

# Accountants (professional combined)

## Proposal form

### Important notice

1. This is a proposal for a contract of insurance in which 'Proposer' or 'you/your' means the individual, company, partnership, trust, charity, establishment or association proposing for cover.
2. This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any question fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. You are recommended to request a specimen copy of the proposed policy or certificate from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

## GENERAL INFORMATION (Mandatory)

TO BE COMPLETED BY ALL ASSURED(S)

### 1. Proposer

Name

Address of registered or principal office

Postcode

Telephone number

Email address

Website address

Please note we **do not** provide cover for any registered offices, subsidiaries or employees within the European Union (excluding the United Kingdom of Great Britain and Northern Ireland and its territories).

Please confirm whether this is sufficient for your requirements

YES  NO

If NO please provide full details:

### 2. Cover requirements

Please indicate (✓) which sections are required

- |  |                          |                        |
|--|--------------------------|------------------------|
| Professional Indemnity (Mandatory)   | <input type="checkbox"/> | (Please answer part A) |
| General Liability (PL / Products)  | <input type="checkbox"/> | (Please answer part B) |
| Directors and Officers   | <input type="checkbox"/> | (Please answer part C) |
| Entity Defence   | <input type="checkbox"/> | (Please answer part D) |
| Employers Liability  | <input type="checkbox"/> | (Please answer part E) |
| Employment Law Protection <i>(N.B. not available in Northern Ireland)</i>    | <input type="checkbox"/> | (Please answer part F) |
| Property Damage <i>(including Money/PA Assault and specified All Risks)</i>  | <input type="checkbox"/> | (Please answer part G) |
| Business Interruption <i>(not available unless Property Damage selected)</i> | <input type="checkbox"/> | (Please answer part H) |

*N.B. You must complete the declaration on Page 22*

## PART A – PROFESSIONAL INDEMNITY (Mandatory)

3. What are your gross income/fees for your last financial year?

£
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4. Please provide a percentage breakdown of such income/fees between the following client groups.

**Clients producing a fee income of:**

- Less than £25,000 per client
- between £25,000 and £50,000 per client
- Over £50,000 per client

**%**

**Total**

<b>100%</b>

5. How many clients do you have that produce an income of over £50,000 per client?

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6. Are you represented anyway in North America?

YES  NO

If YES please provide full details:

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7. Do you have more than one office?

YES  NO

If YES please answer the following questions:

What were the total gross income/fees generated from the largest office in the last complete financial year?

£
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8. Please select which of the following activities apply to your business and provide a percentage breakdown of the gross income/fees against each category for the last complete financial year.

**%**

(a) Audit, accountancy & company tax

(i) Quoted companies

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- (ii) Other
- (b) Taxation only
- (c) Book-keeping, payroll services, management and IT consultancy
- (d) Company secretarial/registrar work, executorship and trusteeship, directors fees
- (e) Mergers, acquisitions and disposals, insolvencies, liquidations and receiverships
- (f) Merchant banks, finance houses, hire purchase and credit sales organisations and others providing finances other than insurance, building society and stock exchange commissions
- (g) Investment business/financial services
- (h) Other (please provide full details below)

<b>100%</b>

**Total**

*(Please provide full details if any work entered in 'Other' above:*

**9. Are you authorised to carry out Investment Business in accordance with the terms of the Financial Service Act 1986?**

YES  NO

If YES You should complete the remainder of this Proposal, but we will require a **Financial Services Questionnaire** to be completed and submitted to Underwriters before we are able to consider providing terms.

*A Financial Services Questionnaire can be obtained from your insurance broker.*

**10. Have you ever provided any advice or been involved in arranging Financial Services Products (other than introducing clients to an independent third party adviser)?**

YES  NO

If YES You should complete the remainder of this Proposal, but we will require a **Financial Services Questionnaire** to be completed and submitted to Underwriters before we are able to consider providing terms.

*A Financial Services Questionnaire can be obtained from your insurance broker.*

## 11. Does the Proposer

- undertake work in the following areas:
  - Private Client Portfolio Management
  - Institutional Fund Management
  - Dealing in Securities
  - 'Off-shore' investments
- undertake work for any of the following
  - banks and/or other financial institutions
  - insurance companies, Lloyd's syndicates or funds (including captive insurance companies)
  - any 'off-shore' companies
- perform work for UK companies with North American subsidiaries or assets or for companies with a North American parent or ultimate holding company

YES  NO

If YES please provide full details:

## 12. Is cover required for Partners Previous Business?

*N.B. This extension is not available where the Previous Business was a Limited Liability Company*

YES  NO

If YES please answer the following question:

Can you confirm that

- all previous businesses of all partners were of a similar nature to the current business?
- there was a dissolution agreement in respect of all previous businesses
- there were no claims made against the previous businesses neither were there any circumstances or incidents which could give rise to a claim
- none of the previous businesses were ever refused similar insurance or quoted increased premiums or had special terms imposed

YES  NO

If NO please provide full details:

### 13. YOUR EXPERIENCE

Can you confirm that

- at least 50% of all directors, partners, principals and consultants are suitably qualified or have at least 3 years relevant experience?
- there have been no significant fluctuations in your income or change in your activities over the last 3 financial years and none are anticipated in the forthcoming year? (not applicable where you have been established for less than 3 years)
- no one client or contract represents more than 20% of your income for either the current or any of the last three financial years?
- all your offices are under the day to day control and supervision of a director, partner or principal
- none of your directors, partners, principals or consultants are connected or associated (financially or otherwise) with any other firm, company or organisation for whom the Proposer does work?

YES  NO

If NO please provide full details:

### 14. YOUR SECURITY

Can you confirm that

- satisfactory written references are always obtained from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods
- all cheques drawn for more than £25,000 require two signatories (including at least one partner)? (Not applicable where you are a sole trader)

YES  NO

If NO please provide full details:

### 15. Have you had any Professional Indemnity claims within the last 5 years?

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Professional Indemnity insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise.*

YES  NO

If YES please provide full details

## **PART B – GENERAL LIABILITY (Optional)**

ONLY COMPLETE IF YOU REQUIRE GENERAL LIABILITY (PL/PRODUCTS) COVER

### **16. Do you**

- manufacture any products?
- undertake any manual work away from the your premises?

*N. B. Manual work includes non destructive testing, load bearing testing and use of access systems (other than hydraulic platforms)*

YES  NO

If YES please provide full details

### **17. Have you had any General Liability claims within the last 5 years?**

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for General Liability insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise.*

YES  NO

If YES please provide full details



**PART C – DIRECTORS AND OFFICERS (Optional)**

ONLY COMPLETE IF YOU REQUIRE DIRECTORS AND OFFICERS COVER

**18. Is the Company registered in England and Wales, Scotland or Northern Ireland?**

YES  NO

If NO please provide full details

**19. Is the Company either a Private Limited Liability Company, Limited Liability Partnership or a Company Limited by Guarantee?**

YES  NO

If NO please provide full details

**20. Is more than 25% of turnover generated from the USA?**

YES  NO

If YES please provide full details

**21. Are shares owned by anyone other than Directors of the Company or members of their families?**

YES  NO

If YES please answer the following questions

Are all such shares owned by the Company's parent or ultimate holding company?

YES  NO

If YES please answer questions 21.1

If NO please answer questions 21.2

21.1 (a) Name of the ultimate holding company

(b) Country of registration in respect of ultimate holding company

21.2 Please indicate (✓) which of the following apply:

- (i) A Financial Institution\* holds no more than 20% of the shares (directly or indirectly)
- (ii) A Financial Institution\* holds more than 20% of the shares (directly or indirectly)   
*(if this applies please answer question (a) below)*
- (iii) A shareholder, not being a Financial Institution\*, holds no more than 20% of the shares (directly or indirectly)
- (iv) A shareholder who is not a Financial Institution\* holds more than 20% of the shares (directly or indirectly)   
*(if this applies please answer question (b) below)*

*\* N.B. The term 'Financial Institution' is meant in its broadest sense, i.e. bank, insurance company, venture capital company, building society, investment trust, etc.*

(a) If you have indicated that (ii) above applies please provide full details including the name of the shareholder and percentage shareholding.

(b) If you have indicated that (iv) above applies please provide full details including the name of the shareholder and percentage shareholding.

## 22. Standard cover does not include USA/Canadian jurisdiction, is this required?

*N.B. 'Jurisdiction' refers to where claims can be brought e.g. UK courts. It does not restrict where the Company operates. Extending the jurisdiction will affect the terms provided.*

YES  NO

If YES please answer the following questions:

(a) Does the Company have any employees in the USA

YES  NO

If YES please state the approximate number of employees in the USA

(b) Does the Company have any subsidiaries and/or any assets in the USA?

YES  NO

If YES please answer the following questions:

(i) In respect of such subsidiaries, are they wholly owned?

YES  NO

(ii) Who owns the minority interest?

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(iii) what proportion of the share capital is in the minority interest?

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(c) Does the Company or any of its subsidiaries have any of their stocks, shares or debentures issued in the USA?

YES  NO

If YES please answer the following questions:

(i) on what date was the last offer/tender/issue made?

DD	/	MM	/	YYYY
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(ii) was the offer subject to the United States Security Act 1933 and/or the Securities Exchange Act of 1934 and/or any amendments thereto?

YES  NO

(iii) was a 20-F filing made to the ISA Regulatory Authorities?

YES  NO

If 'YES' please attach a copy of the latest 20-F filing or similar filing made to the ISA Regulatory Authorities
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(d) From the Company's latest audited report and accounts (in the case of new companies utilise management projections for the year) please state the total consolidated assets (i.e. fixed plus current) of the Company (including subsidiaries) in

- UK
- USA
- Elsewhere

**Total**

£
£
£
£

### 23. Has the Company continuously traded for at least 12 months?

YES  NO

If NO please answer the following question

Please state the date since the Company has continuously traded

DD	/	MM	/	YYYY
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N.B. Please attach a copy of the business plan.

**24. Has there been a management buy-in (MBI) or buy-out (MBO) within the last two years?**

YES  NO

If YES please answer the following question

Please state the date of the MBI/MBO

DD	/	MM	/	YYYY
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**25. Can you confirm that neither the Company nor any of its subsidiaries is a Financial Institution**

*N.B. For the purpose of this quotation the term 'Financial Institution' is meant in its broadest sense, i.e. bank, insurance company, venture capital company, building society, investment trust, etc*

YES  NO

If NO please provide full details

**26. Can you confirm that**

- there are no plans to trade the Company's shares
- the Company has not had a pre-tax loss or negative net worth (share capital plus reserves) in any of its last two complete financial years nor is a pre-tax loss or negative net worth anticipated in its current financial year.
- the Company and its subsidiaries are solvent and able to meet their financial obligations as they fall due ((including pensions and benefit obligations))

YES  NO

If NO please provide full details

**27. Have you had any Directors & Officers claims within the last 5 years?**

*You should answer 'YES' to this question if within the last five years any person insured or proposing for Directors and Officers insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise.*

YES  NO

If YES please provide full details

## PART D – ENTITY DEFENCE (Optional)

ONLY COMPLETE IF YOU REQUIRE ENTITY DEFENCE COVER

### 28. Have you had any Entity Defence claims within the last 5 years?

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Entity Defence insurance has suffered any loss or had any claim, prosecution, proceedings or investigations made or instigated against them involving public relations crisis management, identity fraud, official investigations, Corporate Manslaughter, breach of contract, pollution, taxation or Data Protection whether successful or otherwise.*

YES  NO

If YES please provide full details

## PART E – EMPLOYERS LIABILITY (Optional)

ONLY COMPLETE IF YOU REQUIRE EMPLOYERS LIABILITY COVER

### 29. What is your wage roll?

£

### 30. Do any employees undertake manual work away from your premises?

*N. B. Manual work includes Non Destructive Testing, load bearing testing and use of access systems (other than hydraulic platforms)*

YES  NO

If YES Please provide full details including a split of your wage roll between the various types of employee (e.g. clerical & administrative, machinery operatives, etc)

**31. Have there been any Employers Liability claims within the last 5 years?**

*You should answer 'YES' to this question if within the last five years the Proposer or any person insured or proposing for Employers Liability insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise*

YES  NO

If YES please provide full details

**PART F – EMPLOYMENT LAW PROTECTION (Optional)** (NOT AVAILABLE IN NORTHERN IRELAND)  
ONLY COMPLETE IF YOU REQUIRE EMPLOYMENT LAW PROTECTION COVER

**32. What are your total number of**

- full time employees
- part time employees
- seasonal employees

**TOTAL**


*N.B. Employees include anyone under a contract of employment, including Directors and Officers*

**33. Are all employees domiciled in and work in England, Scotland or Wales?**

YES  NO

If NO please provide full details:

**34. FINANCIAL**

Can you confirm that you and your subsidiaries are solvent and able to meet all financial obligations as they fall due (including pensions and benefit obligations)?

YES  NO

If NO please provide full details

### 35. HUMAN RESOURCES

If your total number of employees exceed 100, can you confirm that you have your own Human Resources (HR) department staffed by qualified employment solicitors or employees qualified to Certificate in Personnel Practice level or higher\*, or that you use external consultants qualified to a comparable standard?

YES  NO

*\*N.B. As issued by the Chartered Institute of Personnel and Development*

### 36. PROCEDURES

Can you confirm the following good practice

- A contract of employment is issued to all employees.
- Written instructions are issued to all staff in the proper implementation of personnel policies and procedures.
- Such contract, instructions and employment policies were drafted in accordance with the latest ACAS guidelines/recommendations and are regularly updated and reviewed
- There are no plans to revise any existing employee benefits during the next twelve months (e.g. Pensions etc)
- Redundancy procedures comply with all statutory requirements and follow ACAS. guidelines and good practice?

YES  NO

If NO please provide full details

### 37. WORKFORCE

Can you confirm that

- there have been no fundamental changes in the number of employees employed during the last year and none are anticipated
- the number of employees who have either taken early retirement, resigned or had their employment terminated (with or without cause) has not exceeded 20% of the total workforce over the last 2 years
- there has been no adverse reaction to any previous redundancies?

YES  NO

If NO please provide full details



### 38. MERGERS OR ACQUISITIONS

Can you confirm that during the last 12 months you have not merged with or been taken over by any other company or has not acquired or disposed of any companies?

YES  NO

If NO please provide full details

### 39. Have there been any Employment Law Protection claims/allegations or tribunals within the last 5 years?

YES  NO

*You should answer 'Yes' to this question if, within the last five years*

- *the Proposer or any person insured or proposing for Employment Law Protection insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise*
- *the Proposer has had employees who have*
  - *made, or have made against them, allegations of discrimination, bullying and/or harassment (whether sexual, racial or otherwise)*
  - *become involved in a dispute with another party which has or could have resulted in an Employment Tribunal (or similar) or legal proceedings.*

If YES please provide full details:

## PART G – PROPERTY DAMAGE (Optional)

ONLY COMPLETE IF YOU REQUIRE PROERTY DAMAGE COVER

### 40. SCHEDULE OF PREMISES AND SUMS INSURED

Please provide details of the premises to be covered and the sums insured required.

Premises	Post code	Buildings Sum Insured	Office Contents Sum Insured
1		£	£
2		£	£
3		£	£
4		£	£
5		£	£

*N.B.*

- 1. Sum insured for contents is mandatory for each premises insured*
- 2. The sum insured for buildings should represent the cost of rebuilding the buildings in a condition equal to but not better or more extensive than its condition when new.*
- 3. The sum insured for contents should represent the current replacement value*
- 4. Up to 30% of the Contents Sum Insured may relate to Computer Equipment. Should the value of Computer Equipment be higher than 30%, the overall Contents Sum Insured must be increased accordingly*

#### 41. USE OF THE PREMISES

Are the premises occupied by you solely as offices or as part of your private dwelling?

YES  NO

If NO please provide full details:

#### 42. CONSTRUCTION AND MAINTENANCE

Can you confirm that

- the buildings are not listed buildings
- the buildings were built after 1800
- the buildings are constructed of brick, stone or concrete and roofed with slates, tiles, metal, concrete, asphalt or other non-combustible materials
- the buildings are in a good state of repair and, along with all walls, gates, fences, car parks, yards, private roads, pavements and paths on or around the premises for which you are responsible, are well maintained and free from damage
- no more than 20% of the total roof area of the buildings consist of a flat roof and such roof is not more than 10 years old

YES  NO

If NO please provide full details

#### 43. SITE AND SECURITY

Can you confirm that

- the premises have never suffered from flooding or subsidence and are not situated in an area troubled by either flooding or subsidence
- there are no large trees within 3.5 metres of the premises
- the buildings are **securely locked and protected\*** when you have closed for business or when the office is unattended (Note ; it is a condition precedent to liability that these security protections are **always** complied with when you have closed for business or when the office is unattended)

**"Securely locked and protected"** means that

- (i) all external or internal doors leading to any part of the Building not occupied by you are secured with either
  - (a) if an aluminum door: a cylinder mortice deadlock
  - (b) if an armored plate door: the door manufacturer's locks as supplied
  - (c) if a UPVC door: a multi-point locking system incorporating a minimum of 3 deadbolts

(d) if any other type of single leaf door:

(1) if the door is at least 4.5 cm thick: a five lever mortise deadlock to at least BS 3621 with a 17.5 cm boxed steel striking plate

(2) if less than 4.5 cm thick: either a deadlocking rim latch keyed into the deadlock position or a mortice deadlock and two key operated security bolts engaging with the door frame and with internal operation only

(e) if double-leaf doors: standing leaf to be secured with internal surface mounted key operated security bolts or concealed flush bolts sited top and bottom engaging with the door frame and the floor; final closing leaf secured with either a lock fitted as above dependent on door type or both leaves fitted with a coach-bolted locking bar secured with a close shackle padlock (or, if the locking bar is sited internally, either a close or open shackle padlock) having at least five levers

(f) if designated as a fire door, either

(1) a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or

(2) a mortise lock specifically designed for emergency exit doors which can be opened from the inside by conventional handle and/or thumb turn mechanism

(ii) where the sum insured on Office Contents

(a) is £50,000 or less, all external ground floor and accessible windows and/or skylights are secured with key operated window locks or screwed shut

(b) exceeds £50,000 but is less than £75,000 all external ground floor and other accessible windows and/or the glass portion of any external doors are protected by adequately secure metal bars, grills, metal shutters or collapsible metal security grills

(c) exceeds £75,000, all external ground floor and accessible windows and/or skylights are secured with key operated locks or screwed shut and are further protected by a NACOSS 'Redcare' interactive alarm

YES  NO

If NO please provide full details:

#### 44. TERRORISM

Is Terrorism cover required?

YES  NO

#### 45. Have there been any Property Damage claims within the last 5 years?

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Property Damage insurance has suffered any loss or made any claim (whether insured or not) which would have fallen within the scope of the proposed insurance irrespective of whether or not such loss or claim relates to the property proposed for insurance*

YES  NO

If YES please provide full details:

**PART H – BUSINESS INTERRUPTION (Optional)** (ONLY AVAILABLE IF 'PROPERTY DAMAGE COVERED)

ONLY COMPLETE IF YOU REQUIRE BUSINESS INTERRUPTION COVER

**46. Please state the Sum Insured required in respect of Revenue**

*Additional Increased Cost of Working automatically included*

**47. Please state the Sum Insured in respect of Additional Cost of Working**

**48. Please indicate (✓) which Indemnity Period is required?**

- 6 months
- 12 months
- 18 months
- 24 months
- 36 months

**49. Have there been any Business Interruption claims within the last 5 years?**

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Business Interruption insurance has suffered any loss or made any claim (whether insured or not) which would have fallen within the scope of the proposed insurance irrespective of whether or not such loss or claim relates to the property proposed for insurance.*

YES  NO

If YES please provide full details

## DECLARATION (Mandatory)

50.

- (i) Has any director, manager, partner or trustee of your's or any person insured or proposing for insurance
  - (a) been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence
  - (b) been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administration order
- (ii) Have you ever had an application for this type of insurance declined by an insurer, had a renewal of such insurance declined, or had similar insurance cancelled or made subject to special conditions
- (iii) Is anyone proposing for insurance aware, **after enquiry, of any circumstance or incident** which they have reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance which has not already been advised to us

YES  NO

If YES please provide full details

### Important information concerning your personal information

*Please carefully read the following before you sign and date the declaration.*

Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). We collect and use relevant information about individual insureds to provide you with your insurance cover and to meet our legal obligations.

This information includes individual insureds' details such as their name and address [and may include more sensitive details such as information about their health and criminal convictions].

We will process individual insureds' details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our full Markel privacy notice, a copy of which is available online at <http://www.markelinternational.com/foot/privacy-policy/> or on request.

#### Information notices

To enable us to use individual insureds' details in accordance with current data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this short form information notice on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

#### Minimisation and notification

We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You must promptly notify us if an individual insured contacts you about how we use their personal details in relation to your insurance cover so that we can deal with their queries.

### Important information concerning your duty to make a fair presentation of risk

*Please carefully read the following before you sign and date the declaration.*

Before the insurance policy takes effect you have a duty to make a fair presentation of the risks to be insured.

A *fair presentation of the risk* is one

- which discloses to us every material circumstance which you know of or ought to know of, or
- gives us sufficient information to put us on notice that we will need to make further enquiries for the purpose of revealing those material circumstances, and
- which makes that disclosure in a manner which is reasonably clear and accessible to us, and
- in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

A *material circumstance* is one that would influence our decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to us.

Failure to make a fair presentation of risk could prejudice, reduce or modify your rights under the policy.

**51.** I declare that

- I am authorised to complete this proposal on behalf of the Proposer
- every statement and particular within this proposal form
  - which is a statement of fact, is substantially correct, and
  - which is a matter of expectation or belief, is made in good faith

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I will undertake to provide details of all such changes to you in order to comply with my obligation to provide a fair presentation of the risk to be insured under the insurance policy.

\*Signed \_\_\_\_\_ Name: \_\_\_\_\_

\*Capacity \_\_\_\_\_ Date: \_\_\_\_\_

\*the signatory should be a director or senior officer of, or partner in, the Proposer.

## **EASY PAYMENT PLAN**

Markel (UK) Limited has negotiated a highly competitive 10 month premium finance plan with a premium finance company for the exclusive use of its Assured's.

To take advantage of these facilities please tick the box below enabling the finance company to dispatch a pre-prepared agreement directly to you for completion and return. Your Certificate of Insurance will be endorsed accordingly.

The level of charge, applied to the total premium (including IPT), will be confirmed on the agreement. Contact your broker or ourselves for a note of current charge.

I WISH TO TAKE ADVANTAGE OF THE 10 MONTH EASY PAYMENT PLAN (TICK AS APPROPRIATE)

## **NOTICE TO THE PROPOSER**

### **THE UNDERWRITERS**

Markel (UK) Limited underwrites business on behalf of Markel International Insurance Company Ltd.

## **THE LAW OF THE INSURANCE CONTRACT**

The parties to this proposed insurance are free to choose the law applicable to the insurance contract. Unless you specifically agree otherwise with Underwriters, your proposed contract will be governed by English Law.

### **Markel (UK) Limited**

Verity House, 6 Canal Wharf, Leeds LS11 5AS Tel: +44 (0)345 351 2600 Fax: +44 (0)345 351 2601  
**[www.markelinternational.com/uk](http://www.markelinternational.com/uk)**

Offices at Birmingham, Bristol, Leeds, London and Croydon.

Registered office: 20 Fenchurch Street, London, EC3M 3AZ. Registered in England number 2430992

Markel (UK) Limited is an Appointed Representative of Markel International Insurance Company Limited who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.