



# TYSERS

## PROFESSIONAL INDEMNITY

Proposal Form

for

Underwriting Agents, Pool Managers and  
Holders of Binding Authorities

Since 1820



Tyser & Co Limited, UK Corporate Risks Division  
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Authorised & Regulated by the Financial Services Authority Ref. No. 308648

**Information:**

This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – i.e. CLAIMS MADE is the date when the claim is received by Tyser & Co Limited, not the date of the alleged claim, that determines the applicable policy. A gap in cover therefore leaves the Insured unprotected.

Please answer all the questions giving full and complete answers. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Director, Partner or Principal or identified Officer of this firm.

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.

Should you wish to discuss any questions on the proposal form please do not hesitate in contacting us, we do understand that some of the questions may not be self explanatory.

**Duty to disclose material facts**

Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated. The courts will find a fact to be 'material' where it would affect the judgment of a prudent insurer as to whether or not to accept the risk at the particular terms offered.

The practical advice, which we give to clients or producers, if this; if you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information, which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

**Please supply the following additional information if available:**

- Company Brochure
- Copy of Standard Contract Terms and Conditions (if applicable)
- Conditions
- Agreements and letters of appointment



## Details of Proposer

1. Name of Proposer:

2. Address of Proposer:

3. Website/Email Address:

4. Address of Branch Offices (If required continue on a separate sheet of headed paper)

Postcode:
Tel No:
Fax No:
Email:
Website:

Postcode:
Tel No:
Fax No:
Email:
Website:

5. Date of Commencement of Underwriting Activities?



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

Name	Qualifications	Date Qualified	Date Commenced

7. Please state total number of:

Principals/Partners/Directors		Personnel remunerated on a commission basis	
Total Staff (other than Administration Staff)		Administration Staff	

8. (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
- (c) Have you purchased any other practice or business? Yes  No

If 'Yes' to (a), (b) or (c) please provide full details:



9. 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	£	£

10. 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	%	%

11. (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 & Pensions	%	%
(i) Mortgage Broking	%	%
(j) Other (please specify)	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>



- (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:

12. 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:

13. 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 therefrom:

14. 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:



15. Please state name of Regulatory Body

16. If available, does the Proposer require cover for liability arising from:

Libel & Slander Yes  No

Dishonesty of Employees Yes  No

Loss of Documents Yes  No

17. Does the Proposer undertake any other duties (e.g. Loss Adjusting), for which cover is required? Yes  No

If 'Yes' please provide full details:

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

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

19. Please complete the SUPPLEMENTARY QUESTIONNAIRE and enclose copies of the UNDERWRITING ACCOUNTS for the last financial year and the AGREEMENT(S) providing the Underwriting Authority, Binding Authority or Pool Authority.

20. Have there been any changes to the Insurers subscribing to your Binding Authorities, Underwriting and Pool Activities in the last 3 years? Yes  No

If 'Yes' please state what changes have occurred:



21. Does the Proposer or any Director/Partner or employee act as Insurance Broker and Underwriter in the same transaction? Yes  No

If 'Yes' please give full details:

**Previous/Current Insurance**

22. Please give details of current Professional Indemnity policy in force, **unless this Insurance is arranged through Tyser & Co Limited**

(a) Insurer:

(b) Expiry Date:

(c) Limit of Indemnity:

(d) Excess:

(e) Premium:

(f) Expiry Retroactive Date:

23. 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:



24. Please indicate the Limit of Indemnity required:

£500,000	<input type="checkbox"/>	£1,000,000	<input type="checkbox"/>
£1,500,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>
£2,500,000	<input type="checkbox"/>	£3,000,000	<input type="checkbox"/>
£5,000,000	<input type="checkbox"/>	Other (please specify)	£ <input type="text"/>

25. What Excess is the Proposer prepared to carry uninsured?

£1,000	<input type="checkbox"/>
£2,500	<input type="checkbox"/>
£5,000	<input type="checkbox"/>
£10,000	<input type="checkbox"/>
Other (please specify)	£ <input type="text"/>

**Claims/Circumstances Information**

26. 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:



27. 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:



## Commercial Combined/Office Insurance

If you would like us to provide you with an indication of cover on the above please complete the following:

Estimated Annual Wageroll split: Clerical £ \_\_\_\_\_  
Manual £ \_\_\_\_\_

<b>Property values</b>	<b>Location 1 Single Occupancy Y/N</b> Please strike out accordingly	<b>Location 2 Single Occupancy Y/N</b> Please strike out accordingly	<b>Location 3 Single Occupancy Y/N</b> Please strike out accordingly
Main building: Rebuild Value if owner:	£	£	£
Or Tenant improvements:	£	£	£
Personal computers, printers and ancillary computer equipment at the premises:	£	£	£
All other contents/business equipment at the premises:	£	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the European Union:	£	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the world:	£	£	£
All other business equipment at home/away from the premises anywhere in the European Union:	£	£	£
All other business equipment at home/away from the premises anywhere in the world:	£	£	£

Fire Alarm Details:

Intruder Alarm details:

Please provide details of any Liability Claims or property damage claims you have incurred in the last 5 years please use an extra page if necessary:

Employers Reference Number or Employer PAYE reference which will be required prior to placement: \_\_\_\_\_



**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**





# TYSERS

## Supplementary Questionnaire – Binding Authorities, Underwriting and Pool Activities

Class & Origin Of Business	Type e.g. BA, Pool, U/W Agency	Names of Insurers Subscribing	Maximum Limit	Premium Income	Commission/Fee	Name of Director Responsible	Method of Operation*

\*Method of Operation: Mark 'A' if Proposer is also an Insurance Broker and only accepts business of own Client; 'B' if accepts business from other brokers but only through own insurance broking agency; 'C' if accepts business from other brokers and is normally written by way of a stamp being put on a slip or 'D' other – please specify.

