



Professional Risks

Insurance Brokers Proposal Form



DOA takes your privacy very seriously. We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and financial management. This may involve sharing or obtaining information about you within our group of companies and other third parties such as insurers, sub brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators and fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our [Privacy Policy](#). If you do not have access to the internet please contact us and we will send you a printed copy.

DOA Underwriting Ltd is an independent underwriting agency, wholesale broker and principal company for David Oliver T/as David Oliver Associates and DOA Special Facilities Ltd (DOA) and is Authorised and Regulated by the Financial Conduct Authority, FRN 772309.

Reference Number:	Date:
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To assist with the completion of this Proposal Form, the following words will mean:-

'Principal' refers to the Chairman or the Chief Executive or the Managing Director of the **Proposer**.

'Proposer' refers to the Parent or Holding Company, all Subsidiary Companies thereof, and all individuals proposing for this insurance.

Please be aware that this completed Proposal Form will be relied upon by the Insurer. You have a duty to make a full and fair presentation of all material circumstances. A circumstance or representation is material if it would influence the judgement of a prudent insurer in determining whether to take the risk and, if so, on what terms. Any facts given which are knowingly false or misleading may make the Policy null and void. In addition to the information contained in your Proposal Form including all supporting documentation, if you are aware of any other material circumstances which you consider may alter, influence or prejudice the Underwriter's appraisal of the risk being proposed, you must disclose this information in conjunction with this Proposal Form. If such circumstances are not disclosed at the same time as the completion of the Proposal Form, such non-disclosure may prejudice the Proposer's rights to indemnity under the Policy. If uncertain as to what may constitute a material circumstance, please consult your Insurance Broker.

1a) NAME OF PROPOSER: *(Please include any predecessor firm(s) for whom cover is required)*

1b) DATE(S) ESTABLISHED:

2a) ADDRESS OF PRINCIPAL OFFICE:

2b) LOCATION OF ANY OVERSEAS OFFICE:

2c) ADDRESS OF OTHER OFFICES GENERATING MORE THAN 20% OF THE TOTAL ANNUAL FEE INCOME DECLARED FOR THE LAST FULL FINANCIAL YEAR:

3) CONTACT DETAILS:

Main contact telephone number: _____

Main contact fax number: _____

e-mail address: _____

Web-site address: _____

4a) DURING THE LAST SIX YEARS HAS THE PROPOSER:

- i) changed its name?
- ii) been part of any amalgamation, acquisition or merger?
- iii) in any way had any material change to its business activities?
- iv) had any if its Principles changed?

YES / NO
YES / NO
YES / NO
YES / NO

If **YES**, please provide full details.

4b) ARE ANY MATERIAL CHANGES TO THE BUSINESS PLANNED?

YES / NO

If **YES**, please provide full details.

5a) PLEASE STATE THE TOTAL NUMBER FOR THE PROPOSER OF:

- i) Partners & Directors
- ii) All other Qualified Staff
- iii) All other Staff
- iv) Consultants/Appointed Representatives (not employees)
- v) **TOTAL**

5b) IN RESPECT OF a) (i) PLEASE PROVIDE DETAILS OF ALL PARTNERS & DIRECTORS AS FOLLOWS:

Name	Qualifications	Date Qualified	Position	Number of years as partner or director

5c) IN RESPECT OF a)(iv) PLEASE PROVIDE DETAILS OF ANY CONSULTANTS INCLUDING APPOINTED REPRESENTATIVES REQUIRING COVER UNDER THE POLICY:

Name	Qualifications	Date Qualified	Total fees paid to such consultant for Last Fully Completed Financial Year	Nature of Work Undertaken For The Proposer	Is work undertaken exclusively for the Proposer?

6a) PLEASE STATE THE PROPOSER'S GROSS COMMISSION/FEE INCOME FROM CLIENTS DOMICILED IN EACH REGION BELOW:-

	Last fully completed financial year	Estimated for current financial year	Forthcoming financial year
(i) United Kingdom			
(ii) Europe			
(iii) USA/Canada			
(iv) Elsewhere			
(v) Total			

Financial year end:

PLEASE STATE IF FIGURES ABOVE NOT IN GBP:

If any income is declared under **6a(iii)** or **6a(v)** please provide details as follows:

Client Name	Country	Year	Details of work undertaken	Turnover Earned	Legal jurisdiction of contract

6b) STATE THE LARGEST AND AVERAGE GROSS COMMISSION EARNED FROM ANY ONE PLACEMENT FOR THE LAST FULLY COMPLETED FINANCIAL YEAR

i) Largest:

ii) Average:

6c) STATE THE LARGEST 3 PLACEMENTS ARRANGED BY THE PROPOSER FOR THE LAST FULLY COMPLETED FINANCIAL YEAR:

Client Name	Location of Client	Type of Cover Arranged	Total Placement value (sum insured/limit of liability)

6d) DOES ANY ONE CLIENT REPRESENT MORE THAN 25% OF THE PROPOSER'S GROSS COMMISSION/FEE INCOME IN ANY OF THEIR LAST THREE FINANCIAL YEARS OR THE CURRENT FINANCIAL YEAR (OR IS EXPECTED TO FOR THE FORTHCOMING FINANCIAL YEAR)?

YES / NO

If **YES**, please provide details:

7a) FOR THE LAST FULLY COMPLETED FINANCIAL YEAR, PLEASE PROVIDE DETAILS OF GROSS COMMISSION/FEE INCOME EARNED BY THE PROPOSER IN THE FOLLOWING CATEGORIES:

Type of work	Gross Commission/Fee Income	% of gross commission/fee income
i) Private Motor		
ii) Commercial Motor		
iii) Household Insurance		
iv) Personal Accident/Travel		
v) Commercial Property		
vi) Public/Employers Liability		
vii) Construction		
viii) Professional Indemnity		
ix) Facultative Reinsurance (please give details of type below)		
x) Treaty Reinsurance (please give details of type below)		
xi) Marine Pleasure Craft & Cargo		
xii) Other Marine		
xiii) Aviation		
xiv) PH/Medical		
xv) Endowments		
xvi) Other Life Assurance		
xvii) Pensions		
xviii) Other activity regulated under the Financial Services and Markets Act 2000		
xix) Mortgage sales		
xx) Pension Fund/Management Trusteeship/Administration		
xxi) Other (please give details below)		

7b) DOES THE PROPOSER ARRANGE ANY INSURANCE WITH INSURERS WHO DO NOT OPERATE IN THE UK OR ARE NOT MEMBERS OF THE ABI OR LLOYD'S?

YES / NO

If YES please provide full details.

7c) DOES THE PROPOSER HAVE ACCESS TO LLOYD'S?

YES / NO

If YES please provide full details.

7d i) DO YOU PLACE OR INTEND TO PLACE, OR HAVE YOU AT ANY TIME IN THE LAST 6 YEARS PLACED, BUSINESS WITH ANY INSURER THAT, AT THE TIME OF PLACEMENT, WAS A UNRATED INSURER?

YES / NO

If YES, please state the following:

Insurer Name	Type of Business	When last use	Average Annual Premium Places at time of use	Average number of Insureds placed at time of use

7d ii) WHAT IS OR WAS THE RATIONALE FOR THE USE OF UNRATED INSURERS, PARTICULARLY FOR LONG TAIL BUSINESS SUCH AS LIABILITY?

Do you intend to continue using **Unrated Insurers** in future?

YES / NO

If YES, in what circumstances:

7d iii) HOW IS OR WAS YOUR RATIONALE EXPLAINED TO CUSTOMERS?

7d iv) DO OR DID YOU ALWAYS OFFER AN ALTERNATIVE OPTION WITH AN INSURER THAT WAS NOT AN UNRATED INSURER?

YES / NO

7d v) ARE / HAVE THE PROCEDURES DESCRIBED IN 4 AND 5 ABOVE BEEN FOLLOWED AT ALL TIMES?

YES / NO

7e) FOR ANY OF THE CATEGORIES LISTED IN Q.7a) IS MORE THAN 50% PLACED WITH ONLY ONE INSURER?

YES / NO

If YES, please provide full details.

7f) IF ANY INCOME IS DECLARED UNDER Q.7a) xv, xvi, xvii OR xviii PLEASE:

- provide the following split for each category:
 - i. introduction only to 3rd party service provider
 - ii. transaction only (ie no advice) of regulated products
 - iii. advice (including transaction of where appropriate) in respect of regulated products:
 - (a) via tied agency agreement
 - (b) as an independent financial adviser

AND

- complete the Financial Services Supplementary Questionnaire

7g) PLEASE ADVISE THE PERCENTAGE OF FEES DERIVED FROM WORK DONE ON PROJECTS ABORTED PRIOR TO THE COMMENCEMENT DATE:

7h) IN RESPECT OF PENSION FUND MANAGEMENT, TRUSTEESHIP AND ADMINISTRATION, PLEASE GIVE DETAILS (CLIENT NAME, FEES EARNED, SERVICES PROVIDED AND LEVEL OF TRUST FUNDS UNDER MANAGEMENT):

8) DELEGATED AUTHORITY AGREEMENTS

Does the **Proposer** hold any authority granted to them by any insurer?

YES / NO

If **NO**, please go to question 9. If **YES** please state:

- a) the classes of business to which the authority applies
- b) where the clients (policyholders) are based
- c) the names of the subscribing insurers
- d) the date(s) the initial agreements commenced

e) the premium income derived by the **Proposer** under each of the agreements

Last fully completed financial year	Estimate for current financial year	Forthcoming financial year

f) the gross commission/fee income earned by the Proposer under each of the agreements

Last fully completed financial year	Estimate for current financial year	Forthcoming financial year

g) whether the Proposer has the authority to set rates and terms and conditions (please state whether this is with full discretion or within guidelines contained within the agreements)

h) the maximum sum insured/limit of liability permissible under each of the agreements

i) the 5 year gross loss ratios for each of the agreements

j) whether the **Proposer** has any authority or a duty to handle the placing of any reinsurance protection on behalf of the subscribing insurers

k) whether the **Proposer** has any authority to handle or settle claims (please also state whether there are any limitations in such authority- e.g. maximum claim settlement without referral)

l) where authority is granted to individuals who are not partners or directors of the **Proposer**, the experience of the individuals

m) whether the **Proposer** delegates their authority to any third party

n) when the delegated authority agreements were last audited by subscribing insurers and whether the insurer expressed any concerns. If concerns were expressed have these now been resolved to the satisfaction of the insurer?

9a) IS THE PROPOSER A MEMBER OF ANY INSTITUTE OR ASSOCIATION?

YES / NO

If **YES**, please provide details:

9b) HAS THE PROPOSER UNDERTAKEN WORK IN THE LAST 3 YEARS (OR DOES THE PROPOSER PLAN TO) FOR ANY ENTITY WHICH HAS A FINANCIAL, EXECUTIVE OR CONTROLLING INTEREST IN THE PROPOSER OR IN WHICH THE PROPOSER HAS A FINANCIAL, EXECUTIVE OR CONTROLLING INTEREST?

YES / NO

If **YES**, please provide details:

9c) IS THE FIRM A MEMBER OF A CONSORTIUM OR JOINT VENTURE?

YES / NO

If **YES**, please provide details..

10) DISHONESTY

a) Is any person allowed to sign cheques without a counter signature by a **Principal**?

YES / NO

If **YES** please provide details of circumstances, names of individuals involved and extent of cheque signing authority

b) Is an independent monthly reconciliation of cash book entries, receipts, counterfoils, vouchers etc with the **Proposer's** bank statements undertaken at least once a month?

YES / NO

If **NO**, please advise what reconciliation procedure exists and how often such reconciliation is undertaken

c) Are all cheques and/or cash received by the **Proposer** paid in daily?

YES / NO

If **NO**, please advise how long it could take to pay such monies into the **Proposer** Account

11) RISK MANAGEMENT

a) Where the Proposer is a sole principle, does the Proposer have arrangements in place for office supervision in the event of absence?

YES / NO

- | | |
|--|---------------------------------------|
| b) Are all the offices under the day to day control and supervision of a director, partner or principle? | <input type="text" value="YES / NO"/> |
| c) Does the Proposer always require references and check that the qualifications are properly held gaps in employment history are explained when engaging employees? | <input type="text" value="YES / NO"/> |
| d) Is there a procedure in place to ensure that, prior to taking on a new client, the clients requirements are clearly identified and can be met by the Proposer? | <input type="text" value="YES / NO"/> |
| e) Is all work subject to the Proposer's standard terms of engagement (please supply a copy)? | <input type="text" value="YES / NO"/> |
| f) Is there a written agreement between the Proposer and subcontractors?? | <input type="text" value="YES / NO"/> |
| g) Is there a formal procedure in place to review the work of employees and subcontractors? | <input type="text" value="YES / NO"/> |
| h) Where proposal forms are completed by the Proposer , are they always signed by the client? | <input type="text" value="YES / NO"/> |
| i) Is risk information backed up daily? | <input type="text" value="YES / NO"/> |
| j) Is it the Proposer's practice to always confirm orders in writing, detailing the basis on which the risk is bound? | <input type="text" value="YES / NO"/> |
| k) Are policy documents checked and signed by a partner or director? | <input type="text" value="YES / NO"/> |

If **NO**, to any of the questions above, please provide an explanation below.

12a) PLEASE PROVIDE DETAILS OF THE PROPOSER'S CURRENT PROFESSIONAL INDEMNITY INSURANCE POLICY:-

Expiry Date:-	Insurer:-
Limit Purchased:-	Excess Applicable:-
Premium:	Retro-Active Date:

HAS THE PROPOSER BEEN CONTINUOUSLY INSURED SINCE ESTABLISHMENT?

12b) HAS THE PROPOSER AT ANY TIME BEEN REFUSED SIMILAR INSURANCE, OR HAD ANY POLICY CANCELLED OR VOIDED AT

ANY TIME?

YES / NO

If **YES**, please provide details.

12c) PLEASE PROVIDE DETAILS OF COVER NOW REQUIRED:-

Limit Requested:

Excess Required:

13a) DURING THE PAST 6 YEARS:

i) has any claim been made against any **Proposer**, whether successful or not, in respect of the risks to which this proposal form relates?

YES / NO

ii) have any complaints been made against any **Proposer** or have any disciplinary proceedings been brought by any Regulatory Body?

YES / NO

If **YES** to either of the above, please provide full details including details of amount claimed for/lost including costs and expenses, Insurer reserve, details of the applicable policy excess and extent of allegations made.

13b) WHAT ACTION HAS BEEN TAKEN TO PREVENT A REOCCURRENCE OF THE SITUATION WHICH GAVE RISE TO EACH CLAIM/LOSS?

13c) AFTER FULL ENQUIRY IS THE PROPOSER AWARE OF ANY CIRCUMSTANCES WHICH MAY GIVE RISE TO A POTENTIAL CLAIM OR REQUEST FOR INDEMNITY UNDER THE POLICY?

YES / NO

If **YES**, please provide full details on a separate sheet including details including amount claimed for/lost.

DECLARATION

1. We declare that to the best of the company's knowledge and belief the above statements and all other information given to the insurers, including any joint applicants, are true and complete and that we have not withheld any material fact or circumstance.

2. We agree that this Proposal has been relied upon by the Insurer to enter into a contract of insurance at the terms and conditions contained in the insurance policy. We understand that:

- a) breach of the duty to make a fair presentation of the risk may (a) invalidate such a policy, (b) result in the policy being treated as if it had been entered to on different terms, and/or (c) result in the reduction in the amount payable in respect of any claim;
- b) any breach of the terms and conditions of the policy, whether declared to the insurers or not, may render any claim under the policy invalid UNLESS agreed in writing by the insurers by specific endorsement;
- c) in the event of any conflict or ambiguity between the terms and conditions of the policy and this Proposal, the terms of the policy will prevail.

Signature of Principal: _____

For and/on behalf of the Proposer: _____

Name in capital letters (Printed): _____

Date: _____

Data Protection

It is agreed by the **Proposer** that any information provided to the Underwriter regarding the **Proposer** will be processed by the Underwriter, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. By signing this Proposal Form the **Proposer** is consenting to the use of information, including sensitive personal information, for the above purposes. Where personal information relates to third parties the **Proposer** confirms that it has been given the requisite consent to disclose such information to the Underwriter for processing.