

Allianz Insurance plc

Professional Indemnity Select

Insurance Brokers Proposal Form



Allianz 

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Thank you for choosing Allianz Insurance plc. We are one of the largest general insurers in the UK and part of the Allianz Group, one of the world's foremost financial services providers.

With Allianz Insurance plc, you can be confident that you're insured by a company which is relentless in its commitment to protecting and serving you. You can trust us to insure your business, as we've been providing leading insurance solutions in the UK for over 100 years.

We work in partnership with your insurance adviser to ensure you receive the highest levels of product and service excellence. Our technical experts understand how best to protect you against the risks your business faces.

If you need to make a claim you will be in safe hands. Our professionally trained staff aim to treat you, as you would expect, both promptly and fairly. By listening to you, and understanding your needs we will provide you with the most appropriate solutions to get your business trading again as quickly as possible.

Should you need further details or have any questions your insurance adviser will be delighted to help.



Insurance Brokers – Professional Indemnity Insurance Proposal Form

Important Notes

Please read before completing this form:

- a) If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.
- b) A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees
- c) Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.
- d) Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).
- e) Please provide a copy of
 - any brochures, handouts and any other technical or marketing material in which you describe your professional services
 - your terms of business contracts
- f) Cover is provided on a “claims made” basis:
 - the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
 - claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

Next Steps

- please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- answer the General Questions on pages 2-7
- sign and date the Declaration on page 8 and state your authority to sign e.g. Principal, Director, Partner

Proposal

1 GENERAL INFORMATION

a Name of Insured

b Address of Principal Office

c Postal Address

d Date of establishment

e Website address

f Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

| |
|--|
| |
| |
| |
| |
| |

g Please list addresses of all other offices currently trading

| |
|--|
| |
| |
| |
| |

h Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

YES

NO

If 'YES', please supply details:

i Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

YES

NO

If 'YES', please supply details:

j Is the firm(s) a registered Lloyd's Broker?

YES

NO

2 STAFF AND PARTNERS

a Please give details of Principals, Partners or Directors:

| Name | Date of Birth | Relevant Qualifications | Year became Partner/Director |
|------|---------------|-------------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

b Please give details of number of permanent staff in current business:

| | Full Time | Part Time |
|-------------------------------|-----------|-----------|
| Principals/Partners/Directors | | |
| Administrative | | |
| Self Employed Consultants | | |
| All Others | | |

c Does the firm(s) have any Appointed Representative(s) or Appointed Representative Introducers working for the firm(s)? YES NO

If 'YES',

i How many active Appointed Representatives do you have?

ii What is the Gross Annual Commission received by the firm(s) in respect of business introduced by Appointed Representatives? £

iii Does the firm(s) ensure that every Appointed Representative has Professional Liability Insurance? YES NO

iv Please confirm that the firm(s) ensure that:

It is satisfied that all Appointed Representatives and Appointed Representative Introducers have the necessary expertise to deal with the insurance in question? YES NO

It is satisfied that all Appointed Representatives and/or Appointed Representative Introducers have sufficient management control and financial stability? YES NO

All Appointed Representatives are audited annually? YES NO

3 ACTIVITIES

a Please state your total gross income for the last 5 financial years plus an estimate for the forthcoming financial year. If you have been trading for less than 12 months please provide an estimate of your total gross income for the first 12 months.

| Year Ending | UK | USA/Canada | Elsewhere | Total |
|-------------|----|------------|-----------|-------|
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |

Estimate for forthcoming year

| | | | | |
|-----|---|---|---|---|
| / / | £ | £ | £ | £ |
|-----|---|---|---|---|

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

3 ACTIVITIES continued

b Please give the percentage split of your Gross Brokerage / Fee income received in the last complete financial year:

| | | |
|--|--|---|
| Personal Lines (including motor) | | % |
| Commercial Lines Ex-motor | | % |
| Commercial Lines Ex-motor via Binders | | % |
| Commercial Motor | | % |
| Aviation (Small Craft) | | % |
| Aviation (Other) | | % |
| Marine (Small Craft/Cargo) | | % |
| Marine (Other) | | % |
| Reinsurance | | % |
| Pensions/Endowments/Mortgages | | % |
| Other Investments (SCARP's, Split Cap's etc) | | % |
| PHI/Medical | | % |
| Unit Trusts | | % |
| Other | | % |
| Total | | % |

Please supply details of "Other" work:

c Does the firm(s) place more than 30% of the Gross Brokerage / Fee income declared for the last complete financial year with one insurer?

YES

NO

If 'YES', please supply details:

d Please provide details of any insurance's placed by the firm(s) with Insurers who do not operate in the UK or who are not members of the ABI or Lloyd's

e In respect of material damage and business interruption combined exposure, please provide details of the three largest sums insured placed by the firm(s):

| Client | Risk | Sum Insured |
|--------|------|-------------|
| | | £ |
| | | £ |
| | | £ |

f In respect of public, products and professional liability risks, please provide details of the three largest sums insured placed by the firm(s):

| Client | Risk | Sum Insured |
|--------|------|-------------|
| | | £ |
| | | £ |
| | | £ |

g Do you envisage any material change in your activities in the forthcoming 12 months? **YES** **NO**

If 'YES', please supply details:

4 RISK MANAGEMENT

a In respect of quotations and renewal terms does the firm(s) always confirm in writing to the client:

- | | | |
|---|------------------------------|-----------------------------|
| i The name of the recommended Insurer(s) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii The security of the Insurer(s) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii The details of cover including limits & endorsements | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iv The period of insurance including the date from which cover incept | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| v The premium and applicable taxes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| vi The period for which the quotation is open for | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| vii Confirmation of binding cover | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| viii The length of any extension to the period of insurance and any special terms imposed by such an extension | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b Does the firm(s) operate a diary system with manual back-up? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

5 BINDING AUTHORITIES

a Does the Policyholder operate any binding authority arrangement whereby an Insurer has granted the Policyholder authority to set rates, terms and/or conditions and/or handle claims without referral? **YES** **NO**

If 'YES', please complete the following:

| Nature of Binding Authority | Class of Business | Insurer | Maximum Limits/ Sums Insured | Total Commission Income |
|---|-------------------|---------|------------------------------|-------------------------|
| i Non-discretionary with no deviation from the Binding Authority in respect of the type of risks, rates, period of insurance or policy wording, as specified in the Binding Authority | | | | |
| ii Non-discretionary with no deviation from the Binding Authority in respect of the type of risk, period of insurance or policy wording, but with a limited amount of deviation to the extent of specified discounts or loadings | | | | |
| iii Non-discretionary with no deviation from the Binding Authority in respect of the type of risk and wording applicable but with deviation permissible in respect of the period of insurance or non-specified discounts or loadings | | | | |

5 BINDING AUTHORITIES continued

| Nature of Binding Authority | Class of Business | Insurer | Maximum Limits/ Sums Insured | Total Commission Income |
|---|-------------------|---------|------------------------------|-------------------------|
| iv Discretionary Binding Authority with no limits in respect of the type of risks, rating, wording or period of insurance | | | | |
| v Claims Handling Authority (please state max level of settlement authority) | | | | |

- b** Are all the Binding Authorities in written form? YES NO
- c** Do all the Binding Authorities have a specific renewal date? YES NO
- d** Do all the Binding Authorities specify those persons who have authority to bind risks under the Authority? YES **NO**
 If 'NO', do you restrict those persons who can bind risks under the Binding Authority to senior staff with a minimum of five years insurance experience? YES NO
- e** Does the firm(s) delegate the Authority to any other party? YES NO

6 CLAIMS INFORMATION

- a** Has the firm(s) sustained any loss through the fraud or dishonesty of any person? YES NO

If 'YES', please supply details:

- b** Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? YES NO

If 'YES', please supply details:

- c** After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not? YES NO

If 'YES', please supply details:

| Date of Claim | Claimant | Details of Claim including any payments made or reserves held |
|---------------|----------|---|
| / / | | |
| / / | | |
| / / | | |

d After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

YES NO

If 'YES', please supply details:

| Date of Circumstance | Claimant | Details of Circumstance |
|----------------------|----------|-------------------------|
| / / | | |
| / / | | |
| / / | | |

7 PREVIOUS INSURANCE

a Has the firm(s) previously been insured for Professional Indemnity insurance?

YES NO

If 'YES', please supply details:

| Renewal Date | Limit of Liability | Premium | Retention (Excess) | Insurer |
|--------------|--------------------|---------|--------------------|---------|
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |

Retroactive Date: / / Number of years cover has been continually in force:

b In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

YES NO

If 'YES', please supply details:

8 LIMIT OF LIABILITY AND RETENTION (EXCESS) REQUIRED

Please select the Limit of Liability and Retention (Excess) you require:

a Limit of Liability

£100,000 £250,000 £500,000 £1,000,000 £2,000,000 £4,000,000 £5,000,000 Other £

b Retention (Excess)

£500 £1,000 £2,500 £5,000 £7,500 £10,000 Other £

c When do you want your insurance to start? (the policy is annually renewable)

/ /

Declaration

- 1 I/We declare that to the best of my/our knowledge and belief:
 - A the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
 - B any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete; and
 - C I/We have not withheld any material fact*
- 2 I/We wish to modify the above statements in the following respects:
- 3 I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between the Insurer and myself/ourselves.
- 4 I/We agree to accept the Insurer's standard form of policy for this type of insurance.
- 5 I/We understand that the Insurer reserves the right to decline any proposal.
- 6 I/We have read the Data Protection Act statement below of this proposal and consent to data being used for the purposes specified.

Authorised Signature

Date

 / /

Position in company

Important:

***Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.**

Your Records

You should keep a record (including copies of letters) of all information you supply to the Insurer about this proposal.

Data Protection Act

Allianz Insurance plc together with other companies within the Allianz SE group of companies ("Allianz") may use the personal and business details you have provided or which are supplied by third parties including any details of directors, officers, partners and employees (whose consent you must obtain) to:

- provide you with a quotation, deal with the associated administration of your policy and to handle claims;
- search credit reference, credit scoring and fraud agencies who may keep a record of the search;
- share with other insurance organisations to help offset risks, administer your policy, for statistical analysis, and to handle claims and prevent fraud;
- support the development of our business by including your details in customer surveys, for market research and business reviews which may be carried out by third parties acting on our behalf.

Allianz may need to collect and process data relating to individuals who may benefit from the policy ("Insured Persons"), which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk and/or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by Allianz and that this fact is made known to the Insured Persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employer's Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- I. to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- II. to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

Under the Data Protection Act 1998 individuals are entitled to request a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of your data and your insurance policy data in this way and for these purposes and that your directors, officers, partners, and employees have consented to our using their details in this way.

TAX FORM

The regulations with respect to the payment of premium tax within the European Union have changed over recent years, in particular following the “Kvaerner” European High Court Judgement in June 2001. Where it was previously the responsibility of the Insured to settle their overseas’ premium tax liabilities locally with the relevant tax authorities, insurers are now increasingly being made strictly responsible for the collection of these tax amounts, along with the premium, and making the relevant payments on to those tax authorities. This is, of course the same way the UK premium tax arrangements have always operated.

For every country (including outside the EU, as other countries are now adopting similar regulations) where you have a domiciled office, you have a potential liability for insurance tax payable to the local authority. Accordingly, in order for insurers to evaluate your tax liabilities and collect the correct amount for payment to the relevant tax authorities in overseas jurisdiction (as well as in the UK), can you please provide a breakdown of your income for the last complete financial year arising from all domestic and overseas activities below. If income is derived from the United States of America or Australia, please specify the state in which the office is domiciled.

| Country | Income derived from each domiciled office | % |
|---------|---|---|
| | | % |
| | | % |
| | | % |
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Authorised Signature Date / /

Position in company

www.allianz.co.uk

Allianz Insurance plc. Registered in England number 84638.

Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

Allianz Insurance plc is a member of the Association of British Insurers.

Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Financial Services Register number 121849.



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