



MANCHESTER
UNDERWRITING MANAGEMENT

Insurance Brokers Application Form

IMPORTANT:

In this application:

“**You / Your**” refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

“**Firm**” means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

“**Principal**” means any Director, Partner, Member or Sole Trader.

Answers should relate to all work for which cover is required - past, present and future.

You MUST complete all sections of this Application Form. The Application Form must be signed and dated once completed.

This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.

All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

1) Please provide full trading names of all **Firms to be insured under this arrangement (**You/Your**):**

| Name(s) | Date Established |
|---------|------------------|
| | |
| | |
| | |
| | |

2) Please provide **Your website address:**

3) Please provide all addresses:

| |
|--|
| |
| |
| |

4) If cover is required for **Your previous business (predecessor practices), please provide full details below:**

| Name(s) | Start Date | End Date | Reason for winding up/leaving |
|---------|------------|----------|-------------------------------|
| | | | |
| | | | |

5) If any of the **Principals require cover for any previous professional business activity not covered elsewhere, please provide details below:**

| | | | | | | |
|--|-------|-------|-------|-------|-------|-------|
| Name of Principal to be covered | | | | | | |
| Name of previous Firm | | | | | | |
| Period at previous Firm | From: | | From: | | From: | |
| | To: | | To: | | To: | |
| Fees for last 3 years of trading | Year | Total | Year | Total | Year | Total |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Position held at previous Firm | | | | | | |
| Reason for leaving | | | | | | |

6) Do **You have any association with or financial interest in any other **Firm**? Yes No**

If YES, please provide full details below of the nature of the association and the name and business of the third party:

7) Please supply details of all **Principals**:

| Name | Age | Qualifications | Date Qualified | Date of Engagement |
|------|-----|----------------|----------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

8) Please supply details of total numbers of staff:

| Principals | Qualified Staff | Unqualified Staff | Others |
|------------|-----------------|-------------------|--------|
| | | | |


9) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body?

Yes No

If YES, please provide full details below:

10) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of **Your** current Professional Indemnity insurance arrangements below:

| | |
|--|--|
| Current Insurer | |
| Current Broker | |
| Policy Renewal Date | |
| Limit of Indemnity | |
| Excess | |
| Premium | |
| If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:  | |
| Date | |

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

| Year End | | | | | | N/Y Estimate |
|--------------------|--|--|--|--|--|--------------|
| Work in UK | | | | | | |
| Work in EU | | | | | | |
| Work in USA/Canada | | | | | | |
| Work elsewhere | | | | | | |
| Total | | | | | | |

| 13) Please provide a breakdown of Your activities and percentage of income generated for each discipline: | |
|--|---|
| Motor (personal) | % |
| Motor (commercial) | % |
| Other Commercial | % |
| Household | % |
| Health | % |
| Other Personal Lines | % |
| Bloodstock | % |
| Professional Indemnity/Directors & Officers | % |
| Marine/Aviation | % |
| Loss Assessing/Claims Adjusting | % |
| Risk Management | % |
| Life Assurance (non-investment) | % |
| Investment Business | % |
| Other work (please provide full details in space provided below): | % |
| | |
| Total: | % |

| 14) Please provide details of Your two largest sums insured for placements in the following classes: | | | |
|---|--------------------|-------------|-------------|
| Discipline | Class of Insurance | Sum Insured | Sum Insured |
| Property | | | |
| Commercial | | | |
| Public Liability/Products Liability | | | |
| Professional Indemnity | | | |

| | | |
|---|------------------------------|-----------------------------|
| 15) Have You ever undertaken any investment, pensions, endowment or mortgage broking business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do You place insurances with any Insurer(s)/Underwriter(s) outside the United Kingdom? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do You operate any Binding Authority, where the binder allows You to accept business without referral to the Insurer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, please provide full details below: | | |
| | | |

16) Are all staff instructed not to sign proposal forms on behalf of clients? Yes No

17) Do all cheques drawn for over £5,000 require at least two signatures? Yes No

18) Are bank statements, receipts, counterfoils and other supporting documents checked at a minimum monthly against the cash book entries, and by others not responsible daily for looking after the same? Yes No

19) Is cash in hand and petty cash checked independently of the person responsible at least monthly and additionally without warning at least every six months Yes No

20) Please provide details below of any appointed representative(s) who **You** are currently or have been responsible for:

| Name of Appointed Representative | Commission/Fee Income | Classes of Business |
|----------------------------------|-----------------------|---------------------|
| | £ | |
| | £ | |
| | £ | |
| | £ | |

21) Please select the Limit of Liability **You** require quotations for.

| | | | |
|--------------------------|--------------------------|--|--------------------------|
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| £500,000 | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other Limit of Liability | | | |

22) What Level of Excess do **You** require?

23) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below: Yes No

| Date of Claim/loss | Details of claim/loss | Amount Paid | Date Settled | Outstanding Reserve |
|--------------------|-----------------------|-------------|--------------|---------------------|
| | | £ | | £ |
| | | £ | | £ |
| | | £ | | £ |
| | | £ | | £ |
| | | £ | | £ |

24) Are **You aware of any of the following?**

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? Yes No

Any matter which might otherwise affect the consideration of this proposal? Yes No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms? Yes No

If YES to any of the above, please provide full details here:

DECLARATION

I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application 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.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

Name of Principal Signing this form:

Signature of Principal:

Date: