

## Insurance Brokers and Intermediaries Proposal Form

**IF YOU ARE INVOLVED IN ANY FORM OF FINANCIAL INVESTMENT CONSULTANCY ADVICE OR PIA/FSA REGULATED BUSINESS THIS FORM IS NOT APPROPRAITE FOR YOU AND PLEASE CONTACT US FOR THE APPROPRIATE PROPOSAL**

1.a Company Name / Title of Insured

1.b Principle Address   
 Post Code

1.c Telephone Number   
 Facsimile Number   
 Email Address

2 Date Company Established  / /  
 Date Financial Year End  /

3 If cover is required for an Associated or Subsidiary Company please provide details (Name & Address)   
 Post Code

4.a Please give details of Partners or Directors or Principals

Names	Age	Qualifications	Date Qualified	How long a Partner in this practice
			/ /	
			/ /	
			/ /	
			/ /	

4.b Please state total number of

- |                              |                            |
|------------------------------|----------------------------|
| i) Directors ( )             | iv) Support Personnel ( )  |
| ii) Managers ( )             | v) Sales and Marketing ( ) |
| iii) Technical Personnel ( ) |                            |

4.c If the Proposer has more than one office is there a Senior Partner / Director at each to oversee operations?

YES  NO

If NO please give details of procedures in place to ensure efficient running of the other offices and quality procedures in place

5.a If cover is required for any Consultants and or Sub-Contractors please give details

Names	Age	Qualifications	Date Qualified
			/ /
			/ /
			/ /

5.b Please give details of the type of work that you ask the Consultants and or Sub-Contractors to undertake

5.c Please state fees generated from Consultants and or Sub-Contractors £

5.d Do all Consultants and or Sub-Contractors carry their own Professional Indemnity?

YES  NO

If NO please give details of procedures in place to ensure quality control of this work

6.a If cover is required for a Predecessor Firm(s) please give the Name of the Firm(s) and description of its' activities

6.b If cover is required for any Partner or Director who has left, retired or died please give details

Names	Age	Qualifications	Date Qualified	How long a partner in this practice
			/ /	
			/ /	
			/ /	

6.c If cover is required for the liability of any Partner or Director arising out of advice given or services performed prior to joining the firm please give details

Names	Age	Qualifications	Years Experience	Occupation of Previous Firm	Date Ceased as a Partner or Director
					/ /
					/ /
					/ /

6.d If such Partner or Director or Firm for whom they worked had any claims or circumstances of which underwriters should be made aware please give full details

6.e If any Partner or Director has been involved with a Company or Firm that has ceased trading for whatsoever reason or been made personally bankrupt or otherwise legally affected please give full details

7 Does the Company or Firm or any Partner or Director act on behalf of or undertake work for any Company, Firm or Organisation in which the Company or Firm or any Partner or Director has a financial interest (other than as a shareholder / stockholder in a publicly quoted company)?

YES  NO

If YES please give details

8.a Is the Company or Firm or any Partner or Director a member of any Professional Organisation?

YES  NO

If YES please give details and confirm that all work is carried out in accordance with the Professional Organisation guidelines and that there have been no circumstances whereby a disciplinary action has been taken

8.b Please confirm your GISC Number

9 Are you a Sole Practitioner?

YES  NO

If YES

i) Is this a part time occupation?

YES  NO

If YES give details of your full time occupation

ii) What arrangements have you made to run the Firm in the event of sickness or holidays?

10.a Have any major changes in the Proposers activities / structure taken place in the past twelve months?

YES  NO

If YES please give full details

10.b Are any major changes in the Proposers activities / structure / fee growth expected in the next twelve months?

YES  NO

If YES please give details

10.c Is cover required for any previous activity, now ceased, which is different from that declared within this proposal form?

YES  NO

If YES please give details

11 Is the Proposer currently insured or been insured previously for Professional Indemnity?

YES  NO

If YES please state

i) Name of Insurer

ii) Indemnity Limit (State whether Aggregate or Any One Claim)  
£

iii) 

Excess	£	
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 iv) Date cover expires / /

v) 

Number of years Insured	
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12 Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Company or Firm or its present or past Partners or Directors during the past ten years?

YES  NO

If YES give full details including amounts

13 What measures have been taken to avoid a similar situation occurring?

14 Are any of the Partners or Directors or Employees, AFTER ENQUIRY, aware of any CIRCUMSTANCES which may give rise to a claim against this Company or Firm or their predecessors in business or any of the present or former Partners or Directors or Employees or aware of any shortcoming in your work for a client which is likely to lead to a claim against you?

YES  NO

If YES give full details

15.a Does Proposer always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods ?

YES  NO

If NO give full details

15.b Has Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?

YES  NO

If YES state date, circumstances, amount and steps taken to prevent recurrence

15.c Is any Partner or Director allowed to sign cheques without another signature? YES  NO

If YES what limit £

15.d Is cash in hand and petty cash checked independently of the employees responsible?

i) At least monthly? YES  NO

ii) Additionally, without warning, at least every six months? YES  NO

15.e 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

15.f Are employees receiving cash and cheques in the course of their duties required to pay in daily?

YES  NO

16 Has any Insurer ever:

i) Declined proposal or renewal for this Company or Firm or any Partner or Director?

YES  NO

ii) Required an increased premium or imposed special terms? YES  NO

iii) Cancelled an Insurance? YES  NO

If any answer is YES please give full details

17.a What is the limit of indemnity required?

£100,000  £250,000  £500,000  £1,000,000  Other £

17.b What is the amount of excess which your Company or Firm would be prepared to carry?

£500  £1,000  £2,500  Other £

It is likely that underwriters may impose a compulsory excess

## Section 2

### DGS/SHCD

- 1.a Please advise commission income and fees for each of the last four financial years and an estimate for the forthcoming year

Date	/ /	/ /	/ /	/ /	/ /
Total Premium Income	£	£	£	£	£
Total Commission Income and Fees	£	£	£		£

- 1.b If you derive income from placing business for clients and / or companies outside of the UK please give details of the of your income from this source – for whom, what risks, where and commission income?

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- 2.a Please state the amount of Commission Income and Fees for each of the following categories for the last completed financial year:

#### Type of Insurance

Personal Lines	Gross Written Premium	Commission
Motor	£	£
Household	£	£
Other	£	£

Commercial	Gross Written Premium	Commission
Property	£	£
Motor	£	£
Other	£	£
Liability	£	£
Professional Indemnity	£	£
Marine	£	£
Aviation	£	£
Reinsurance	£	£

Other Specialist Classes	Gross Written Premium	Commission
Non Regulated Life Including ASU	£	£
Mortgage Broking	£	£
Building Society Agency	£	£
Insurance Risk Management	£	£
Disaster Recovery Planning	£	£

- 2.b Please give details of the five largest Insurance placements made by you in the last three years:

Name of Client	Nature of business	Insurances placed	Sums Insured	Premium	Commission Income or Fee
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

2.c Please give details of the largest income from any one client and state their business

2.d Do you place more than 75% of the your business or any one class of your business with one insurer

YES  NO

If YES Please give details of class, gross written premium, commission and which Insurer

3 Do you require the following:

- a) An IBRC / GISC certificate of cover for all insured companies? YES  NO
- b) A separate ABI certificate for:
  - i) All offices YES  NO
  - ii) Each insured office YES  NO

4.a Have you ever placed any insurance with Insurers / Underwriters no authorised by the DTI to conduct business in the UK or an equivalent regulatory body in the EU?

YES  NO

If YES please give full details

4.b Have you ever placed any business with an underwriting Agency?

YES  NO

- i) If YES has the validity of their authority been checked? YES  NO
- ii) If NO is the validity going to be checked? YES  NO

Please give the names and addresses of the agencies below

5.a Do you hold any authority, granted by any insurer, Lloyd's underwriter or any insurance company whereby you can set rates, terms and conditions or handle claims?

YES  NO

If YES please give full details

5.b If you hold any claims settling authority please give full details

6 Do you on behalf of your clients ever complete any proposal forms? YES  NO

If YES does the client either sign the proposal or sign a dated disclaimer confirming the accuracy of the answers?

YES  NO

If NO please give details

7.a Please provide full details of the renewal diary / monitoring system in place

7.b Please provide full details of systems in place to ensure that diary dates and renewal are not missed

8 If you specialise in placing one specific type of insurance or class of insured please give full details

9 Does the Company / Firm or any Partner Director or employee on behalf of the Company / Firm act as Trustee for Pension Fund, Travel Insurance Scheme or the like

YES  NO

If YES please give full details

10. If you please business with any Insurer or Underwriting Agency based outside of the UK please give full details for whom, what risks, where and commission income. Name of underwriters and Standard & Poor rating?

**If you hold any Binding Authority for Scheme business please complete the attached Binding Authority Questionnaire**



11.a Who in the Company or Firm is responsible for Quality Procedures, Compliance GISC continuous training

11.b What internal procedures does the Company or Firm have in force in relation to Quality Procedures and Matters

11.c How often are working procedures reviewed to ensure their continuing suitability and what form does this review take

12.a Please provide details of the procedures in place for confirming client instructions

12.b What records are kept of:

i) The original contract and subsequent amendments

ii) At Client visits

iii) Telephone conversations involving instructions and / or the provision of advice

**This page forms your declaration to underwriters and can also be used to provide any additional information that you might want to provide pertinent to your Firm that may assist underwriters in their decision making process.**

**In all cases underwriters will require you to sign and date this form. If you present this proposal form to us electronically (by email) you will eventually be required to sign and date this form.**

I/We declare that the statements 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 to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Sennet Professional Indemnity Limited' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed:

Date:

(this must be signed by a Partner, Director or equivalent ranking employee)

All information provided to us and then to underwriters is governed by the DATA PROTECTION ACT 1998. Sennet Professional Indemnity Limited and Underwriters act strictly in accordance with the Act its principals and tenets and any subsequent amendments thereto.

## Binding Authority Questionnaire

NAME:

This document forms part of your proposal

					<b>AUTHORITY</b>			
Name of Insurer	Classes of business underwritten	Maximum underwriting limits in each class	Total premium income in the last year	Total brokerage, commissions and fees in the last year	Is there any restriction in authority? If YES, in what way?	Can you delegate authority to outside	Name of persons with authority to bind	Position held by persons and number of years experience