



PROFESSIONAL  
INSURANCE AGENTS

Directors and Officers  
Proposal Form



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# Directors and Officers Proposal Form

## Section 1 Business Details

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

Name of Business:	<input type="text"/>		
Registered Business Address:	<input type="text"/>		
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contact Number(s):	<input type="text"/>	Business Establishment Date(s):	<input type="text"/>
Website Address:	<input type="text"/>	Fax:	<input type="text"/>
How many Employees are there?	<input type="text"/>		

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

**1.2** Please describe below the specific nature of your business activities, this should include any previous activities which you no longer perform, but you still require cover for (*we strongly recommend that past activities are noted with Insurers*):

**1.3** If the above activities involve the provision or performance of financial services, supervision of children or vulnerable adults, or certification / regulation of your members. *Please provide full details below*

**1.4** Is your business associated with any regulatory bodies? *If Yes, please provide details below.* ☐ Yes ☐ No

**1.5** Please confirm the type of your company / organisation

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Private Limited Company       | <input type="checkbox"/> Club        |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Association |
| <input type="checkbox"/> Sole Trader / Partnership     | <input type="checkbox"/> Charity     |

**1.6** Have you been trading for at least 12 months? ☐ Yes ☐ No

**1.7** If 'no' to the above question, do you have sufficient funding in place? ☐ Yes ☐ No

**1.8** Is the company/ies listed on any UK stock exchange? ☐ Yes ☐ No

**1.9** Is the company/ies listed on any foreign stock exchange? ☐ Yes ☐ No

**1.10** Are there any plans to issue a new public offering of securities (IPO) within the next year in the UK, or overseas? ☐ Yes ☐ No

*if yes to 1.8, 1.9 and 1.10 please provide details below*

## Section 2 Directors' & Officers' Liability & Corporate Legal Liability Insurances

**2.1**

### Financials

Turnover for last completed financial year	£ <input type="text"/>
Estimated turnover for forthcoming financial year	£ <input type="text"/>
Pre-tax profit/loss ( <i>estimate if new start up</i> )	£ <input type="text"/>
Net worth ( <i>i.e. share capital plus reserves, estimate if new start up</i> )	£ <input type="text"/>

**2.2** Please provide details of any shareholder with greater than a 10% holding

Name	Class	% holding
<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"/>

**2.3)** Over the past three years, have any of the following occurred?

Any Acquisitions and / or mergers taken place?

☐ Yes ☐ No

Any of your Subsidiary company/ies been sold or ceased trading?

☐ Yes ☐ No

Any material changes to your capital structure?

☐ Yes ☐ No

*If yes to any of the above, please provide full details below*

**2.4)** Are all duties segregated so that at least dual control exists on signing cheques (above £2,500), issuing instructions for disbursement of assets or funds, fund transfer procedures and investments?

☐ Yes ☐ No

*If no, please confirm below in what instances and why you do not*

**2.5)** Do you trade in the USA or Canada? *(if Yes, please answer the USA/Canada related questions below shown in section 4)*

☐ Yes ☐ No

**2.6)** Do you have any assets in USA or Canada?

☐ Yes ☐ No

**2.7)** Do you have a written data protection policy in place?

☐ Yes ☐ No

**2.8)** Do you have a written health and safety policy in place?

☐ Yes ☐ No

*(If Yes, is this available to employees?)*

☐ Yes ☐ No

**2.9)** Have any Directors/Officers of the company, or its subsidiaries resigned or been replaced, in the last 12 months? *(If Yes please provide full details in the 'additional information' section below.)*

☐ Yes ☐ No

### Section 3 Employment Practice Liability

**3.1)** Have you made any redundancies in the last 12 months, or plan to make any in the forthcoming 12 months?

☐ Yes ☐ No

**3.2)** How many employees have left the business in the last 12 months?

Voluntary:

Non-Voluntary:

**3.3)** How many employees (including directors) have salaries above £50,000?

**3.4)** Do you have a Human Resources (HR) Department?

☐ Yes ☐ No

If yes, how many employees work in this department?

If no, how is this function handled?

**3.5)** Do you have a written HR manual or similar written HR guideline?

☐ Yes ☐ No

**3.6)** Do you have a written employee handbook or procedure manual?

☐ Yes ☐ No

**3.7)** Do you insist that all employees complete a written application form before they start their employment?

☐ Yes ☐ No

**3.8)** Does your HR department review all offers of employment?

☐ Yes ☐ No

**3.9)** Do you have regular written performance reviews for all employees?

☐ Yes ☐ No

**3.10)** Is any disciplinary action or employee termination subject to prior review and approval by your human resources team?

☐ Yes ☐ No

*\* If you have answered 'no' in respect of questions 3.5 to 3.10, please provide full details below*

**3.11)** Do you have an in-house legal department?

☐ Yes ☐ No

**3.12)** Do you obtain professional advice for HR, legal and/or health and safety matters?

☐ Yes ☐ No

### Section 4 Activities in USA/Canada *(please complete if you have operations in USA/Canada)*

**4.1)** Please confirm your total gross assets within USA/Canada

£

**4.2)** Please confirm the total turnover derived from USA/Canada

£

**4.3)** Are all subsidiaries in USA/Canada wholly owned?

☐ Yes ☐ No

**4.4)** Do you, or any of your subsidiaries have any shares or debt traded in the USA/Canada?

☐ Yes ☐ No

### Section 5 Claims

**5.1)** Have any of the past or present Directors / Officers / Trustees / Employees of the company, or its subsidiaries ever had a claim made against them, that this proposed insurance might have covered, had it have been in force? Or has a claim occurred which has been previously notified to your Management Liability Insurer?

☐ Yes ☐ No

**5.2)** Have any of the present Directors/Officers/Trustees of the company, or its subsidiaries ever been...

I) Declared bankrupt or gone into liquidation?

☐ Yes

☐ No

II) Been charged or convicted of a criminal offence, or been sanctioned by a regulatory/disciplinary body?

☐ Yes

☐ No

**5.3)** After full enquiry are any of present Directors/Officers/Trustees/Employees aware of any circumstances or incidents which they believe might potentially lead to a claim, that may fall into the scope of this proposed insurance coverage?

☐ Yes

☐ No

**5.4)** Have any employment related disputes occurred in the last 3 years (even if tribunal proceedings were not issued?

☐ 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 Director / Officer:

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' to seek terms on my/our behalf from Insurers; including current Insurers*