

Full Name	Age	Qualifications	Year qualified	Number of years in this capacity with you/your firm
a.				

b.

c.

Full Name	Fees Paid	Overview of Services Provided

5. Please state numbers of other permanent staff:

a. qualified

b. all others

i. full-time ii. part-time i. full-time ii. part-time

b. Does the firm or any Partner/Director/Member/Principal act on behalf of, or undertake work for any firm, company or organisation in which the firm has a financial interest?

Yes No

c. Does any Partner/Director/Member/Principal 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 above, please give details (by separate note if preferred)

5

Is the firm 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 firm)

6

Please state your gross fees (including those paid to sub-contractors) earned from activities undertaken:

	Previous financial year (...../...../201...)	Last completed financial year (...../...../201...)	Forthcoming year (estimated) for new and existing practices (...../...../201...)
a. In the UK (but see 'e' below)	£	£	£
b. In the USA	£	£	£
c. For clients domiciled in the USA (excluding Canada), including work for USA companies, subsidiaries of USA companies or USA subsidiaries of companies based elsewhere	£	£	£
d. Europe/Elsewhere*	£	£	£
e. In the UK for clients domiciled elsewhere* (excluding USA)			
Total of a,b,c,d, and e	£	£	£

*Please state countries and amounts involved

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a) Are you, or have you ever been involved in promotion or selling of Financial Services products?

Yes **No**

If '**Yes**' please advise the current percentage of your total fee income that this work represents and in addition please provide a comprehensive description of these activities on a separate sheet.

_____%

b) Do you ever advise any Pension Funds trustees while at the same time advising the Company employer sponsoring the fund, or the employees?

Yes **No**

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Please state the largest fee earned from any one client:

Last Year	Previous Year	Forthcoming Year (estimated)
£	£	£

9

Please state the percentage of your gross fee income for your last financial year derived from:

ACTUARIAL WORK	
Insurance work excluding reserving	%
Insurance reserving work	%
Pensions work	%
Forensic or actuarial work	%
Other *	%
NON ACTUARIAL WORK	
Pension Administration	%
Provision of Regulated Investment advice	%
Other*	%
TOTAL	100%

Details of Other work:

10

Do you use standard conditions of contract in every case? **Yes** ~~No~~

Do you have written instructions or checklists for the services provided? **Yes** ~~No~~

11

Do you always obtain satisfactory references before taking on staff? **Yes** ~~No~~

12

In respect of Professional Indemnity insurance, has any insurer declined a Proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? **Yes** ~~No~~

If 'Yes', please provide details

13

Has any Partner, Director, Member or employee, either past or present, during the last six years been the subject of disciplinary proceedings or investigation by any professional body?

Yes No

Has any Partner, Director or Member ever been convicted or charged with a criminal offence or ever been declared bankrupt or had a county court judgement against them or been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership? **Yes No**

If 'Yes', please provide details:

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Has any claim been made against the Firm or any predecessors in business or any Partner, Director, Member, Principal, consultant or employee for any negligence, error or omission in relation to professional duties – whether successful or not, or have any circumstances been reported by you to insurers within the last 6 years? **Yes No**

Has the Firm or any predecessors in business or any Partner, Director, Member, Principal, 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 details below, or attach a separate note if preferred:

Date of Claim	Details of each claim or loss	Cost (if any) of claim paid or loss incurred	Reserves held by Insurers

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

Is any Partner, Director, Member, Principal, Employee or any person under contract of service with the Firm, **after enquiry**, aware of any Circumstances, Incidents or Claims, which may give rise to a claim against the Firm? present or former Partner/Director/Member? **Yes No**

If 'Yes', please provide give details (including maximum potential cost):

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Do you currently have Professional Indemnity Insurance in force? **Yes No**

If 'Yes' please advise (Please leave blank if currently insured via Arlington)

Insurer	
Renewal Date	
Limit of Indemnity	£
Excess	£
Premium	£

Please specify the Limit of Indemnity and excess you are requesting:

Limit of Indemnity	Excess
£	£
£	£

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DECLARATION

The information that you have provided to us forms the basis of your insurance policy. It is important that you advise us of all material information, and immediately of any change in information. Please provide immediate notice to us should any of the information contained herein alter between the date of this proposal form and the inception date to which this proposal form relates. Please note if you are in doubt whether or not any information is material it should be disclosed. Failure to disclose information may prejudice your rights in the event of a claim.

A material fact is one that is likely to influence an Underwriter’s judgement and acceptance of your proposal. If your proposal is a renewal of any existing policy it should also include any change in the facts previously advised to Underwriters.

I/we confirm this is a fair presentation of the risk to be insured and that I/we have undertaken a reasonable search within my/our business (including consulting with senior management and any relevant third parties involved in my/our business) to identify and verify that information relevant to the risk concerned has been disclosed.

I/we declare that the statements and particulars given in this proposal form or any supplementary information are correct and that no material fact or information has been mis-stated or suppressed or omitted. I/we agree that this proposal form together with any other information supplied shall form the basis of any contract of insurance which may be effected.

.....
Signature of Partner/Director/Member/Principal

.....
Date

.....
Position

Please return to: Arlington Insurance Services Ltd.

68 Old Market Street, Bristol, BS2 0EJ

Tel: 0117 387 8880 E-mail: verena@arlingtoninsuranceservices.com