own delegated authorities but refers to agencies underwriting an account of business for other insurers.*



Please confirm whether the proposer has received, or is on notice of, any visit from the FSA. If yes, please advise date and purpose of visit(s) and attach a copy of the report.

YES  NO

**Largest business placed:**

Give the three largest sums insured that you place excluding Employers Liability and Public Liability:

Nature of client's business	Type of insurance	Total sum insured	Largest SI for any one location

Give the two largest Employers Liability and Public Liability placed:

Natures of client's business	Type of insurance	Limit of indemnity or liability

**Binding authority:**

Do you hold any authority granted by any insurance company, Lloyd's underwriter or other insurer/reinsurer where you can set rates, terms, conditions or handle claims?

YES  NO

If YES, please complete a Binding Authority Questionnaire.

Do you operate any other form of delegated authority whether on pre-set terms or not?

YES  NO

If YES, please give details:

**Proposal form:**

Have you ever completed proposal forms on behalf of your clients (excluding computer generated 'statement of fact' based proposals)?

YES  NO

Do you always ensure that the client signs the proposal or signs a dated disclaimer confirming the accuracy of the answers?

YES  NO

Have you ever bought professional indemnity insurance in the past?

YES  NO

If YES, please provide details:

Name of Insurer	Limit of Indemnity	Excess	Premium	Renewal date	No. of years continuously held

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£



**You must complete this section.**

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project. YES  NO

A client withholding payment due to you after any complaint. YES  NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES  NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES  NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee. YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO

2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

3. Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES  NO

4. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? YES  NO

If the answer to 3. and/or 4. above is YES, please give full details below:

Date	Details



**DECLARATION**

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

**MATERIAL INFORMATION**

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

**DATA PROTECTION**

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**DECLARATION**

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name \_\_\_\_\_  
(in capitals)

**A copy of this proposal should be retained for your records.**