



# Insurance Brokers

## Renewal Proposal

# Insurance Brokers **Renewal Proposal**

**1. NAME(S) OF FIRM**

(Please include any predecessors for whom cover is required)

**2. ADDRESS OF THE PRINCIPAL OFFICE**

Please list all other locations by Town or Country if overseas and identify the supervising Partner/Director at each location. Please provide an appendix sheet if required)

**ALL OTHER ADDRESSES BY TOWN ONLY:**

Partner Contact:	
Telephone Number:	
E-Mail:	
Fax Number:	
Web-Site Address:	

**3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:**

**DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:**  
(If Applicable)

**REASON FOR CESSATION OF FORMER BUSINESS:**

**4. FULL DESCRIPTION OF BUSINESS ACTIVITIES:**

(Please attach brochure(s) if available):

**5. a) RECENT CHANGES**

During the last six years, has the name of the Firm(s) changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners? (i.e. departed, retired or deceased etc...)

Yes  No

**b) NEW ACTIVITIES**

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...

Yes  No

If "Yes", please give details below:

**6. GROSS FEE/COMMISSION INCOME (or Turnover if applicable, but NOT premium income)**

Please Advise (for new firms/start up's, please estimate the expected fee/commission income)

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
USA or Canada	£	£	£
Elsewhere excluding USA or Canada	£	£	£
Total	£	£	£

Please state the date of your financial year end:

**7. QUOTATIONS REQUIRED:**

(If unsure, please contact to discuss or request “Please obtain various”)

Limit of Indemnity	£	£	£
Excess(es)	£	£	£

**PLEASE NOTE, IT IS IMPERATIVE THAT SECTION (a), (b) AND (c) OF QUESTION 8 ARE ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.**

**8. CLAIMS & OR CIRCUMSTANCES**

Where necessary, please provide details on an appendix sheet.

**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.

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 / Principles?

Yes  No

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

**c) FIDELITY**

(i) Has the firm sustained any loss through fraud or dishonesty of any person?

Yes  No

(ii) Does the firm know of any fraud or dishonesty of any present or former Partner/Director or employee?

Yes  No

If "Yes", please advise details and explain the precautions taken to prevent recurrence below:

**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:

For and on behalf of:

Date:

## 1. BUSINESS PROFILE

Please advise the approximate split of the total gross income during your last completed Financial Year by the following categories:

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

## 2. 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
		£
		£

## 3. INSURER SECURITY

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?

Yes  No

If "Yes", please supply details:

## 4. 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, what are the sums insured, which insurers is cover placed with?

## 5. RENEWAL TRANSPARENCY

From the 1<sup>st</sup> April 2017 the FCA introduced new regulations regarding transparency in insurance renewals.

With these regulations in mind, please confirm that:

- a) You disclose last year's premium at each renewal to all retail customers?

Yes  No

- b) You include text to retail customers to encourage consumers to check their cover and shop around for the best deal at each renewal?

Yes  No

- c) You identify retail consumers who have renewed with you four consecutive times, and give these consumers an additional prescribed message encouraging them to shop around?

Yes  No

## 6. BINDING AUTHORITY AGREEMENTS

Do you operate any delegated binding authority agreements on behalf of any insurers?

Yes  No

If "yes", please complete our Binding Authority questionnaire.