



PROFESSIONAL
INSURANCE AGENTS LTD

Professional Indemnity Insurance
Proposal Form

Insurance Brokers

Return to:

Professional Insurance Agents
Unit 9, Pacific House
Sovereign Harbour Innovation Park
1 Easter Place, Eastbourne
East Sussex
BN23 6FA

e: info@professionalinsuranceagents.co.uk

t: 01323 648000

Insurance Broker Proposal Form

Section 1 Business Details

1.1) *Including all previous trading names / styles.*

Name of Business:

Registered Business Address:

Contact Name: Email:

Contact Number(s): Business Establishment Date(s):

Website Address: Fax:

Do you require cover for any subsidiary companies and/or former companies? Yes No

1.2)

Names of Principals / Partners / Directors & Consultants	Age	Years in current position	Qualification
<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"/>

How many Employees are there?

Please state your Employer Reference Number (ERN) & Wage Roll: ERN: Wage Roll:

1.3) Please provide details of any agents or consultants that you require to be indemnified under this insurance – also explaining their areas of expertise and how long they have operated as your agent for.

1.4) Have there been any mergers or acquisitions in the last 10 years? Yes No

If Yes, please enter details below

1.5) If cover is required for previous business activities undertaken by any Principal/Partner/Director - please confirm full details of their activities & income levels in the 'additional information' section below.

1.6) Which professional / regulatory bodies are you associated with?

FCA BIBA IIB Other:

1.7) Authorisation

a) If you have applied to the FCA for authorisation, please provide the application date

b) Have you received a 'mindful to approve' letter from the FCA Yes No

c) If already FCA Authorised, please confirm your number

d) If you have acted, or currently act as an A.R or tied agent for a financial services or general insurance business, please confirm their details and FCA authorisation number

1.8) Please state the gross turnover (including commissions & fees) in respect of the following years:

	Last completed financial year	Estimate - current financial year	Estimate - next financial year
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA/Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Date of financial year end:	<input type="text"/>		
Currency:	<input type="text"/>		

1.9) If you have undertaken work outside of your domestic territory, please provide full details of all previously completed, current and any forthcoming overseas projects:

Are all overseas contracts subject to your domestic law? *If no, please enter full details below.*

Yes
 No
 N/A

Section 2 Activities/Contractual Information

2.1) Please provide a full breakdown of your total turnover by insurance type for the last completed financial year. *New business start-ups should provide estimations.*

	Largest Account Placed	Average Size of Account Placed	Percentage of overall Business
Agriculture	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aviation (commercial)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aviation (private)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bloodstock	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cyber Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Directors' & Officers' Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage Broking	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor (Commercial)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor (Personal)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Lines (Excluding Motor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reinsurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underwriting Agency/Binding Authority	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please define below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Total:	<input type="text"/>	<input type="text"/>

2.2) Please provide details of any significant changes in your activities over the last five years and/or whether you foresee any material changes occurring over the next twelve months.

2.3) Do you place insurance for clients who are domiciled outside of your home territory? Yes No

Do you place insurances with Insurers/Underwriters who are located outside of your home territory? Yes No

If Yes to either of the above, please provide full details

2.4) If you hold any / plan to hold any binding authorities please complete the table below:

Client	Nature of projects and your specific responsibilities	Overall project value (If known)	Total fee income derived from the client	Start Date / End date
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
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Section 3 Risk Management

- 3.1)** During the course of your business undertakings do you;
- a) Seek specialist, qualified legal advice prior to entering into contracts? Yes No
 - b) Always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee? Yes No
 - c) Always instruct your staff to never sign proposal forms/declarations on behalf of clients? Yes No
 - d) Always instruct your staff to remain mindful of 'TCF' and other regulatory conditions, when recommending cover to clients? Yes No
 - e) Engage a professional firm of accountants to conduct your annual audit? Yes No
 - f) Check all cash books, bank statements, counterfoils and receipts at least monthly? Yes No

If you have answered 'no' to any question in section 3, please confirm below in what instances and why you do not

Section 4 Insurance History

4.1)

Current	Inception Date:	<div style="border: 1px solid black; height: 18px;"></div>	Premium:	<div style="border: 1px solid black; height: 18px;"></div>
	Limit:	<div style="border: 1px solid black; height: 18px;"></div>	Excess:	<div style="border: 1px solid black; height: 18px;"></div>
	Insurer:	<div style="border: 1px solid black; height: 18px;"></div>		
Required	Limit:	<div style="border: 1px solid black; height: 18px;"></div>	Excess:	<div style="border: 1px solid black; height: 18px;"></div>

- 4.2)** Would you like us to request terms for the following?
- | | | | |
|------------------|--|----------------------|--|
| Public Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employers' Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Office Contents | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cyber Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 5 Claims

- 5.1)** Have any claims (successful or otherwise) been made against any of the companies to be insured and / or its past and present partners / principals / directors? Yes No
- 5.2)** Have any claims arisen in respect of employee dishonesty / fraudulent activity? Yes No
- 5.3)** Have any precautionary notifications been made to current / previous Insurers, that you believed at the time of notification may escalate into a claim? Yes No

- 5.4) Have any fee disputes - which you believed could have resulted in a possible counter-claim being brought against you – been reported to current / previous Insurers? Yes No
- 5.5) Has any proposal for insurance made on your behalf, or on behalf of any past and present partners / principals / directors ever been declined, or has any insurance ever been cancelled or refused at renewal? Yes No
- 5.6) Has any disciplinary action been brought by a regulatory or professional body against any of the companies to be insured and / or its past and present Partners / Principals / Directors? Yes No
- 5.7) Are you aware of any circumstances which may result in a claim being made against any of the companies to be insured and / or its past and present partners / principals / directors? (this includes any shortcomings in your work not yet known to clients, that you believe cannot be adequately rectified) Yes No

If you have answered 'yes' to any of the questions above, and you have not previously reported these to PIA, please provide full details (including any payments made or reserves) in a separate document (ideally a word/pdf document). If a successful claim/disciplinary action was made, please also confirm the steps taken to mitigate the chances of re-occurrence.

Section 6 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer

Signature of Principal / Partner / Director:

Full Name:

Date:

***By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.*

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents Limited' to seek terms on my/our behalf from Insurers; including current Insurers