

Professional Indemnity for Insurance Brokers

Proposer Details

1. a. Name(s) of Firm(s):

Name	Date commenced

Website address

1. b. Address(es) – all addresses must be shown together with the Principal in charge of each location:

Address	Principal in charge

1. c. Please give the following details for all Partners/Directors/Principals of the Firm(s):

Name	Qualifications	Date qualified	Age	How long as a Partner/Director/Principal

2. Please state total number of:

Principals/Directors	<input type="text"/>	Trained Staff	<input type="text"/>
Qualified Staff	<input type="text"/>	Other	<input type="text"/>

3. a. Please state total premium income (£) in the columns provided for the last 5 complete financial years.

Year end					
	/	/	/	/	/
UK work					
USA/Canada					
Other overseas					
Total					
Net retained commission					
Financial year end date	<input type="text"/>				

3. b. What are the 3 largest sums insured in relation to Liability business?

Nature of client's business	Type of insurance	Total sum insured	Commission received

10. a. Does the Firm or any Partner/Principal/Director act on behalf of, or undertake work for any Firm, Company or Organisation in which this Firm or any Partner/Principal/Director has a financial interest? yes no
- b. Does any Partner/Principal/Director perform an executive role on behalf of any such Firm, Company or Organisation? yes no

If 'yes' to a. or b. please provide details:

11. a. Has the Firm(s) sustained any loss through the fraud or dishonesty of any person? yes no

If 'yes' to please provide details:

11. b. Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director or Employee? yes no

If 'yes' please give details and state the precautions taken to prevent reoccurrence

11. c. Does the firm(s) always require satisfactory references or only when engaging senior employees? Always Senior appointments only

Nature of reference:

- Written Verbal

11. d. Is any employee allowed to sign cheques in his/her signature alone for values exceeding £25,000? yes no

If 'yes' please provide details.

12. Has any insurer ever cancelled, declined, refused to renew or required an increased rate or special conditions in respect of your own or your predecessor(s)'s firm(s)'s insurance? yes no

If 'yes' please give full details:

13. Do you currently buy professional indemnity Insurance? yes no

If 'yes' please provide the following details:

Renewal Date

Limit of Indemnity

Excess

Premium

Current Insurer

14. Please specify:

a. The limit(s) of indemnity you require quotations for:

£		£		£		£		£	
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b. Please state the excess you are prepared to carry:

£		£		£		£		£	
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15. Have any claims, whether successful or not been made against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors? yes no
16. Is any Partner, Principal, Director or employee after inquiry, aware of any circumstance or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors? yes no

If 'yes' to question 15 or 16 please provide full details:

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.

Signature of Principal

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Date

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