



PRIEST & CO LTD

**UNDERWRITING AGENTS, POOL MANAGERS AND
HOLDERS OF BINDING AUTHORITIES**

**PROFESSIONAL LIABILITY
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:

- Underwriting Accounts for the last financial year
- Agreement(s) providing the Underwriting Authority, Binding Authority or Pool Authority

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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

Details of Proposer:

1. Name of Proposer:

2. Address (es) of Proposer:

3. Web Site/E-Mail Address:

4. Date of Commencement of Underwriting Activities:

5. Please provide details of the Principals/Partners/Directors of the Proposer:

Name	Qualifications	Date Qualified	Date Commended

6. Please state total number of:

Principals/Partners/Directors:

Personnel remunerated on a commission basis:

Total Staff (other than Administration Staff):

Administration Staff:

7. a) Has the name of the Proposer ever been changed? **Yes/No**

b) Has any other practice or business amalgamated or merged with you? **Yes/No**

8. Please state the following:

	Last Financial Year/...../.....	Estimate for Current Financial Year/...../.....
a) Total Premium Income	£	£
b) Total Commission	£	£
c) Consulting fee or other charges	£	£

9. Please state the percentage of income derived from:

	Last Financial Year/...../.....	Estimate for Current Financial Year/...../.....
a) UK	%	%
b) USA/Canada	%	%
c) Europe	%	%
d) Elsewhere	%	%

10. a) Please state the classes of business handled together with percentage of total income:

	Last Financial Year/...../.....	Estimate for Current Financial Year/...../.....
a) Non-Marine Facultative & Direct	%	%
b) Non-Marine Treaty	%	%
c) London Market Excess Loss	%	%
d) Marine Facultative & Direct	%	%
e) Marine Treaty	%	%
f) Motor	%	%
g) Aviation	%	%
h) Life and Pension	%	%
i) Mortgage Broking	%	%
j) Other (Please specify):	%	%
TOTAL	100 %	100 %

b) Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months? **Yes/No**

If Yes, please provide full details:

- 11. Is any Director or Partner or (so far as the Proposer is aware) any Shareholder also a Director, Partner or Shareholder in:
 - a) Any Insurance Broker or Agent? **Yes/No**
 - b) Any other Underwriting Agency, Pool Manager or holder of Binding Authority? **Yes/No**
 - c) Any of the Insurers subscribing to the Agency, Pool or Authority? **Yes/No**

If Yes, please provide full details:

- 12. Does any Director/Partner or Employee of the Proposer also act as an Insurance Broker or agent to the Proposer? **Yes/No**

If Yes, please state the approximate percentage of premium income derived there from:

- 13. Is the Proposer responsible for any of the following:
 - a) Investment of Underwriting Funds? **Yes/No**
 - b) Reinsurance programme protecting the Underwriting account? **Yes/No**

If Yes, please provide full details:

- 14. Does the Proposer undertake any other duties (e.g Loss Adjusting) for which cover is required? **Yes/No**

If Yes, please provide full details:

15. Does the Proposer participate in 'fronting' arrangements? Yes/No

If Yes, please provide full details of the circumstances and extent of fronting:

Previous/Current Insurance

1. Please give details of current Professional Indemnity policy in force

a) Insurer	<input type="text"/>
b) Expiry Date	<input type="text"/>
c) Limit of Indemnity	<input type="text"/>
d) Excess	<input type="text"/>
e) Premium	<input type="text"/>
f) Expiry Retroactive Date	<input type="text"/>

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?

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

Claims/Circumstances Information:

1. 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:

2. Is any Director, Partner aware, after enquiry, of any circumstances which may result in any claim being made against the Proposer, his predecessors in business or any of the present or past Partners or Directors? **Yes/No**

If Yes, have such matters been notified to current or previous Underwriters **Yes/No**

Please provide full details:

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.....

