

BENNETT UNDERWRITING AGENCIES LIMITED

PROFESSIONAL INDEMNITY PROPOSAL FORM

INSURANCE INTERMEDIARIES

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS PROPOSAL FORM

- ALL QUESTIONS SHOULD BE COMPLETED IN INK.
- WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.
- PLEASE TICK THE YES OR NO BOXES.
- IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.
- COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.
- IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.

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. Do you currently have professional indemnity insurance in force?

Yes No

If Yes, please advise Insurer Renewal Date

Current Premium Current Excess Current RetroActive Date.....

7. What Limit of Indemnity is now required? Please tick

£ 100,000

£ 250,000

£ 500,000

£1,000,000

£2,000,000

Other

Please Specify:

8. 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:

£

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

Yes No

If Yes, please give full details

10. 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

11. Are you a member of any Professional Association?

Yes No

If Yes, please give full details

12. Details of Principals/Partners/Directors:

Name	Age	Qualifications	No. of Years Experience

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

13. Number of Employees:

Qualified

Others

14. a) Do you engage consultants or sub-contractors?

Yes No

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

b) Do you ensure that the consultant or sub-contractor:

i) has appropriate qualifications?

Yes No

ii) maintains Professional Indemnity Insurance?

Yes No

15. 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

16. Have you sustained any loss through the fraud or dishonesty of any person or are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes No

If Yes, please give details

17. Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?

Yes No

If Yes, please give details

18. 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

19. 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

20. 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

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

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
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?

22. 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:

Non-Marine Personal Lines	%
Non-Marine Commercial Lines	%
Motor	%
Life & Pensions/Investments (please see Questions 21 and 22)	%
Marine & Aviation	%
Professional Indemnity	%
Reinsurance	%
Mortgage Broking	%
Other Activities (please specify)	%
TOTAL	100%

23. Have you sold or provided advice or consultancy on pensions or endowments at any time since 1988?

Yes No

If Yes, you will need to complete additional questionnaires

24. Life/Pensions/Investment Business

In respect of the percentage given in Question 20 above please indicate the approximate percentage breakdown between the following:

Pensions	%
Endowments	%
Other Life Insurance (e.g. Term)	%
Dealing in listed UK securities	%
Dealing in unlisted UK securities	%
Dealing in foreign securities	%
Dealing in bonds (e.g. Eurodollar)	%
Investment in Unit Trusts	%
Investment in Insurance Bonds	%
Dealing in commodities, investment in 'tangibles'	%
Private client portfolio management (please state whether non-discretionary basis)	%
Institutional fund management	%
Corporate finance	%
Mergers & Acquisitions	%
Other (please specify)	%
TOTAL	100%

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

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

Yes No

If Yes, please provide full details

27. 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, an additional questionnaire is required

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

Yes No

29. Do you hold or have you ever held any authority granted to you by any Insurance Company, Lloyd's Underwriter or other Insurer or Reinsurer where under such authority you can set rates, terms and conditions and/or handle Claims at your discretion and not necessarily within terms specifically laid down within such authority?

Yes No

If Yes, please give details including Insurers, Classes, authority granted and premium income:

30. Have you ever carried out any activities other than those disclosed in this proposal?

Yes No

If Yes, please provide details:

Please use the space below to provide details of any other material facts which potential insurers should be advised:

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.

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Signature of Principal/Partner/Director

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Dated