

Insurance Broker Professional Indemnity Insurance Proposal Form 2021

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

Name(s)	Date Established
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of previous Firm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period at previous Firm	From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>
	To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>
	Year	Total	Year
Fees for last 3 years of trading	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position held at previous Firm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	
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	to 2016	to 2017	to 2018	to 2019	to 2020	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:

Aviation	%
Commercial Property	%
Construction	%
Employers Liability	%
Facultative Reinsurance	%
Household	%
Marine	%
Marine Pleasure craft	%
Motor	%
Other	%
PA/Travel	%
PHI/Medical/Life assurance	%
Professional Indemnity	%
PPI	%
Public Liability	%
Treaty Reinsurance	%
Total	%

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	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Commercial	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Public Liability/Products Liability	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Professional Indemnity	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

15. Have You ever undertaken any investment, pensions, endowment or mortgage broking business?

Yes ☐ No ☐

Do You place insurances with any Insurer(s)/Underwriter(s) outside the United Kingdom?

Yes ☐ No ☐

Do You operate any Binding Authority, where the binder allows You to accept business without referral to the Insurer?

Yes ☐ 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
<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>

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

£250,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	£3,000,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>
Other Limit of Liability	<input type="text"/>		

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
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

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, being a signatory to this form, declare that the information in this form, together with any other information supplied, is a Fair Presentation. If the proposer is an organisation such as a company or Limited Liability Partnership, I make the declaration for and on behalf of the organisation (and I declare that I am duly authorised to do so).

If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform Underwriters.

Signature:

Printed Name

Date

Note about Inperio's use of personal data

The General Data Protection Regulation (GDPR) gives you rights over the processing of your personal data by whoever and wherever it is held.

Inperio (London) Limited is the data controller of any personal data which it holds about you or processes and we will process your personal data in accordance with data protection laws. Details of who Inperio are and where we can be contacted can be found on our website www.inperio.co.uk This personal data includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include special categories of personal data such as information about your health and any criminal convictions you may have and may be obtained from you, your representatives and public records (e.g. criminal records, regulatory records, anti-fraud databases).

We process your personal data for the purposes of providing insurance related services to you and for business purposes such as fraud prevention, record management and general day to day business operations. As a Managing General Agent we will collect and transfer your personal data to various parties associated with the services Inperio provides to you. The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, our group companies, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Details of what information Inperio collects, its source, the legal basis for this, who Inperio may pass it to and why Inperio does this are set out in Inperio's privacy notice which may be accessed on our web site at <https://inperio.co.uk/terms-privacy/>. If you pass us personal data about any third party, you should ensure that they are aware of the content of this notice. Inperio's policy is to keep any information obtained from you secure and confidential and only use it for the purposes of providing insurance, or as may be specifically agreed with you.