

Professional Indemnity for Underwriting Agents

Proposer Details

1. a. Names(s) of Firm(s)

Name

Date commenced

Website address

1. b. Addresses – 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

Trained Staff

Qualified Staff

Other

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

3. b. What are the 3 largest sums insured in the last 12 months excluding Liability business?

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

4. Please categorise the activities outlined in 3a. above and indicate the approximate percentage of the gross income/fees each represent

Personal Lines	i. Motor		%
	ii. Other		%
Commercial Lines	i. Motor		%
	ii. Other		%
Marine			%
Aviation			%
Reinsurance			%
Mortgage Broking			%
Building society agency			%
Other (please provide details below)			%
Other:			100 %

5. Are you authorised by the Financial Services Authority yes no

If 'yes' please provide your FSA authorisation number _____

6. Do you have the freedom to set rates, terms and conditions within the binding agreement? yes no

7. Do you have any claims handling/settlement authority? yes no

8. Please provide the following details in relation to your capacity provider

<i>Insurer</i>	<i>Date agreement commenced</i>	<i>Class of business</i>	<i>Max Limit of Liability</i>	<i>Date of last audit</i>	<i>Ultimate Loss Ratio in last 2 years</i>

9. Are you responsible for the placing or purchasing of any reinsurance? yes no

10. Please provide the following details of those permitted to accept risk under the authority
if more space required please provide details on a separate sheet

<i>Name</i>	<i>Title</i>	<i>Qualifications</i>	<i>Years Experience</i>

11. 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

12. a. Has the Firm(s) sustained any loss through the fraud or dishonesty of any person?

If 'yes' please provide details

12. 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, Employee yes no

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

13. 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

14. 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	

15. 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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16. 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

17. 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 16 or 17 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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