



PRIEST & CO LTD

ACTUARIES
PROFESSIONAL INDEMNITY
PROPOSAL FORM

Please Note:

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed and signed & dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

Please supply the following additional information:

- Company Brochure
- CV's of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

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Authorised and Regulated by the Financial Services Authority
Registered Office: Bridge House, London Bridge, London SE1 9QR. Registered in England No. 1682825
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1. Name of Individual, Firm or Company (please include all names under which you practice):

2. Main Address:

3. Additional Address:

N.B Please answer all subsequent questions in relation to all parties to be insured

4. Web-Site Address:

5. Date of Establishment:

6. Please give total numbers of:

a) Partners/Directors/Principals:

b) Qualified Staff:

c) Other Staff (Excluding Administration):

d) Administration Staff (Typists etc):

e) Contract Hired Staff:

7. Details of all Directors/Partners/Principals:

Partners/Principals	Age	Qualifications	Date Qualified	How long a Director, Partner, Principal this firm/company

8. Please give details below of previous business experience, as appropriate, or attach Curricula Vitae:

Newly Established Firms – complete for all partners/directors

Existing Firms – complete for each partner/director who has held such position with the proposer for less than 5 years

Name of Partner/Director	Period engaged in previous occupation	Name of Firm/Company	Profession or Business	Position Held

9. Please provide details of the 5 largest contracts undertaken in the past 3 years, or for a new firm, in the forthcoming year:

Details (Name, Business and Nature of Contract)	Fees

10. Is the firm represented in any way in the USA or its Territories? Yes/No

If Yes, please state how (e.g by subsidiary company, local office, local representative or by any other person holding a power of attorney on behalf of the firm):

11.

- a) Does the firm or any partner/director act on behalf of, or undertake work for any firm, company or organization in which the firm has a financial interest? Yes/No
- b) Does any partner/director perform an executive role or hold a position whereby he or she is able to make a major policy decision on behalf of such firm, company or organization Yes/No

If Yes in either case, please provide details:

12.

a) Please state gross fees (including those paid to sub-contractors) earned from activities undertaken:

	Last year/...../..... £	Previous Year/...../..... £	Current Year Estimate/...../..... £
a. In the UK excluding c&e below			
b. In the USA			
c. For clients domiciled in the USA (excluding Canada), including work for USA companies, Subsidiaries of USA companies or USA Subsidiaries of companies based elsewhere			
d. Elsewhere* (excluding USA)			
e. In the UK for clients domiciled elsewhere * (excluding USA)			
TOTAL			

* State countries and amounts involved

b. Are you, or have you ever been involved in promotion or selling of Financial Services Products? Yes/No

If Yes, please advise the current percentage of your total fee income that this work represents and In addition please provide a comprehensive description of these activities on a separate sheet _____ %

c. Do you ever advise any Pension Fund trustees while at the same time advising the Company employer sponsoring the fund or the employees? Yes/No

13.

	Last Year/...../..... £	Previous Year/...../..... £	Forthcoming Year (estimate)/...../...../ £
State gross fees paid to sub-contractors			
State largest fee earned from any client			

14. Please state the percentage of income for the last financial year derived from:

- a) Insurance work excluding reserving _____ %
- b) Insurance reserving work _____ %
- c) Pensions Work _____ %
- d) Forensic or Actuarial evidence work _____ %
- e) Other (Please advise) _____ %

15.

- a) Does the proposer use standard conditions of contract in every case? **Yes/No**
- b) Does the Propose have written instructions or checklists for services provided? **Yes/No**
- 16. Do you always obtain satisfactory reference before taking on staff? **Yes/No**

Previous/Current Insurance

1. Does the Company currently have a Professional Indemnity Insurance policy in force? **Yes/No**

If Yes:

- a) Insurer
- b) Expiry Date
- c) Limit of Indemnity
- d) Excess
- e) Premium
- f) Expiry Retroactive Date

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer? **Yes/No**

If Yes, please provide full details:

3. Please circle the Limit of Indemnity required:

£500,000, £1,000,000, £1,500,000, £2,000,000, £2,500,000, £3,000,000, £5,000,000

Please specify if other –

4. What Excess is the Proposer prepared to carry uninsured?

£500, £1000, £2,500 £5,000 £10,000 or 'Other'

Claims/Circumstances Information

1.

a. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors?

Yes/No

If Yes, have such matters been notified to current or previous Underwriters

Yes/No

Please provide full details:

b. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters?

a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees?

Yes/No

b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you?

Yes/No

If Yes, please provide full details:

3. Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? **Yes/No**

If Yes please explain:

Declaration

The undersigned authorised Officer of the Company declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:.....

Name:.....

Position.....

Date.....