
W.R. Berkley Insurance Ireland Limited



INSURANCE BROKERS AND INTERMEDIARIES PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER TO COMPLETION OF THIS PROPOSAL FORM

1) Disclosure

- Any "material fact" must be disclosed to Insurers.
- A "material fact" is any information which may alter the judgement of an Insurer in assessing the risk.
- Any "material change" must be disclosed to Insurers.
- A "material change" is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2) Presentation

- This Proposal Form must be completed in ink by an authorised individual, a partner, principal or director of the proposer.
- All questions must be answered.
- If there is insufficient space to provide answers additional information should be provided on the proposers letter headed paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3) Guidance

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in 1) Disclosure and/or 2) Presentation advice should be sought from an insurance advisor in the first instance.

SECTION 1 – GENERAL DETAILS

1) Please provide the following details:

Name of proposer(s) to be covered (including predecessors in business)	Date Established

2) Main address of the proposer and any overseas addresses (specifying the name and position of the individual responsible at each location including web and e mail addresses):

E mail address

Web address

3) Individual, partner, principal, director, consultants under a contract of service details:

Name	Age	Qualifications	Date (s) Qualified

Attach CV where the proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

4.1) Indicate the professional associations of which the proposer is a member.

IBA PIBA Other

If other please provide details

4.2) Indicate the basis on which the proposer is authorised and regulated by I.F.S.R.A (The Irish Financial Services Regulatory Authority).

- I. A Multi-Agency Intermediary which provides the services of a Restricted Activity Investment Product Intermediary as defined in Section: 26 of the Investment Intermediaries Act 1995
- II. A Multi-Agency Intermediary which is authorised to enter into an agreement with Lloyd’s brokers or with other non-resident intermediaries to refer proposals for insurance to that intermediary and may also provide the services of Restricted Activity Investment Product Intermediary as outlined above.
- III. An Authorised Adviser

5) Number of employees split between the following:

Qualified Administrative Self Employed Consultants Other (specify)

6) Is the proposer connected or associated (financially or otherwise) with any other entity? Yes/No

If yes please provide full details including nature of the work undertaken and income derived.

7) During the past 10 years has the proposers name been changed, has any other business been purchased and/or has any merger or consolidation taken place? Yes/No

If yes please provide details.

SECTION 2 – CLAIMS INFORMATION

1) After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person? Yes/No

If yes please provide details.

2) After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes/No

If yes please provide details.

3) After full enquiry has any claim been made against the proposers business or any principal, partner, director or employee whilst in this or any other business? Yes/No

If yes please provide details.

4) After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposers business, or any principal, partner, director or employee of this or any other business? Yes/No

If yes please provide details.

5) Have present or previous Insurers been notified of and accepted all claims, notifications and circumstances?

Yes/No

If no please provide details.

SECTION 3 – THE BUSINESS:WORK UNDERTAKEN

1) Please provide the proposers fees/income in each of the financial periods derived from clients based in:

	Last Financial Year Ended __ / __	Current Financial Year Ending __ / __	Coming Financial Year Ending __ / __
Ireland			
E.U.			
USA/Canada			
Rest of World			
Total:			

If fees/income are/is declared as derived from clients based in territories other than Ireland/EU, please provide details including territories involved and income derived.

2) What is the date of the proposers financial year end?

3) Please allocate below, as a percentage to a total of 100%, the split in fees/income between activities for the last complete financial year:

	Ireland	EU	RoW	Total
Pensions				
Endowments				
Other Life				
Mortgages				
Building Society Agencies				
PHI Medical Insurance				
Pension Fund Management, Trustees or Administrators				
Private Client Portfolio Management - discretionary				
Private Client Portfolio Management – non discretionary				
Investment in Unit Trusts or Insurance Bonds				
Dealing in Listed, Unlisted Irish or Foreign Securities				
Dealing in Bonds (eg Eurodollar) or Commodities				
Management Consultancy				
Estate Agency				
Personal Lines Insurance (excluding motor)				
Commercial Insurance (excluding motor)				
Motor Insurance (personal)				
Motor Insurance (commercial)				
Construction Insurance				
Professional Indemnity Insurance				
Aviation/Marine Insurance				
Other (specify)				
				100%

If fees/income have/has ever been derived from Endowment Mortgages the **Endowment Mortgages Supplementary Questionnaire** will be required.

If fees/income have/has ever been derived from Binding Authorities the **Binding Authorities Supplementary Questionnaire** will be required.

If fees/income have/has ever been derived from Income Draw Down the **Income Draw Down Supplementary Questionnaire** will be required

4) Does the proposer place more than 50% of the fees/income declared for the last complete financial year in (1) above with one Insurer? Yes/No

If yes please provide details.

5) In respect of material damage and business interruption combined exposure please provide details of the two largest sums insured placed directly by the proposer.

Client	Client
Risk	Risk
Sum Insured	Sum Insured

6) In respect of public liability, products liability, or professional indemnity risks please provide details of the two limits of indemnity placed directly by the proposer.

Client	Client
Risk	Risk
Sum Insured	Sum Insured

7) Is cover required for any other activity, now ceased, which is different to those declared in (2) above? Yes/No

If yes please provide details.

8) Is the proposer aware of any change in activity/structure that will occur in the coming financial year? Yes/No

If yes please provide details.

SECTION 4 – THE BUSINESS:RISK MANAGEMENT

1) Is the proposer admitted to any Association or accredited to any quality systems such as the ISO series? Yes/No

If yes please provide details.

2) Does the proposer operate a diary system? Yes/No

3) What is the proposers procedure to ensure supervision of junior staff?

4) Are records kept by the proposer of telephone calls and attendance at meetings? Yes/No

5) Does the proposer subscribe to any form of continuing professional development? Yes/No

If yes please provide details of the procedures.

6) What are the proposers procedures such as letters of engagement, to ensure that a clients requirements are clearly identified and can be met?

7) How often does the proposer undertake a review of working procedures?

8) What are the proposers procedures in reviewing the work undertaken by staff and partners?

9) Does the proposer always obtain satisfactory written references when engaging employees? Yes/No

If no please provide details

10) If any partner, principal, director or employee is allowed to sign cheques without a counter signature please provide details of the individuals, the cheque limit and the circumstances

11) After enquiry does any current director, or partner and/or employee have any Court Judgement, debt issues, past complaints (either from an association and/or client) and/or criminal convictions? Yes/No

If yes please provide details.

12) Is the proposer operating solely one business? Yes/No

If no please provide details.

SECTION 5 – INSURANCE COVERAGE

1) Does the proposer currently have Professional Indemnity Insurance in force? Yes/No

If yes please provide the following details.

1.1) Insurer

1.2) Limit

1.3) Excess

1.4) Renewal date

1.5) Number of years cover has been continuously in force

2) What is the amount of indemnity now required?

3) Has any Proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? Yes/No

If yes please provide details.

SECTION 6 – DECLARATION

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated 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 occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

Signature of authorised individual/partner/principal/director

Date
