



Insurance Brokers

Proposal Form

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IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method of Completion

This proposal form may be completed in ink or electronically and signed and dated version sent to us prior to binding cover;

All questions must be answered (if necessary comment as “not applicable” or “none”).

Presentation

If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;

CV's of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;

Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

Disclosure

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance make a fair representation of the risk they are seeking to insure. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may have serious adverse consequences for coverage under the contract of insurance. If you have any doubt as to what constitutes a fair presentation please do not hesitate to ask for advice from your insurance advisor;

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate.

1. NAME(S) OF PRACTICE(S)

Please include all FORMER PRACTICES and any APPOINTED REPRESENTATIVES for whose activities you are responsible and for whom cover is required. Continue on separate sheet if necessary:

Current Practice(s)	Date Established	
Former Practices	Date Established	Date Ceased
Appointed Representatives	Date Established	Date Ceased (if applicable)

2. CURRENT ADDRESS/ES OF PRACTICE(S)

Please list all other locations by Town (or Country if overseas) and identify the supervising Partner/Director at each location. Please continue on separate sheet if necessary:

Address	Partner/Director In Charge

Contact Name	
Telephone Number	
E-Mail	
Fax Number	

3. PARTNERS/DIRECTORS/SOLE PRACTITIONERS (PRINCIPALS)

Names of Principals	Qualifications	Date Qualified	Number of Years as Principal of the Practice(s)

4. IF COVER IS REQUIRED FOR ANY PRINCIPAL FOR PAST LIABILITY PRIOR TO JOINING THE ABOVE PRACTICE(S)

a) Name of Principal	
b) Name of Previous Firm(s)	
c) Period to be covered	

5. STAFF NUMBERS

(Not including Principals, but including all staff of Appointed Representatives)

Qualified Staff	Administrative & Secretarial Staff

6. COMPLIANCE

<p>a) Is compliance managed solely in-house? If YES, who is your Compliance Officer and what is his or her experience in this field?</p>	<p>Yes No</p>
<p>b) Do you use external compliance support? If YES, please answer the following questions.</p>	<p>Yes No</p>

c) What is the identity of the specialist compliance firm?	
d) How often does the specialist firm visit your office(s)?	
e) What proportion of files is checked by the specialist firm?	
f) What involvement does the specialist firm have in dealing with complaints?	
g) When was the specialist firm appointed?	
h) What were your compliance arrangements prior to the appointment of the specialist firm?	

7. RISK MANAGEMENT

a) Do you use a Client Management System? If YES, which system?	Yes	No
b) Do you use Research Software? If YES, which software do you use?	Yes	No
c) Do you provide reviews to all active clients at least annually? If NO, please supply details of your client review system:	Yes	No
d) Do you ever complete proposal forms for clients? If YES, do you ensure that the client signs the form after confirming the accuracy of its content?	Yes Yes	No No

<p>e) Do you keep client records indefinitely? If NO, please explain how you would protect your position against potential claims:</p>	
<p>f) What is the approximate number of active clients per adviser?</p>	

8. INSURER SECURITY

<p>Have you ever since 2005, or do you currently place any insurances with an Insurer who, at the time you placed cover, did/does not maintain a financial strength rating with either A M Best, Standard & Poor's, Fitch or Moody?</p> <p>If Yes, please supply details:</p>	<p>Yes No</p>
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9. FEE/COMMISSION INCOME

<p>a) What was the end date of your last completed financial year? (DD/MM/YYYY)</p>	
<p>b) Please provide the following information in relation to the last completed financial year as described above:</p> <p>Total gross fee/commission income (including that generated by Appointed Representatives):</p> <p>Net retained fee/commission income after deducting payments to sub-agents and consultants, excluding self-employed advisers:</p> <p>Gross Written Premium of business you place cover for:</p>	<p>£</p> <p>£</p> <p>£</p>
<p>c) What was the total gross fee/commission income for the previous financial year?</p>	<p>£</p>

d) What is the total estimated gross fee/commission income for the current financial year?	£
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10. BUSINESS PROFILE

<u>Personal Lines</u>	
a) Private Motor	%
b) Household/Pet/Travel	%
<u>Commercial Lines</u>	
c) Commercial Motor (including Fleet)	%
d) Commercial other (property, liability, engineering etc)	%
e) Marine (please provide details)	%
f) Aviation (please provide details)	%
g) Reinsurance	%
<u>Life & Financial Services</u>	
h) Life & Protection Product Sales & Advice (ex health)	%
i) Health Insurance Sales & Advice	%
j) Mortgage Sales & Advice	%
k) General Insurance Sales & Advice	%
l) Pensions Sales & Advice	%
m) Investment Sales & Advice	%
n) Other (please provide details)	%
	100%

11. LARGEST PLACEMENTS

Please state the two largest sums insured that you place in respect of:

(i) fire and perils (i.e. the material damage and business interruption combined exposure)

Client	Risk	Sum Insured
		£
		£

(ii) public liability, products liability

Client	Risk	Sum Insured
		£
		£

12. WASTE OR RECYCLING CLIENTS

Have you in the past or do you currently place MD/BI or Liability insurances for clients that operate in the waste or recycling industry?

Yes No

If so how many clients and what are the sums insured?

13. FRAUD AND DISHONESTY

a) Has the Firm(s) sustained any loss through the fraud or dishonesty of any person during the last six years?

Yes No

If "Yes", please give details below:

b) Does the Firm(s) always require satisfactory written references (and credit checks of adviser(s) when engaging new personnel)?

Yes No

c) Is any Partner/Director/Employee allowed to sign cheques on their sole signature?

Yes No

If "YES", please advise name and limit below:

d) Please confirm that the Annual Accounts have been prepared and/or certified by an Independent Accountant or Auditor:

Yes No

e) Is the Practice authorised to receive/hold client monies?

Yes No

If "YES", do you keep those monies completely separate from your own monies?

f) How often are the entries in the Cash Books checked with the vouchers and reconciled with the bank statements by a Principal or other senior employee independently of those responsible for the Cash Book entries?

Daily Weekly Monthly Annually

14. CLAIMS AND/OR CIRCUMSTANCES

NB. Details can be advised on page 13

PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

a) CLAIMS

During the last ten years, have any claims or circumstances which may have given rise to a claim been made against the Firm(s) or predecessors in business or present of former Partners/Directors arising out of the activities of the Firm(s)?

Yes No

If "Yes", please advise full details including amounts involved and settlement dates where appropriate, below:

Claims Paid
Claims Outstanding

b) CIRCUMSTANCES

Are any of the Partners/Directors/Principals AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) or its Predecessors in business or its/their present or former Partners /Directors?

Yes No

If “Yes”, please provide full details including amounts involved:

15. a. CURRENT INSURANCE ARRANGEMENTS

Please advise:

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date
£	£	£		

b. PREVIOUS INSURANCE

Has similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or had renewal refused?

Yes No

If “Yes”, please advise details below:

16. QUOTATIONS REQUIRED

Limit of Indemnity

	£750,000	£1,000,000	£1,250,000
£1,500,000	£2,000,000	£5,000,000	Other:.....

Excess

	£500	£1,000	£2,500
£5,000	£10,000	£25,000	Other:.....

Important

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and for more information about your data protection rights, please visit our website at: <https://www.barbicanprotect.com/cookies-privacy-policy/>.

DECLARATION

We hereby declare that to the best of our knowledge and belief the foregoing particulars and statements represent a fair presentation of the risk we are seeking to insure.

We hereby undertake to declare any material alterations or amendments to the foregoing particulars and statements which occur prior to the commencement of the contract of insurance.

Signed:

Date:

For and on behalf of:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

Date Notified	Details of Claim or Circumstance	Reserve	Payments made (including defence costs)	Open/ Closed
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
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