





1	Name and Address in full of the pr									
Dat	L Commenced:									
We	bsite:									
			1							<u> </u>
2	Is cover required for predecessor		o the Proposer/s	s?	YES			NO	)	
	If YES, please provide full details:									
	Name of Predecessor	D	ate Commence	ed	Date Ceased		Reas	on for	Cessation	
3	Please provide details of all currer	nt Principal	s including qual	lification	ns:					
	Name in full of all Principals	Quali	ifications Date Qualified Ho			How Ion	How long as Principals with Proposer			
4	Is cover required for any past Part	ner or Prin	cipal?			YI	ES		NO	
	If YES, please provide full details:									
	Name of Partner / Principal	Qualifications			Hov	How long with the Proposer			r	
5	5 Please state total numbers of:									
	Partners / Principals									
	Qualified Staff									
	All other									



6	Is cover required for the previous busin	YES		NO						
	If YES, please provide full details:									
	Name of Principal:									
	Name of Previous Firm:									
	Period:	From / /	From / /			/				
		To / /	To / /		To /	/				
	Fees for Last 3 years:	20 £	20 £		20 £					
		20 £	20 £ 20 £		20 £ 20 £					
	Decree for leading	20 £	20 £		20 £					
	Reason for leaving:									
	Position in Firm:									
	Is there separate insurance covering the activities if this Firm for the Period stated above?									
7	Has the ownership of the Proposer/s cl take-over at any time in the past?	amalgamation or	YES NO							
	If YES, please provide full details:		-		<u> </u>					
8	If presently insured, please provide det	tails of your current PI arranger	ments:							
	Name of current Insurers:									
	Name of your Broker:									
	Renewal Date:									
	Limit of Indemnity:									
	Premium:									
	Excess:									
	Retroactive Date:									
9	Are you registered with the Financial S	YES		NO						
	If YES, please provide full details:									



10	Is the firm a registered Lloye	YES		NO							
11	Are you a member of any T	rade Organisat	ion?		YES		NO				
	If YES, please provide full d	letails:			l	I	I	I			
12	2 Please state the Proposer/s total commissions received:										
		Last comple	ete financial year	Current financial y	ear For	thcomi	ng financial	year			
	Year end:		/	/							
	Commission plus fees from UK Clients										
	Commission plus fees from overseas clients (Excl USA and Canada):										
	Commission plus fees from USA/Canada clients:										
13	For the last complete financial year, please provide details of the largest Commission plus fee received from one client:										
14	For the last complete finance	ial year, please	e provide details of t	he average Commission	plus fee receive	d:	£				
15	Has the geographic split no	ted above char	nged significantly in	the last <b>FIVE</b> years?	YES		NO				
	If YES, please provide detail	ils:			·		•	I.			
16	i) Do you sub-contract work	to any outside	party?		YES		NO				
	If YES, please provide detail	ils:			<b>'</b>	•	•				
	ii) Is any sub-contractor required to be indemnified under your insurance arrangements?										
	If YES, please provide details:										
	Name		Qual	ifications	Fees paid	l (last fi	nancial yea	r)			



17	Please provide a split of the commissions	received for the last complete financial year:						
	Motor (Personal Lines)			9/				
	Motor (Commercial)			%				
	Household & other Personal Lines				%			
	Bloodstock				%			
	Construction				%			
	Professional Indemnity				%			
	Other Commercial				%			
	Marine / Aviation (Personal)				%			
	Marine / Aviation (Commercial)				%			
	Investment Business							
	Life (Non-Regulated products)							
	Mortgage Broking							
	Reinsurance							
	Risk Management							
	Loss Assessing / Claims Adjusting							
	Other (Please provide full details)							
	Total							
18	Do you anticipate any major changes in the	ese activities in the forthcoming 12 months?	YES	NO				
	If <b>YES</b> , please provide details:							
19	9 Has the general scope of activity changed substantially in the last 5 years? (e.g. the cessation of Life and Pensions services)							
	If YES, please provide details:							
20	If Financial Services no longer forms part of the period when this business was transactive.	of your business, is run-off cover required for ted?	YES	NO				
ļ								



	If <b>YES</b> , please state:			
	Financial year when last transacted:			
	Commission plus fee income from Financial Services in that year:			
	Please complete a <i>Financial Services Questionnaire</i> for that year:	Attached	To Follow	
21	Please detail the largest sum insured placed in the last financial year and for what type of Insurance:	£		
	(Please note that we require the overall largest sum insured not just the material damage s £10,000,000)	um insured e.g	g. Employers Liab	ility at
22	Do you operate any Binding Authority where the Insurer/s allow business to be accepted on terms set by the Proposer without referral?	YES	NO	
	If YES, please complete a Binding Authority Questionnaire			
23	If you operate any delegated authority, either on pre-set terms or not (e.g. household) does the income from such authorities exceed 30% of the total gross commissions/fees received in the last year?	YES	NO	
	If YES, please provide details:	1	<b>-</b>	•
24	Do you place business with any Underwriting Agency? (N.B. This does not mean your own delegated authorities but refers to agencies underwriting an account of business for other insurers)	YES	NO	
	If <b>YES</b> , have you checked the validity of their authority?	YES	NO	
	Please list the names of the agencies below:	1		
25	Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?	YES	NO	
	If YES, please provide details of the nature of the association together with the name and be	ousiness of the	third party:	
26	Have all staff been instructed <u>NEVER</u> to <u>SIGN</u> proposal forms on behalf of clients?	YES	NO	
20	Trave all stall been instructed in the vertical state proposal forms on behalf of clients?	163	INU	<u> </u>



27	i) Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?							YES		NO	
	ii) Have you	suffered an	y loss on the	last 6 years	through fraud	or dishonesty	/?	YES		NO	
	If <b>YES</b> , plea	se state the	date, circum	stances, am	ount and steps	taken to pre	vent recurrence	):			
	iii) Do all ch	eques drawr	for more tha	an £25,000 r	equire at least	two signatur	es?	YES		NO	
	iv) Is cash in hand and petty cash checked independently of the employees responsible at least monthly and additionally without warning at least every six months?										
	v) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?							YES		NO	
	vi) Are employees receiving cash and cheques in the course of their duties required to pay in daily?						equired to	YES		NO	
28	For what Lir	nit/s of Inder	nnity are quo	tations requ	ired?		T				
	£250,000		£500,000		£1,000,000		£2,000,000		£5,000	0,000	
			level of unin mium saving?		ss. Is a quotatio	n required w	ith a voluntary	YES		NO	
	If <b>YES</b> , for v	vhat level of	excess:								
29	i) In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?										
					ny predecessor his proposal rel		or present	YES		NO	
	If <b>YES</b> , plea	se provide fu	ull details:								
	Date of clai	m/loss	Brie	ef details of claim/loss		Cost of	claim/loss	Estimated cost of claim/loss outstanding			n/loss
	iii) Please provide details as to what steps have been taken to prevent a recurrence?										
	iv) Is any Pr	incipal, <b>AFT</b>	ER FULL EN	IQUIRY, awa	are of any circu	mstance wh	ich might:				
	give rise to a claim against the Proposer, any predecessor or any past or present YES NO Principal?										



cause any loss to the Proposer, any predecessor or any past or present Principal?		NO	
otherwise affect the consideration of this proposal for insurance?		NO	
v) Has any proposal for similar insurance, made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer, ever been declined or has any such insurance ever been cancelled or renewal refused?	YES	NO	
If YES, to any of the above, please give details:	<u>.</u>		

#### Please read this paragraph carefully before signing the declaration:

A copy of this proposal should be retained by you for your own records.

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

#### Declaration

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:	Date:	