

# Insurance Broker Professional Indemnity Insurance Proposal Form 2022

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"/>			
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
	<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"/>	<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
<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"/>

**8) Please supply details of total numbers of staff:**

Principals	Qualified Staff	Unqualified Staff	Others
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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	<input type="text"/>
Current Broker	<input type="text"/>
Policy Renewal Date	<input type="text"/>
Limit of Indemnity	<input type="text"/>
Premium	<input type="text"/>
If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:	
Date	<input type="text"/>

**12. Please provide a breakdown of turnover/fees generated:**

Year End Date (month applicable)	<input type="text"/>					
Year End	to 2018	to 2019	to 2020	to 2021	to 2022	N/Y Estimate
Work in UK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work in EU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work in USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work elsewhere	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial	<input type="text"/>	<input type="text"/>	<input type="text"/>
Public Liability/Products Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Indemnity	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 Birchin Insurance Brokers Ltd 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.

Birchin Insurance Brokers Ltd 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 we are and where we can be contacted can be found on our website 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 an Insurance Broker we will collect and transfer your personal data to various parties associated with the services we provide 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.