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INNOVATIVE INSURANCE

# PROPOSAL FORM

## DAS Legal Expenses Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales  
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection

Your information will be treated in accordance with the Data Protection Act 1998 and only shared where permitted by law or regulation.

In the course of administering your insurance, your information may be passed to other companies, including but not limited to:

Insurance companies

Insurance brokers

Loss Adjusters

Solicitors

Premium Finance providers

Fraud prevention and detection agencies and operators of associated databases (for example CUE – the Claims and Underwriting Exchange).

Under the Data Protection Act you have the right to see any personal information held about you. Should you want to see this information please contact our Data Protection Officer at:

Camberford Law plc  
Lygon House  
50 London Road  
Bromley  
Kent  
BR1 3RA

Email: [dataprotection@camberfordlaw.com](mailto:dataprotection@camberfordlaw.com)  
Telephone: 020 8315 5000

Please note that a fee of £10 will be charged to cover the administrative cost of compiling your information.

We may use your information to advise you about other products and services that we, or carefully selected third parties, feel may be of interest to you. If you would prefer that we do not do this, please contact the Compliance Officer.

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

### 3. PROPOSER DETAILS

**3.1 Proposer(s):**

Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

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**3.2 Individual Name(s):**

Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

**3.3 Correspondence Address:**

Full postal (correspondence) address:

Post Code:
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**3.4 Years Established:**

Number of years the proposer has been established:

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**3.5 Years Experience:**

Number of years experience of the proposer within your business activities:

--

**3.6 FCA Classification:**

Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

## 4. BUSINESS ACTIVITIES

### 4.1 Business Description

Please describe your business:

## 5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any director of your company, ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

5.2 Please use the box below to detail any further information:

## 6. LEGAL EXPENSES

### 6.1 Wageroll

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

### 6.2 Contract Disputes

Do you require cover for contractual disputes?

YES/NO

### 6.3 Disputes, Prosecution, Activities

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

### 6.4 Redundancies

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

### 6.5 Mergers/Takeover

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO



## 7. CLAIMS HISTORY

### 7.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

## 8. DECLARATION

### 8.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

### 8.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: