

# UIB UK PROFESSIONAL INDEMNITY

## PROPOSAL FORM FOR INSURANCE BROKERS

- It is very important that you disclose fully and accurately all material facts. If you require more space please continue on your headed paper, then sign and attach to this form. Material facts are those which may affect Underwriters' assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it.
- Please answer all the questions and complete this form in ink. This proposal shall form the basis of any insurance contract.
- We would remind you that this type of policy is written on a "claims made" basis. There are no days of grace for renewal negotiations under this type of policy. Cover will terminate at expiry date

### 1. DETAILS OF APPLICANT

Name(s) (including trading names) of all entities to be Insured:

Address(es) of the Applicant(s):

Postcode:

Contact Name:

Telephone Number:  Fax:

Website:  E-mail Address:

Date since the Applicant(s) has continuously conducted the business:  /  /

### 2. PRINCIPALS DETAILS

*If you are a newly established firm, please enclose a CV for every principal in the practice.*

Please provide details of the Principal(s)/Partner(s)/Director(s) of the Applicant:

Name:	Qualifications:	Date Qualified:	Date Commenced:
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 3. STAFF DETAILS

Please state total number of:

Principals/Partners/Directors:  Other Technical Staff:

Qualified Staff:  Administrative/Other Staff:

### 4. DETAILS OF PRACTICE

- (a) Has the name of the Applicant ever been changed? Yes  No
- (b) Has any other practice or business amalgamated or merged with you? Yes  No

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(c) Have you purchased any other practice or business?

Yes  No

*If Yes to either (a), (b) or (c), please provide details:*

### 5. INCOME

(a) Please provide details of your gross commission/brokerage:

	Previous Year	Current Year	Estimated Next Year
Gross Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Please provide a percentage split of your income by geographical area:

	% of gross fees
UK	<input type="text"/> %
Europe	<input type="text"/> %
USA / Canada	<input type="text"/> %
Elsewhere	<input type="text"/> %
Total	<input type="text"/> %

(c) What percentage of your gross fees were derived in the previous financial year from your largest client?

%

### 6. INCOME

Is the Applicant currently insured for Professional Indemnity Insurance?

Yes  No

*If Yes, please confirm:*

Name of Insurer:

Renewal Date:

Limit of Indemnity:  Excess:

Premium:

Has the Applicant ever been refused this type of insurance, had special terms imposed by insurers or had a similar insurance cancelled?

Yes  No

*If Yes, please provide full details:*

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### 6. INSURANCE REQUIREMENTS

- (a) What limit of indemnity is required?
- (b) What basis of limit is required?  Each and Every claim  In the Aggregate
- (c) What limit of excess is required?

### 8. ACTIVITIES

- (a) Please provide a split of gross commission/fee income for the previous financial year:

	Personal	Commercial	Total
Motor	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Household	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other Personal	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Accident (including Public Liability)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Aviation / Marine	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bloodstock	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other COMMERCIAL	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Investments – Please see question 8b	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Pensions	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Building Society Agency	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Mortgage Broking	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other Life	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Risk Management	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Reinsurance	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Loss Assessing	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Total	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

- (b) If appropriate please provide a percentage split of gross commission/fee income in the previous financial year derived from your investment activities

	As Principle	As Agent	As Manager
(i) Investment in Insurance Bonds	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
UK (excluding Channel Islands & Isle of Man)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Offshore	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(ii) Investment in Unit trusts	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
UK (excluding Channel Islands & Isle of Man)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Offshore	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(iii) Dealing in listed UK securities	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(iv) Dealing in unlisted UK securities	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(v) Dealing in Foreign Securities / Investments	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(vi) Dealing in Bonds (e.g. Eurodollar)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

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*Continued*

	As Principle	As Agent	As Manager
(vii) Dealing Commodities (Futures or Physicals)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(viii) Dealing in listed UK securities	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Average investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Maximum investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
(ix) Private Client Portfolio Management (Please state if discretionary or non-discretionary)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Average investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Maximum investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
(x) Private Client Portfolio Management (Please state if discretionary or non-discretionary)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Average investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Maximum investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
(xi) Institutional Fund Management	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Average investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Maximum investment:	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
(xii) Corporate Finance	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
(xiii) Mergers & Acquisitions	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

(c) Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months?

Yes  No

*If Yes, please provide full details:*

(d) If no income is declared in any part of Question 8b, have you carried out any investment activities in the past?

Yes  No

*If Yes, please provide full details of the activity(ies) and income derived from this:*

### 9. CONTRACTS

(a) Does the Applicant(s) act as a trustee of any pension fund?

Yes  No

*If Yes, please provide full details:*

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(b) Do you place insurances for clients who are resident outside of the U.K.? Yes  No

*If Yes, please provide full details:*

(c) Do you place insurances with Insurers / Underwriters operating outside of the U.K.? Yes  No

*If Yes, please provide full details:*

### 10. BINDING AUTHORITIES

(a) Do you hold a binding authority with any insurer? Yes  No

*If Yes, please provide details:*

Class of Business	Name of Insurer	Maximum Limits
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Are you only able to accept business on rates / terms pre-agreed by insurers? Yes  No

*If No, please provide details including type of business and maximum limits:*

(c) Please confirm the percentage of commission / brokerage derived from binders:  %

### 11. OFFICE PROCEDURES

(a) Are satisfactory written references obtained prior to the engagement of any employee? Yes  No

(b) Are petty cash and cash in hand checked independently of the employees responsible at least monthly and additionally without warning every six months? Yes  No

(c) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes  No

(d) Are employees receiving cash and cheques in the course of their duties required to pay in daily? Yes  No

(e) Do all cheques drawn for more than £25,000 require at least two signatures? Yes  No

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(f) Are all computer records backed-up daily? Yes  No

*If No, please provide details of your back up policy:*

(g) Do you ever sign proposal forms on behalf of any clients? Yes  No

*If Yes, how do you ensure the information is accurate, full and complete?*

(h) Do you have any on-line facilities with insurers for arranging insurance contracts, issuing policies or schedules? Yes  No

*If Yes, please provide details:*

Class of Business	Name of Insurer	Maximum Limits
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(i) Do you have your own web-site where clients may arrange their insurances directly? Yes  No

*If Yes, please provide details (including type of business, insurer etc.):*

### 12. CLAIMS OR CIRCUMSTANCES

(a) Has any Professional Indemnity claim been brought against the Applicant or any of its directors, officers, partners or principals during the last 5 years? Yes  No

*If Yes, please provide details including date, circumstances and steps taken to prevent a recurrence:*

(b) Are there any pending claims or circumstances that might reasonably be expected to give rise to any claim or loss against any persons proposed for insurance that would fall within the scope of this insurance? Yes  No

*If Yes, please provide details including estimated cost of claim/loss:*

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### 13. ASSOCIATED COMPANY

Does the Principal(s), Partner(s), Director(s) of the Applicant have any association with or financial interest in any other practice, company or organisation?

Yes  No

*If Yes, please provide details:*

### 14. IMPORTANT NOTICE / DECLARATION

By signing this proposal form you consent to United Insurance Brokers Ltd using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisors, loss adjusters or agents). 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 in respect of 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, where relevant, 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 fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated 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 effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signed

Name

Position

Company

Date



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