



# **Quercus Professional Indemnity Limited**

## **PROPOSAL FORM**

### **INSURANCE INTERMEDIARIES**

### **PROFESSIONAL INDEMNITY INSURANCE**

**Contact:**

**C. R. England  
Managing Director  
Quercus Professional Indemnity Limited  
2 Kings Lane,  
South Heath,  
Great Missenden,  
Bucks HP16 0QZ**

**Tel: 01494 866417**

**Fax No: 01494 837720**

**E-Mail: [charles.England@quercuspi.com](mailto:charles.England@quercuspi.com)**

**INSURANCE INTERMEDIARIES  
PROFESSIONAL INDEMNITY INSURANCE  
PROPOSAL FORM**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

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1. Name of Insured/Proposer:

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2. Main address plus any overseas addresses:

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3. Web-site address:

Email address:

Telephone No:

Fax No:

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4. Date business established:

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5. Full description of your business activities:

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6. Are you connected or associated (financially or otherwise) with any other business?

Yes

No

If Yes, please give full details

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7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes

No

If Yes, please give full details

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8. Are you a member of any Professional Association?

Yes

No

If Yes, please give full details

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9. Details of Principals/Partners/Directors:

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

10. Number of Employees:

Qualified \_\_\_\_\_ Others \_\_\_\_\_

11. Do you have any agreements in force whereby you accept responsibility for the insurance activities of any other entity?

Yes  No

If Yes, please give full details

12. a. Give details of your fees/brokerage/commission income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

b. What was the total premium placed by you in the last financial year? £.....

c. On what date does your financial year end?

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13. Division of Work:

Please indicate the approximate percentage breakdown of the firm's brokerage, commission and /or fee income for each of the following categories during the last financial year:

Non-Marine Personal Lines	%
Non-Marine Commercial Lines	%
Motor	%
Life & Pensions/Investments (please see Questions 14 and 15)	%
Marine & Aviation	%
Professional Indemnity	%
Reinsurance	%
Mortgage Broking	%
Other Activities (please specify)	%
TOTAL	100%

14. Have you sold or provided advice or consultancy on pensions or endowments at any time since 1988?

Yes

No

If Yes, you will need to complete additional questionnaires

15. Life & Pensions/Investments:

In respect of the percentage given in Question 13 above please indicate the approximate percentage breakdown between the following:

Pensions	%
Endowments	%
Other Life Insurance (eg Term)	%
Dealing in listed UK securities	%
Dealing in unlisted UK securities	%
Dealing in foreign securities	%
Dealing in bonds (eg Eurodollars)	%
Investment in Unit Trusts	%
Investment in Insurance Bonds	%
Dealing in commodities, investment in 'tangibles'	%
Private client portfolio management (please state whether non-discretionary basis)	%
Institutional fund management	%
Corporate finance	%
Mergers & Acquisitions	%
Other (please specify)	%
TOTAL	100 %

16. Please name the three Insurers/Underwriters with whom you place the largest amount of business by premium volume:

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17. Do you place business with any Insurer who does not operate in the UK?

Yes

No

If Yes, please give full details

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18. Do you have an agreement with any Insurer, Underwriter or other party where you have authority to set premiums, rates, terms and conditions or handle claims at your own discretion?

Yes

No

If Yes, an additional questionnaire is required

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19. Do you always ensure that clients check and sign any proposal or application completed by you on their behalf?

Yes

No

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20. Do you currently have professional indemnity insurance in force?

Yes

No

If Yes, please advise Insurer ..... Renewal Date .....

Premium .....

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21. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

If Yes, please give full details

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22. a. Have you sustained any loss through the fraud or dishonesty of any person?

Yes

No

b. Are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes

No

If Yes, please give details

c. Do you always obtain satisfactory written references when engaging employees?

Yes

No

If No, please provide reasons

d. Is any principal, partner, director or employee allowed to sign cheques without a counter signature?

Yes

No

If Yes, please give the circumstances and the cheque limit

e. Are employees who receive cash/cheques in the course of their duties required to pay in daily?

Yes

No

If No, please give details of the procedures implemented

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23. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business? Yes  No

If Yes, please give full details

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24. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business? Yes  No

If Yes, please give full details

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25. Please indicate the levels of indemnity you require quotes for:

£ ..... £ ..... £ .....

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26. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£ .....

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I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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 whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

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Signature of Principal/Partner/Director

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Date