



PROFESSIONAL
INSURANCE AGENTS

Professional Indemnity Insurance Proposal Form

Insurance Brokers

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Insurance Broker 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"/>

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

1.2)

Names of Principals / Partners / Directors & Consultants	Age	Years in current position	Qualification
<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"/>

How many Employees are there?

Please state your Employer Reference Number (ERN) & Wage Roll: ERN: Wage Roll:

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

1.4) Have there been any mergers or acquisitions in the last 10 years? ☐ Yes ☐ No

If Yes, please enter details below

1.5) If cover is required for previous business activities undertaken by any Principal/Partner/Director - please confirm full details of their activities & income levels in the 'additional information' section below.

1.6) Which professional / regulatory bodies are you associated with?

☐ FCA ☐ BIBA ☐ IIB Other:

1.7) Authorisation

a) If you have applied to the FCA for authorisation, please provide the application date	<input type="text"/>
b) Have you received a 'mindful to approve' letter from the FCA	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) If already FCA Authorised, please confirm your number	<input type="text"/>
d) If you have acted, or currently act as an A.R or tied agent for a financial services or general insurance business, please confirm their details and FCA authorisation number	<input type="text"/>

1.8) Please state the gross turnover (including commissions & fees) in respect of the following years:

	Last completed financial year	Estimate - current financial year	Estimate - next financial year
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA/Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Date of financial year end:	<input type="text"/>		
Currency:	<input type="text"/>		

1.9) If you have undertaken work outside of your domestic territory, please provide full details of all previously completed, current and any forthcoming overseas projects:

Are all overseas contracts subject to your domestic law? *If no, please enter full details below.*

☐ Yes
 ☐ No
 ☐ N/A

Section 2 Activities/Contractual Information

2.1) Please provide a full breakdown of your total turnover by insurance type for the last completed financial year. *New business start-ups should provide estimations.*

	Largest Account Placed	Average Size of Account Placed	Percentage of overall Business
Agriculture	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aviation (commercial)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aviation (private)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bloodstock	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cyber Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Directors' & Officers' Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage Broking	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor (Commercial)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor (Personal)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Lines (Excluding Motor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reinsurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underwriting Agency/Binding Authority	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please define below)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Total:	<input type="text"/>	<input type="text"/>

2.2) Please provide details of any significant changes in your activities over the last five years and/or whether you foresee any material changes occurring over the next twelve months.

2.3) Do you place insurance for clients who are domiciled outside of your home territory? ☐ Yes ☐ No

Do you place insurances with Insurers/Underwriters who are located outside of your home territory? ☐ Yes ☐ No

If Yes to either of the above, please provide full details

2.4) If you hold any / plan to hold any binding authorities please complete the table below:

Client	Nature of projects and your specific responsibilities	Overall project value (If known)	Total fee income derived from the client	Start Date / End date

Section 3 Risk Management

3.1) During the course of your business undertakings do you;

a) Seek specialist, qualified legal advice prior to entering into contracts? ☐ Yes ☐ No

b) Always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee? ☐ Yes ☐ No

c) Always instruct your staff to never sign proposal forms/declarations on behalf of clients? ☐ Yes ☐ No

d) Always instruct your staff to remain mindful of 'TCF' and other regulatory conditions, when recommending cover to clients? ☐ Yes ☐ No

e) Engage a professional firm of accountants to conduct your annual audit? ☐ Yes ☐ No

f) Check all cash books, bank statements, counterfoils and receipts at least monthly? ☐ Yes ☐ No

If you have answered 'no' to any question in section 3, please confirm below in what instances and why you do not

Section 4 Insurance History

4.1)

Current	Inception Date:		Premium:	
	Limit:		Excess:	
	Insurer:			
Required	Limit:		Excess:	

4.2) Would you like us to request terms for the following?

Public Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employers' Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cyber Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 Claims

5.1) Have any claims (successful or otherwise) been made against any of the companies to be insured and / or its past and present partners / principals / directors? ☐ Yes ☐ No

5.2) Have any claims arisen in respect of employee dishonesty / fraudulent activity? ☐ Yes ☐ No

5.3) Have any precautionary notifications been made to current / previous Insurers, that you believed at the time of notification may escalate into a claim? ☐ Yes ☐ No

- 5.4) Have any fee disputes - which you believed could have resulted in a possible counter-claim being brought against you – been reported to current / previous Insurers? ☐ Yes ☐ No
- 5.5) Has any proposal for insurance made on your behalf, or on behalf of any past and present partners / principals / directors ever been declined, or has any insurance ever been cancelled or refused at renewal? ☐ Yes ☐ No
- 5.6) Has any disciplinary action been brought by a regulatory or professional body against any of the companies to be insured and / or its past and present Partners / Principals / Directors? ☐ Yes ☐ No
- 5.7) Are you aware of any circumstances which may result in a claim being made against any of the companies to be insured and / or its past and present partners / principals / directors? (this includes any shortcomings in your work not yet known to clients, that you believe cannot be adequately rectified) ☐ 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 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