



INDEPENDENT FINANCIAL ADVISORS PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER TO COMPLETION OF THIS PROPOSAL FORM

1) Disclosure

- Any "material fact" must be disclosed to Insurers.
- A "material fact" is any information which may alter the judgement of an Insurer in assessing the risk.
- Any "material change" must be disclosed to Insurers.
- A "material change" is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2) Presentation

- This Proposal Form must be completed in ink by an authorised individual, a partner, principal or director of the proposer.
- All questions must be answered.
- If there is insufficient space to provide answers additional information should be provided on the proposers letter headed paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3) Guidance

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in 1) Disclosure and/or 2) Presentation advice should be sought from an insurance advisor in the first instance.

SECTION 1 – GENERAL DETAILS

1) Please provide the following details:

Name of proposer(s) to be covered	Date Established

2) Main address of the proposer and any overseas addresses (specifying the name and position of the Individual responsible at each location including web and e mail addresses):

E-mail address:

Web address:

3) Individual, partner, principal, director, consultants under a contract of service details:

Name	Age	Qualifications	Date (s) Qualified

Attach CV where the proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

4) Indicate the professional associations of which the proposer is a member.

PIA/FSA AIFA GISC IIB BIBA IBRC Other

If other please provide details

5) Number of employees split between the following:

Qualified Administrative Self Employed Consultants Other (specify)

6) Is the proposer connected or associated (financially or otherwise) with any other entity? Yes/No

If yes please provide full details including nature of the work undertaken and income derived.

7) During the past 10 years has the proposers name been changed, has any other business been purchased and/or has any merger or consolidation taken place? Yes/No

If yes please provide details.

SECTION 2 – CLAIMS INFORMATION

- 1) After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person? Yes/No

If yes please provide details.

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- 2) After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes/No

If yes please provide details.

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- 3) After full enquiry has any claim been made against the proposers business or any principal, partner, director or employee whilst in this or any other business? Yes/No

If yes please provide details.

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- 4) After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposers business, or any principal, partner, director or employee of this or any other business? Yes/No

If yes please provide details.

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- 5) Have present or previous Insurers been notified of and accepted all claims, notifications and circumstances? Yes/No

If no please provide details.

SECTION 3 – THE BUSINESS:WORK UNDERTAKEN

1) Please provide the proposers fees/income in each of the financial periods derived from clients based in:

	Last Financial Year Ended -- / --	Current Financial Year Ending -- / --	Coming Financial Year Ending -- / --
UK			
Elsewhere			
Total			

If fees/income are/is declared as derived from clients based in "Elsewhere" above, please provide details including territories involved and income derived.

2) Please allocate below, as a percentage to a total of 100%, the split in fees/income between activities for the last complete financial year:

	UK	Elsewhere	Total
Pensions			
Endowments			
Other Life			
Mortgages			
Building Society Agencies			
PHI Medical Insurance			
Pension Fund Management, Trustees or Administrators			
Private Client Portfolio Management - discretionary			
Private Client Portfolio Management – non discretionary			
Investment in Unit Trusts or Insurance Bonds			
Dealing in Listed, Unlisted UK or Foreign Securities			
Dealing in Bonds (eg Eurodollar) or Commodities			
Investment in Tangibles (eg coins, gems)			
Accountancy/Taxation			
Management Consultancy			
Mergers/Acquisitions/Corporate Finance			
Estate Agency			
Personal Lines Insurance (excluding motor)			
Commercial Insurance (excluding motor)			
Motor Insurance (personal)			
Motor Insurance (commercial)			
Construction Insurance			
Professional Indemnity Insurance			
Aviation/Marine Insurance			
Other (specify)			
			100%

If fees/income have/has ever been derived from Pension Transfers, Opt Outs and/or Non Joiners, Free Standing Additional Voluntary Contributions, Endowment Mortgages and/or Income Draw Down Shares please complete the relevant supplementary questionnaire.

Pension Transfers, Pension Opt Outs and/or Pension Non Joiners Supplementary Questionnaire.

Free Standing Additional Voluntary Contributions Supplementary Questionnaire.

Endowment Mortgages Supplementary Questionnaire.

Income Draw Down Supplementary Questionnaire.

3) Has the proposer ever received fees/income from Split Capital Investment Trusts/Zero Dividend Preference Shares? Yes/No

If yes please provide details.

4) Please advise for each of the activities in (2) above and where an investment product is available how many investment providers the proposer has access to?

5) Does the proposer operate any binding authority arrangement whereby an Insurer or underwriter has granted the business authority to set rates, terms and conditions and/or to handle claims without referral? Yes/No

If yes please complete the **Binding Authority Supplementary Questionnaire**.

6) Does the proposer place more than 50% of the fees/income declared for the last complete financial year in (1) above with one Insurer? Yes/No

If yes please provide details.

7) Please provide details of any insurances placed by the proposer with insurers or underwriters who do not operate in the UK or who are not members of the ABI or Lloyds.

8) In respect of material damage and business interruption combined exposure please provide details of the 2 largest sums insured placed directly by the proposer.

Client	Client
Risk	Risk
Sum Insured	Sum Insured

9) In respect of public liability, products liability, or professional indemnity risks please provide details of the 2 largest sums insured placed directly by the proposer.

Client	Client
Risk	Risk
Sum Insured	Sum Insured

10) Is cover required for any other activity, now ceased, which is different to those declared in (2) above? Yes/No

If yes please provide details.

11) Is the proposer aware of any change in activity/structure that will occur in the coming financial year? Yes/No

If yes please provide details.

SECTION 4 – THE BUSINESS:RISK MANAGEMENT

1) Is the proposer admitted to any Association or accredited to any quality systems such as the ISO series? Yes/No

If yes please provide details.

2) What is the proposers procedure to ensure supervision of qualified staff and self employed consultants?

3) What records are kept by the proposer of telephone conversations and attendance at meetings?

4) Please advise for any transaction where an investment product is available:

4.1) Was it the proposers practice to obtain sufficient information recorded in writing to show that the transaction recommended was suitable for the clients needs (eg Client Financial Planning Analysis and/or Know Your Client questionnaires)? Yes/No

If no please provide details.

4.2) Was it the proposers practice to provide clients with a written explanation as to why the transaction recommended is suitable for their needs (eg providing a written comparison between their existing arrangements and any recommended replacement product or a Reason Why letter)? Yes/No

If no please provide details.

5) Does the proposer always obtain satisfactory written references when engaging staff? Yes/No

If no please provide details.

6) Does the proposer have authority to handle client monies? Yes/No

If yes please provide details of the procedures.

7) What is the proposers percentage of execution only business in the last 12 months?

8) What is the proposers percentage of limited advice business in the last 12 months?

9) What is the proposers persistence rate for each of the last 3 years?

10) What is the proposers percentage of cancelled business in each of the last 3 years?

11) What is the proposers percentage of "switched" business in each of the last 3 years?

12) Please provide the following details for each of the last three years?

	Year Ended	Year Ended	Year Ended
Number of staff who have left employment with the proposer	--	--	--
Number of staff who have joined employment with the proposer			

13) After enquiry does any current partner and/or employee have any County Court Judgement, debt issues, past complaints (either from an association and/or client) and/or criminal convictions? Yes/No

If yes please provide details.

14) Is the proposer operating solely one business? Yes/No

If no please provide details.

15) Does the proposer always use the proposers letter headed paper in any correspondence and meeting? Yes/No

If no please provide details as to why.

16) Please provide a copy of the last report from the PIA/FSA Monitoring Unit.

SECTION 5 – INSURANCE COVERAGE

1) Does the proposer currently have Professional Indemnity Insurance in force?
Yes/No

If yes please provide the following details.

1.1) Insurer

1.2) Limit

1.3) Excess

1.4) Renewal date

1.5) Number of years cover has been continuously in force

2) What is the amount of indemnity now required?

3) Has any Proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?
Yes/No

If yes please provide details.

SECTION 6 – DECLARATION

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated 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 occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

Signature of authorised individual/partner/principal/director

Date

