

Professional indemnity insurance Appointed representatives questionnaire



Instructions

If you have answered 'Yes' to question 6 of the main proposal form, please complete the following questions.

Question one

Please advise the number of appointed representatives used on an annual basis?

What is the annual brokerage income you receive from this?

£

Question two

In respect of the above, do you have a written agency agreement in place with each representative?

Yes No

If 'Yes'

2.1 Does the agency agreement retain subrogation rights?

Yes No

2.2 Does the agency agreement hold you harmless?

Yes No

Question three

Do you ensure that each representative has adequate professional indemnity insurance in place?

Yes No

Question four

Prior to placing business on behalf of an appointed representative do you check to ensure that they have the necessary expertise to deal with the client and fully explain the insurance in question?

Yes No

Do you regularly audit each appointed representative to ensure that they are acting in a professional and correct manner?

Yes No

If you were not satisfied that the appointed representative had the necessary expertise to deal with the risk would you act on their behalf?

Yes No

Question five

Do you check to ensure that each appointed representative has adequate systems in place to prevent any dishonest or fraudulent act?

Yes No

If you were not satisfied with the systems in place, would you act on behalf of the appointed representative?

Yes No

Question six

6.1 Do you check to ensure that the appointed representative has ever sustained any loss for fraud or dishonesty?

Yes No

6.2 Would you place business on behalf of any appointed representative if their professional indemnity claims experience was poor?

Yes No

Declaration

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed and refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information provided will be used by the insurers and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

A copy of this proposal should be retained by you for your own records

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This form must be signed by a principal of the firm

Signature: _____

Date: ____ / ____ / ____

Print name: _____

Position: _____

Please return this application form along with any other supplementary information sheets to the address detailed below:-

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