



# Professional Indemnity

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## Proposal Form Secondary Intermediaries

### **Supplementary Questionnaires:**

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



### SECONDARY INTERMEDIARIES.

Company name:

Contact name:

Contact details:

Address:	Contact name:	
	Telephone:	Fax:
	Email:	
Postcode:	Website:	

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

Additional insured name and address:

Postcode

**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

Your experience:

Please confirm that one or more of the principals has at least five years experience in the relevant industry and in the supply of insurance products.

YES  NO

If NO, please provide details of experience:

Total income:

	Last complete financial year	Estimate current year
Gross commission income from sale of insurance products	£	£
Company's total turnover	£	£

Date of financial year end?



Your business activity

Please split your last completed financial year's income from insurance activities approximately between the following types of sales.

	Commission Income
Payment protection insurance (please complete the supplementary questionnaire )	%
GAP and vehicle asset	%
Insured warranties	%
Extended warranties (vehicles)	%
Tyre and exhaust insurance	%
MOT insurance	%
Key fob insurance	%
Motor insurance	%
"Free insurance" for cars sold	%
Number of vehicles sold	
Breakdown recovery insurance	%
Home insurance	%
Extended warranties (white goods)	%
Extended warranties (brown goods)	%
Loss/damage cover (white goods)	%
Loss/damage cover (brown goods)	%
Loss/damage cover (other goods - give details)	%
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Home services	%
Travel	%
Other (please describe) <div style="border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></div>	%
<b>Total</b>	<b>100%</b>

Do you see this split of business changing materially? YES  NO

If YES, please give details:



**Your largest carriers**

Please give details of your three largest insurance carriers by commissions generated:

Name of Insurer	Commissions for last complete year

**Your commission**

What are your average and highest commission rates as a percentage of the overall premium charged to the customer?

Average:  %                      Highest:  %

Do you clearly disclose to your customers your adviser status and any commission earned, in accordance with FSA guidelines?    YES     NO

If NO, please explain why not:

**Regulation/professional bodies**

Please state your current regulatory or professional body:

Regulatory body:

Registration number:

**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 placed business with an underwriting agency?    YES     NO

If YES, have you checked the validity of their authority and ensured that they are authorised by the FSA?    YES     NO

If NO, do you always agree to do so going forward?    YES     NO

Please give the names of the agencies:



**Insurer security**

What procedure, if any, do you have in place to monitor the financial security of your insurance partners?

Do you have a contingency plan in place if they fail?

YES  NO

**Overseas**

Have you placed any insurance product for overseas clients?  
If YES please confirm which countries and your fees/commission from such work.

YES  NO

**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 checks and signs the proposal or signs a dated disclaimer confirming the accuracy of the answers?

YES  NO

**Training/compliance**

Do you provide insurance training to your staff?

YES  NO

If YES, please provide details of what is entailed and frequency:

Have you got a detailed 'conduct of business' manual?

YES  NO

If YES:

Who is responsible for implementing this?

How often is it reviewed?

Do you collect cash/cheque/credit card premium payments directly from clients?

YES  NO

If YES, do you have a dedicated trust account?

YES  NO

**Scope of advice**

In what capacity do you provide insurance advice? (please tick)

Tied agent on a single product scheme

Multiple tied agent on a variety of sponsored schemes (i.e. only one insurer used per product)

A full market review service (i.e. advising customers on the range of products available and recommending the best product available for their needs)

Is the above status always made clear to the customer prior to the transaction being completed?

YES  NO

Please provide details of how you monitor and control the quality of advice given:



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 tick the limit of indemnity now required:

£500,000  £1,000,000  £1,100,000

Other:



**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.
- 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 judgement 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 judgement debt?

YES  NO

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

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

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES  NO

If YES, please provide details:

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 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.**