



PROFESSIONAL
INSURANCE AGENTS

Professional Indemnity Insurance Proposal Form

Independent Financial Advisors

Return to:

Professional Insurance Agents
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Sovereign Harbour Innovation Park
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East Sussex
BN23 6FA

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Professional Indemnity Insurance

Section 1 Business Details

1)

Name of company / Organisation

Date trading Commenced

<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)

Address of Main Office

Other Offices you operate from

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Telephone Number

Fax Number

E-mail address

Web site address

3) (a) Please state the total number of:

Principal/ Directors/Partners

Self-employed staff

Qualified Staff

Administrative / Other

(b) Please state Details of all Principals, directors and Partners. Please attach a CV to this proposal form for those unqualified with less than five years insurance experience. total number of:

Name	Qualifications	Date qualified	Date commenced
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<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"/>

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

5) If cover is required for previous business activities undertaken by any Principal/Director/Partner, please provide full details.

6) Has there been any mergers or acquisitions in the last 10 years, if so, please give details:

7) Do you require cover for any predecessor, if yes, please provide details.

8) Which professional/regulatory bodies do you belong to?

FCA ☐ BIBA ☐ IIB ☐

Please specify any others.

a) If you have applied to the FCA for authorisation please give date you applied:

b) Have you received a “mindful to approve” letter from the FCA:

☐ Yes ☐ No

c) If authorised please give your number:

9) If you have acted or currently act as an authorised representative or tied agent for a financial services or general insurance business, please specify with whom.

10) Please complete the table below to state total gross commission plus fee income. Please give estimation for forth coming year if new practice.

		Last Complete year	Current Year Estimate	Forthcoming Year Estimate
Year End				
Commission plus Fees from UK clients	£	£	£	£
Commission plus Fees from overseas Clients (Exc. USA/Canada)	£	£	£	£
Commission plus Fees from USA/Canada Clients	£	£	£	£
Total Commission plus fees	£	£	£	£
Average Commission plus Fee per client	£	£	£	£

11) If you do General or Mortgage Broking, please complete questions 11-17 (where applicable) if you are an ‘IFA’ only go to question 18. Please give estimation for forth coming year if new practice.

Mortgage Broking	<input type="text"/> %	Building Society Agency	<input type="text"/> %
Household & Other Personal Lines	<input type="text"/> %	Loss Assessing / Claims Adjusting	<input type="text"/> %
Risk Management	<input type="text"/> %	Professional Indemnity	<input type="text"/> %
Marine / Aviation – Personal	<input type="text"/> %	Marine Aviation – Commercial	<input type="text"/> %
Other Commercial	<input type="text"/> %	Motor - Commercial	<input type="text"/> %
Motor- Personal	<input type="text"/> %	Reinsurance	<input type="text"/> %
Construction	<input type="text"/> %	Bloodstock	<input type="text"/> %
Other – please specify	<input type="text"/> %	Total	<input type="text"/> %

12) (a) In respect of fire and perils (i.e. the material damage and business interruption combined exposure) please state the two largest sums insured.

Client	Risk	Sum Insured
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

(b) In respect of public liability or professional Indemnity risks, please state the two largest sums insured.

Client	Risk	Limit of Indemnity
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

13) Please provide details of any significant changes in your activities in the last five years or if you foresee any changes in the next 12 months.

- 14) (a) Do you place insurance for clients who are resident outside of the UK? ☐ Yes ☐ No
 (b) Do you place Insurances with Insurers/ Underwriters outside of the UK? ☐ Yes ☐ No

If **yes**, to either of the above, please provide details:

- 15)** (a) If you place business with any underwriting agency, please state the name and country of the agency.

Agency Name

Country

- (b) Have you checked the validity of their authority? ☐ Yes ☐ No

- 16)** (a) Do you operate any Binding Authority where the insurer/s allow business to be accepted on terms set by you without referral? ☐ Yes ☐ No
 (b) If you operate any delegated authority, whether on pre-set terms or not (e.g. household) does income from such authorities exceed 30% of total gross commission / fee income in the last year? ☐ Yes ☐ No

If **yes**, to either of the above, please provide details:

- 17)** Are your staff instructed never to sign proposal forms on behalf of clients? ☐ Yes ☐ No

If no, please provide details:

- 18)** (a) Does your annual audit take place by a firm of professional accountants? ☐ Yes ☐ No

- (b) When engaging employees do you obtain written references going back at least three years? ☐ Yes ☐ No

- (c) Are any of your employees allowed to sign cheques on their signature alone? ☐ Yes ☐ No

If yes, to the amount of £

- (d) Does the principal/ Director / Partner check all cash books, bank statements, counterfoils and receipts at least monthly? ☐ Yes ☐ No

19) Please complete the table below to provide a breakdown of the total commissions plus fee income from the last complete financial year for each sector.

Pensions	<input type="text"/> %	FSAVC	<input type="text"/> %
Pension Transfers	<input type="text"/> %	Investments	<input type="text"/> %
Income draw downs	<input type="text"/> %	Precipice Bonds	<input type="text"/> %
Split Caps / Scarp's	<input type="text"/> %	Endowments	<input type="text"/> %
Life Insurance	<input type="text"/> %	Other - please specify	<input type="text"/> %

If you have been in involved in any of the above, you will need to complete supplementary questions. Please complete all these sections where applicable-

Supplementary Forms: Pension Review

Section 1 – Level of pension review cover required

It is material to us that we fully understand the nature of the cover the proposer is seeking for the pension review. This will normally depend on what notifications have been made to previous insurers. Please tick one of the options below which is appropriate to your firm. If none is appropriate, please set out in detail what has not been notified to previous insurers.

a) **No cover sought for Pension Review because notification made to previous insurers of all known and possible future pension review liabilities.** ☐

Go to Supplementary Forms: Pension Fund Withdrawals

b) **Cover sought for only those cases accidentally missed off the mailing** (notification made to previous insurers of all cases where invitation letters were sent). ☐

Please answer a to d of Section 2 of the Pension Review

c) **Cover sought for only those cases that have not requested a review** (notification made to previous insurers of all review requests). ☐

Please answer all of Section 2 of the Pension Review

d) **Cover sought for all cases that have not requested a review or have requested a review but were excluded as not reviewable.** (Notification made to previous insurers of all reviewable review requests). ☐

Please answer all of Section 2 of the Pension Review

e) **Cover sought for all cases that have not yet failed compliance or loss assessment** (Notification made to previous insurers of all cases failing compliance or loss assessment). This level of cover requires very detailed information. Please ask us for relevant information. ☐

Section 2 – Additional Pension Review Questions

a) Please confirm that the Pension Review (Phase 1 and 2) has been formally completed and the regulator notified. ☐ Yes ☐ No

b) Please confirm that all Pension Review (Phase 1 and 2) mailings were sent in the format and within the timescale prescribed by the Regulator's Guidance. If NO, please provide details on a separate sheet. ☐ Yes ☐ No

c) Has the proposer's work been audited by a third party (e.g PIA/FCA or PASS)? If yes, please identify the party, date of the visit, any deficiencies found and the corrective steps taken, including dates of further mailing if relevant. ☐ Yes ☐ No

d) Please confirm that in compiling the starting population for pension review mailing, the proposer's own records were cross-checked with product providers list. If NO, please provide details on a separate sheet. ☐ Yes ☐ No

e) Please confirm that where cases have been excluded from the review you have written evidence from a third party source to support the exclusion on file. ☐ Yes ☐ No

f) Please confirm that none of the proposer's non responding Pension Transfers were from the Miners Pension Scheme. If NO, please provide details on a separate sheet. ☐ Yes ☐ No

g) Please confirm that none of the proposer's non responding Pension Transfers have a transfer value exceeding £20,000. If NO, please provide details on a separate sheet. ☐ Yes ☐ No

h) Please complete Supplementary Forms Pensions Review Part 2 – Phase 1 and 2.

PHASE I AND II	TOTAL STARTING POPULATION (ALL PERSONAL PENSIONS SOLD IN REVIEW PERIOD)*	TOTAL POPULATION MAILED **	RESPONDERS		NON RESPONDERS	
			DECLARING REVIEW	EXCLUDED AS NOT REVIEWABLE	REQUIRING REVIEW (LOSS OR COMPLIANCE)	
Opt outs/Non Joiners (including possibilities)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rebate Only Cases	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transfers	<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"/>

* Including Sections 32's and 226's

** The figures in this column should equal the figures of the 'responders' columns and 'non responders' column combined . If this is not the case, please provide details on a separate sheet

Supplementary Forms: Pension Fund Withdrawals

Pension Fund Withdrawals where the primary purpose is to release cash

a) How many pension transactions have you carried out since 01/01/1998 where the main objective of the client was to raise cash?

b) In such cases has the reason Why letter always drawn the client's attention the adverse such a withdrawal will have on future pension benefits? ☐ Yes ☐ No If NO, Please explain

c) Does your reason why letter establish in each case why the client needed the case and why other methods of raising finance were less suitable? ☐ Yes ☐ No If NO, Please explain

d) Please provide another comments you feel may be of assistance to Underwriters in respect of your conduct of advice in relation to pension fund withdrawals

Supplementary Forms: Endowments

a) Have you ever been involved in arranging Mortgage Endowments? ☐ Yes ☐ No

If 'YES' please state the approximate number of policies sold each of the following years and the number of complaints received regards the sale of endowments (if applicable) received in each year.

	1991	1992	1993	1994	1995	1996	1997	1998	1999
No. of Policies Sold	<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"/>
No. of Complaints received	<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"/>
	2000	2001	2002	2003	2004	2005	2006	2007	2008
No. of Policies Sold	<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"/>
No. of Complaints received	<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"/>

b) Please indicate the approximate (by number of policies) of total number of policies transacted are mortgage Endowments, if this is not evident from your answer to question above.

 %

c) Please advise of the largest mortgage endowment policy arranged in the period above, by reference to the anticipated maturity value.

 £

Supplementary Forms: Income Drawdowns

Please complete this page If you have transacted/given advice in respect of the sale of Income Drawdown Plans. If you have not, please put 'not applicable'

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Number of Drawdown cases transacted												
Number of case where original fund was less £100,000												
Number of case where original fund was between £100,000 and £300,000												
Fund value of largest case in year												
1) % of Cases taking maximum draw down	<input type="text"/> %											
2) % of Cases where commission is rebated to the client	<input type="text"/> %											

Please provide any further information you feel may be relevant to the assessment by underwriters of the risk:

Supplementary Forms: Structured Capital at Risk Products (SCARPs)

Has the Firm (or any other entity requiring cover under this proposal for insurance), acted as an introducer, advised on or sold SCARPs ☐ Yes ☐ No

If 'YES', Please provide details of each case where the sum invested was greater than £7,000: (indicate with an 'E' any case Transacted on an Execution Only basis)

PRODUCT	Date of Investment	Maturity Date	Sum invested	Relevant Tracking Index	Current / Maturity Value (excluding accrued interest)	Guaranteed Income / growth amount

Continue on extra sheet if necessary

Please provide the key features document for each product included above.

Supplementary Forms: Split Capital Investment Trusts

Has the firm (or any other entity requiring cover under this proposal for insurance), acted as an introducer, advised on or sold any shares in Split Capital Investment Trusts or any collective investment which invests in the shares of Split Capital Investment Trusts in the past six years?

☐ Yes

☐ No

If "YES", please state below the number of case in the following years:

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
No. Cases	<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"/>

Please advise the largest and average investments made in following years:

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Largest	<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"/>
Average	<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"/>

Date of Investment	Total value of client's investments portfolio	Original SCIT Investment Value	Product Provider	Current Value	Date of Valuation
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was it the Firm's practice to obtain sufficient information recording in writing to show that the investment recommendation was suitable for the clients needs (for instance, by preparing a "Clients Financial Planning Analysis" or "Know your Client" questionnaire)

☐ Yes

☐ No

As to all transactions, has it been the Firms practice to advise intending investors (and to document on file) that:

i) The investment cannot be guaranteed to mature to the full expected value

☐ Yes

☐ No

ii) The Investment involves an investment risk

☐ Yes

☐ No

iii) Other forms of investment are available, which could meet with the clients' needs

☐ Yes

☐ No

Supplementary Forms: Home Income Plan

Please indicate the number of Home Income Plans, Equity Release Schemes or Home Reversion Schemes arranged/advised upon by the firm (or any other firm requiring cover under this proposal) in the last 10 years

Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
No. schemes	<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"/>

Are all providers of the schemes referred to in question SHIP (Safe Home Income Plans Ltd.)?

☐ Yes

☐ No

Were all other means of raising the capital/income required by the clients investigated prior to making the recommendation to release capital from their property?

☐ Yes

☐ No

Were the beneficiaries of the clients estate informed and is evidence of this recorded?

☐ Yes

☐ No

Supplementary Forms: FSAVC Review

i) Please state the number of case you were required to mail.

ii) Please state the number of cases mailed

iii) Please state date of your last reminder mailing

iv) Please state number of requests for a review you have received

During the last five years has the firm (or any other form requiring cover under this proposal) Issued any direct offer financial promotions to clients promoting a particular product or products? If yes, please complete the table below.

Product Provider and Product Promotions	Date	No. of clients mailed	No. of applications received

Please confirm whether there have been any claims or circumstances notifiable on previous policies made against the proposing entities in the past 10 years

☐ Yes

☐ No

Date	Summary	Amount claimed	Amount held	Amount held

20) Has there been any losses through fraud or dishonesty of employees?

☐ Yes

☐ No

If yes, please provide details:

21) Please complete the table below, to show details of your Professional Indemnity Insurance for the past three years:

Name of Insurer	Renewal Date	Limit of Indemnity	Excess	Premium

22) Please provide us with an amount of Indemnity that you wish to be covered for.

23) If you would like us to quote with a voluntary excess, please state the amount.

24) (a) Please use the table below to give details of any claims made against you (whether successful or not) and to give details of any loss suffered by you in respect of ANY of the risks to which this proposal form relates. This includes past or present Principal / Director / Partners.

Date of claim/ loss	Brief details of each claim/ loss	Cost of claim/ loss	Estimated cost of claim/ loss outstanding

(b) What steps have been take to avoid a recurrence?

25) After full enquiry is any Principal/ Director/ Partner aware of any circumstance that may:

- a) Give rise to a claim against you, a predecessor or any past or present Principal / Director/ Partner ☐ Yes ☐ No
- b) Cause any loss to you, any predecessor or past Principal / Director / Partner. ☐ Yes ☐ No
- c) Otherwise affect the consideration of this proposal for insurance? ☐ Yes ☐ No

If you answered yes to any of the above, please provide details:

26) Have all claims or circumstances including Pension Review cases likely to give rise to a claim been presented to Insurers? ☐ Yes ☐ No

27) Has any proposal for similar insurance made on your behalf or on behalf of any present or past Principle / Director / Partner ever been declined or has ever such insurance ever been cancelled or renewal refused? ☐ Yes ☐ No

If yes please provide full details:

28) Has any application for membership to any trade association or regulatory body ever been refused or cancelled? ☐ Yes ☐ No

If yes please provide full details:

29) Has disciplinary proceedings been brought by a regulatory or professional body against the business during the past ten years? ☐ Yes ☐ No

If yes please provide full details:

30) Because signatures are not widely available via the E-mail, (ie, scanning) a No Claims Declaration will need to be signed and all terms will be subject to this. ☐ Yes ☐ No
Is this acceptable?

Section 3 – 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' to seek terms on my/our behalf from Insurers; including current Insurers