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Lloyd's Broker

Insurance Intermediaries

Professional Indemnity

Proposal Form

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INSURANCE INTERMEDIARIES
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

1. Name of Insured/Proposer:

2. Main address plus any overseas addresses:

3. Web-site address:

Email address:

Telephone No:

Fax No:

4. Date business established:

5. Full description of your business activities:

6. Are you connected or associated (financially or otherwise) with any other business?

Yes No

If Yes, please give full details:

7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes No

If Yes, please give full details:

8. Are you a member of any Professional Association?

Yes No

If Yes, please give full details:

9. Details of Partners & Directors:

Name	Qualifications	Date Qualified	Position	Number of Years as Partner or Director

Please attach CVs for all of the above if the business is less than five years old.

10. Total number of Employees:

Partners & Directors All other qualified staff

All other staff Consultants (not employees)

11. Do you have any agreements in force whereby you accept responsibility for the insurance activities of any other entity?

Yes No

If Yes, please provide full details:

12. a) Give details of your fee income/brokerage/commission income derived from clients based in:

Year End			Last Complete Year	Current Year Estimate	Forthcoming Year Estimate
	/ /	/ /	/ /	/ /	/ /
UK	£	£	£	£	£
North America	£	£	£	£	£
Elsewhere	£	£	£	£	£

b) What was the total premium placed by you in the last financial year? £

c) On what date does your financial year end?

13. Division of Work:

Please indicate the approximate percentage breakdown of the firm's brokerage/commission/fee income for each of the following categories during the last financial year:

i. Motor - Personal	%
ii. Motor - Commercial	%
iii. Household	%
iv. Personal Accident/Travel	%
v. PHI/Medical	%
vii. Commercial Property	%
viii. Public/Employers Liability	%
ix. Construction	%
x. Professional Indemnity	%
xi. Facultative Reinsurance	%
xii. Mortgage Sales	%
xiii. Marine Pleasure Craft & Cargo	%
xiv. Other Marine (please specify)	%
xv. Aviation (Please specify)	%
xvi. Pension Fund Management/Trusteeship/Administration (Please specify)	%
xvii. Treaty Reinsurance (Please specify)	%
xviii. Life & Pensions/Investments (please specify)	%
Total	100%

Please provide further details of **Other Marine** business placed (xiv)

Please provide further details of **Aviation** business placed (XV)

Please provide further details of **Pension Fund Management, Trustees or Administration** business placed (xvi) – including client names, nature of services and level of trust funds under management

Please provide further details of **Treaty Reinsurance** business placed (xvii)

If life & Pensions / Investments including mortgages (other than as an introducer only) work is undertaken, please complete a Financial Services Questionnaire. (Please contact us if this is not attached)

14. Please name the three Insurers/Underwriters with whom you place the largest amount of business by premium volume:

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15. Please state the three largest placements arranged for the last fully completed financial year:

Client Name	Location of Client	Type of cover arranged	Total Placement value Sum Insured/limit of liability
			£
			£
			£

16. Do you place business with any Insurer who does not operate in the UK?

Yes No

If Yes, please provide full details:

17. Do you have an agreement with any Insurer, Underwriter or other party where you have authority to set premiums, rates, terms and conditions or handle claims at your own discretion?

Yes No

If Yes, the attached THB binding authority questionnaire is required

18. Do you always ensure that clients check and sign any proposal or application completed by you on their behalf?

Yes No

19. Please provide details of your professional indemnity insurance for the past three years:

Name of Insurer	Renewal Date	Limit of Indemnity	Excess	Premium

20. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes No

If Yes, please give full details:

21.

a. Have you sustained any loss through the fraud or dishonesty of any Person? Yes No

b. Are you aware of any fraud or dishonesty at any time of any past or partner, director or employee? Yes No

If Yes, please give details:

c. Do you always obtain satisfactory written references when engaging Employees? Yes No

If No, please provide reasons:

d. Is any partner, principal, director or employee allowed to sign cheques without a counter signature? Yes No

If Yes, please give the circumstances and the cheque limit:

e. Are employees who receive cash/cheques in the course of their duties required to pay in daily? Yes No

If No, please give details of the procedures implemented:

22. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes No

If Yes, please give full details:

23. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes No

If Yes, please give full details:

24. Please indicate the levels of indemnity you require quotes for:

25. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

You have a duty to disclose any fact or circumstance both before inception and throughout the duration of the policy that might influence the judgement of a reasonable and prudent underwriter in assessing your risk/premium. Failure to do so may entitle the underwriter to avoid all cover and claims. If you are in any doubt, then for your protection it is preferable that you contact us so that we can inform the insurer accordingly".

Signature of Principal.....

Name in Capital Letters (Printed).....

Date.....



Binding Authority Questionnaire

NAME:

Name of Insurer	Classes of business underwritten	Maximum underwriting limits in each class	Total premium income in the last year	Total brokerage, commissions and fees in the last year	Do you have any authority to handle claims?	Is there any restriction in authority? If YES, in what way?	Can you delegate authority to outside agents?	Name of persons with authority to bind	Position held by persons and number of years experience

This document forms part of your proposal