

## PROFESSIONAL INDEMNITY PROPOSAL FORM INSURANCE BROKERS AND INSURANCE AGENTS

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

**If insufficient space is provided to answer a question insert “See Attached” and show question number and answer on a separate sheet of paper.**

**THIS IS AN APPLICATION FOR A POLICY WRITTEN ON THE “CLAIMS MADE” BASIS**

1) Name and address(es) of the Companies or Partnerships (hereinafter referred to as “the Firm”)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Name and address(es) of all

a) Parent Companies

\_\_\_\_\_

\_\_\_\_\_

b) Subsidiary Companies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Branch Offices

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) When was the firm established? \_\_\_\_\_  
mm/dd/yy

4) a) Has the name of the Firm been changed during the last six years? YES  NO      
If “YES”, give details \_\_\_\_\_

b) Have any amalgamations or acquisitions taken place during the last 6 years? YES  NO

If “YES”, give details \_\_\_\_\_

- 5) Give details of names, qualifications (if any), experience and ages of all Partners, Directors or Professional Staff

| Name | When Qualified (mm/dd/yy) | How long practicing as a Partner in the Firm | Previous Firm |
|------|---------------------------|--|---------------|
|      |                           |  |               |

- 
- 6) Please state number, in each of the Firms and Offices stated in answers to questions 1 and 2, of:
- a) Partners and Directors \_\_\_\_\_
- b) total Staff, other than typists and messengers \_\_\_\_\_
- c) typists and messengers \_\_\_\_\_

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- 7) Does the Firm act as:
- a) an Insurance Broker? YES  NO
- b) an Agent of Insurance Companies? YES  NO

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- 8) Is the Firm engaged in any activities other than those stated in Question 7? YES  NO
- If "YES", give details \_\_\_\_\_
- \_\_\_\_\_

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- 9) Does the Firm place business with Lloyd's Underwriters:
- a) directly through any Firm of Lloyd's Brokers in London YES  NO
- b) indirectly through the intermediary of another Agent or Broker? YES  NO

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- 10) Has the Firm authority to accept/bind risks on behalf of
- a) Lloyd's Underwriters? YES  NO
- b) any Company? YES  NO

If the answers to (a) and (b) are "YES", complete the supplementary questionnaire forming part of this Proposal Form.

- 
- 11) During the Firm's last financial year what was
- a) the total Premium Income? \_\_\_\_\_
- b) the total gross Commission? \_\_\_\_\_

12. Indicate categories of business handled and the percentage of each relative to the Firm's total premium income.

|                            | Direct Business and<br>Facultative Reinsurance | Treaty Reinsurance |
|----------------------------|--|--------------------|
| a) Non-Marine              | %  | %                  |
| b) Marine                  | %  | %                  |
| c) Motor                   | %  | %                  |
| d) Aviation                | %  | %                  |
| e) Life and Pensions       | %  | %                  |
| f) Mortgage Broking        | %  | %                  |
| g) Others (please specify) | %  | %                  |

13. What percentage of the Firm's total premium income was derived from:
- a) its own country? \_\_\_\_\_ %
- b) elsewhere? \_\_\_\_\_ %
- If more than 10% of premium income please specify each country**

14. Does the Firm own, rent or utilize computers? YES  NO
- If "YES", give brief details \_\_\_\_\_

15. Give full details of all similar insurance effected during the past six years.

| Insurer | Amount of Policy | Amount borne by the Firm | Period |
|---------|------------------|--------------------------|--------|
|         |                  |                          |        |
|         |                  |                          |        |
|         |                  |                          |        |
|         |                  |                          |        |
|         |                  |                          |        |

16. Has any application for similar insurance made on behalf of the Firm or any of their present Partners or Directors, or on behalf of their predecessors in business, ever been

- :
- a) declined YES  NO
- b) cancelled YES  NO
- c) refused at renewal or YES  NO
- d) had special terms imposed? YES  NO

If "YES", please give full particulars \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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17. Have any claims been made against

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) the Firm   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b) their predecessors in business or  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) any of the present or past Partners or Directors of the Firm<br>or their predecessors in business? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If any answer is "YES", give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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18. Is any Partner or Director, after enquiry, aware of any circumstances which may result in any claim being made against:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) the Firm   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b) their predecessors in business   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) any of the present or past Partners or Directors of the Firm or<br>their predecessors in business? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If any answer is "YES", give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We must remind you that it is imperative to answer this question correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

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19. If available, does the Firm require a Mortgage Broking extension? YES  NO

If "YES", give total annual commission \_\_\_\_\_

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20. State

- |  |       |
|--|-------|
| a) the amount of Indemnity required, in the aggregate              | _____ |
| b) the amount of self-insurance to be borne by the Firm, each clam | _____ |

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to the Company.

A material fact is one that is likely to influence an Underwriter's judgment and acceptance of your Proposal. If your Proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**DECLARATION**

I/We wish to effect insurance with Guardian General Insurance Limited on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this Proposal and Declaration and any supplementary information sheet(s) attached hereto shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy issued.

Name of Firm: \_\_\_\_\_

Signature of Partner or Director: \_\_\_\_\_  
If Company, Please Affix Company Stamp

Date: \_\_\_\_\_  
mm/dd/yy

\*This Proposal Form and any supplementary information sheet(s) must be signed in ink by a Partner or Director. Signing the Form does not bind the Firm or the Company to complete the Insurance.

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**SUPPLEMENTARY QUESTIONNAIRE RE: ALL AUTHORITIES, EACH AUTHORITY TO BE ITEMISED SEPARATELY**

|  |  |
|--|--|
| Name of Firm<br><br>Holding Authority  |  |
| Class of Business  |  |
| Type of Authority  |  |
| Maximum sum insured any one risk   |  |
| Are rates, terms and conditions set by insurers prior to acceptance?                   |  |
| Annual Premium Income  |  |
| Annual Commission Fees   |  |
| Names of persons responsible, position in Firm and experience in the class of business |  |
| Method of operation**  |  |

ANY CHANGES IN THE METHOD OF OPERATION OF LISTED AUTHORITIES OR ANY NEW AUTHORITIES COMMENCED DURING THE CURRENCY OF THIS POLICY TO BE ADVISED WITHIN 30 DAYS OF ATTACHMENT.

\*\* METHOD OF OPERATION: Mark "A" if available for Firm's business only; Mark "B" if the Firm accepts business from other brokers; Mark "C" other – please specify.