

Professional indemnity insurance Actuaries & pension consultants proposal form



Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 Name and address details

Practice name (please include all names under which you practice)

Main office address

Postcode:

Telephone number

Contact e-mail address

Employer's Reference Number (ERN)
(found on PAYE documents)

Practice website

Date established

 / /

List number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover.

2 Activities

Please give full details of the activities undertaken by your firm and of any intended changes for the future

3 The firm

Please advise the following (including details of sole practitioner).

Name of all Partners / Directors / Members	Age	Qualifications	Date Qualified	How long as Partner / Director/ Member of the Firm(s)
			/ /	
			/ /	
			/ /	
			/ /	

4 Consultants

5.1 Please advise the following.

Name of all Consultants	Age	Qualifications	Date Qualified	How long as Consultant of the Firm(s)
			/ /	
			/ /	
			/ /	

5.2 Do you ensure that all subcontractors accept liability for work that they do for and/or on your behalf and insist that they hold a Professional Indemnity Insurance sufficient to meet any claims that may be made on them?

Yes No

If 'No', please provide details on a separate sheet and/or in a covering letter.

5 Previous business experience

Give details below of previous business experience, as appropriate, or attach curricula vitae

Newly established business / practice – complete for all partners/directors/members.

Existing business / practice – complete for each partner/director/member who has held such position with the Proposer for less than 5 years.

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

6 Permanent staff

Please advise number of permanent staff (excluding Partners/Directors/Members)

Qualified Full Time Qualified Part Time Other Full Time Other Part Time

7 Partners previous business cover

Is cover required for Partners Previous Business for any Partner / Director / Member named in question 3. If 'Yes', please state

Name of Partner / Director / Member	Title of Previous Business	Date Partner left Business
		/ /

8 Partners activities

- 8.1 Does the business/practice or any partner/director/member act on behalf of, or undertake work for any firm company or organisation in which the business/practice or any partner/director/member has a financial interest? Yes No
- 8.2 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 organisation? Yes No

If 'Yes' in either case, please give details (by separate note if preferred).

9 Area of practice

State gross fees (including those paid to sub-contractors) earned for work undertaken

	Last Year	Previous Year	Current Year (estimated)
1. In the UK (excluding 3 and 5 below)	£	£	£
2. In the USA and Canada	£	£	£
3. In the UK and elsewhere (excluding USA/Canada) for clients domiciled in the USA/Canada, including work for USA companies, subsidiaries of USA companies or USA subsidiaries of companies based elsewhere	£	£	£
4. Elsewhere * (excluding USA and Canada)	£	£	£
5. In the UK for clients domiciled elsewhere * (excluding USA and Canada).	£	£	£
Total of 1-5 above	£	£	£

Actuarial	
Pension Work	%
Life Insurance Work	%
General Insurance Work	%
Finance & Investment Work	%
Other Actuarial Work – Please Specify	%
Non-Actuarial	
Pension Administration	%
Provision of Regulated Investment Advice	%
Other – Please specify	%
	Total 100%

10 Overseas work

Is the business / practice 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 business/practice)

11 Practice fees / finances

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

12 Brochures / written agreements

Does the Proposer use any brochures, written agreements or conditions in connection with the business? If 'Yes', please attach copies.

Yes No

13 Conditions of contract

Does the Proposer use conditions of contract in every case?

Yes No

14 Record retention

What records are kept of:

a. The original contract

b. Subsequent amendments to that contract

c. Verbal agreements

d. Telephone conversations

15 Review of work

What steps does the Proposer take to review work undertaken by staff?

16 Insurance history

In respect of Professional Indemnity Insurance, has any Insurer ever declined a Proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

Yes No

If 'Yes', please give details

17 Claims history

17.1 Has any claim been made against the business or any Partner, Director, Member, Consultant or Employee for neglect, error or omission in relation to professional duties?

Yes No

17.2 Has the Proposer or any predecessor in business or any Partner, Director, Member, Consultant or Employee incurred any other loss or expense which might be within the terms of cover?

Yes No

If 'Yes' in either case, give full details or attach a separate note if preferred.

Date of Claim	Brief Details	Amount of Claims Paid £	Reserves Outstanding £
/ /		£	£

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

18 Claims circumstances

After enquiry, are any of the business Partners, Directors or Members aware of any claim pending or any circumstance which might give rise to a claim against the business or any of the present or previous Partners, Directors or Members of the Business? If 'Yes', please give details Yes No

19 Sanctions

Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business: Yes No

Afghanistan, Balkans (Former Rep. of Yugoslavia & Serbia), Belarus, Burundi, Central African Republic, DR Congo, Egypt, Eritrea, Guinea-Bissau, Guinea, Iraq, Lebanon, Libya, Mali, Sierra Leone, Somalia, South Sudan, Sudan, Tunisia, Ukraine, Venezuela, Yemen or Zimbabwe.

20 Disciplinary proceedings

Has any proposer / director / partner of the business:

- (i) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? Yes No
- (ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? Yes No
- (iii) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings? Yes No
- (iv) Had a proposal form declined? Yes No
- (v) Had an insurance cancelled? Yes No
- (vi) Had special terms imposed? Yes No
- (vii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? Yes No
- (viii) Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation? Yes No

If 'Yes', please provide details:

21 Quotation requirements

Please give details of the firm's current Professional Indemnity Insurance.

Do not complete this question if you are already a client of Bluefin

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		/ /

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

People consulted in completion of the form

Please list below the people you have consulted to assist with the completion of this form, including any external providers:

Name	Position	Location

Please continue on a separate sheet if necessary.

Confirmation

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, 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 insurer 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

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:-

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk



Bluefin Professions is a trading name of Jelf Insurance Brokers Ltd which is authorised and regulated by the Financial Conduct Authority (FCA). Not all products and services offered are regulated by the FCA. Registered in England and Wales number 0837227. Registered Office: Hillside Court, Bowling Hill, Chipping Sodbury, BS37 6JX.