

Hera Indemnity Insurance Insurance Brokers Proposal Form



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Important Notes

In this application:

"You / Your" refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

"Firm" means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

"Principal" means any Director, Partner, Member or Sole Trader.

"Senior Management" includes all individuals who play significant roles in the making of decisions about how Your activities are to be managed or organised.

"Fair Presentation" means a presentation that:

- Clearly discloses every material circumstance that is known or ought to be known by Your Senior Management and those persons
 responsible for Your insurance or which is sufficient to prompt the insurer/s to ask appropriate questions. A circumstance is material if it
 would influence an insurer's judgement in determining whether to take the risk and, if so, on what terms.
- Discloses information in a manner that is reasonably clear and accessible; "data dumping" of large quantities of information with important matters hard to identify amongst the volume would not fulfil this requirement.
- Contains statements and facts that are true, accurate and given after undertaking a reasonable search, including consulting with Senior Management and those persons responsible for Your insurance.

"Hera Indemnity" means Hera Indemnity, a trading name of Advisory Insurance Brokers Limited.

"Data Protection Legislation" means the Data Protection Act 2018, or, from the date it comes into force in the UK, the General Data Protection Regulation (EU) 2016/679 and any other applicable laws relating to the protection of personal data and the privacy of individuals (all as amended, updated or re-enacted from time to time).

"Data Subject", "Personal Data", "Controller" and "Processor" each have the meaning given to them in the Data Protection Legislation.

Fair Presentation

It is important that you tell us everything about you and what you want to insure, including any specific concerns that led you to seek cover.

The law requires that you make a "fair presentation" of the risk to insurers. To do this you need to undertake a reasonable search for and disclose all information that may be material to the insurance, including by making specific enquiries of Partners, Directors and Senior Management involved in the business and its subsidiaries and other people inside and outside your organisation who may have material information, and to answer all the questions we ask you accurately and to the best of your knowledge and ability.

You must tell us of anything that may be relevant or important for insurers to know so that they can make decisions on whether to offer cover, the type of cover to offer, the terms to be applied and the required premium. If you don't do this and a relevant piece of information is missed then your cover may be prejudiced or become void, you may be charged a higher premium or have claims reduced or not paid at all.

By way of example only, you should inform us of the following:

- The financial history of the proposer (including senior management and those involved in arranging the insurances), director or partner of
 the business (including any subsidiaries) personally or in any business capacity. Areas to disclose include prior convictions (excluding
 motoring convictions and those spent under the Rehabilitation of Offenders Act), bankruptcy/liquidations/voluntary arrangements,
 previously had an insurance policy voided/cancelled/declined, County Court Judgements (or Scottish equivalent)
- Any different, special or any unusual aspects of your business activities in comparison to what would be considered 'typical' for your trade, business or profession.
- If anything changes from what you have previously advised to us

If you are in any doubt or need further information, please tell us or speak to your usual contacts.

Fair Processing Notice

Hera Indemnity is a trading name of Advisory Insurance Brokers Limited, who are the data controller for the personal information you provide. We are committed to keeping your information safe and secure. We will use your personal information to communicate with you and to provide you with the products and services you have requested or are of interest. We also share information with other companies including insurers and finance companies to assess and obtain the quotes and covers you have requested. We will also share information with other organisations where we need to do so by law. Our Fair Processing Notice can be found here www.towergateinsurance.co.uk/fpn/fair-processing-notice-directory. This explains in more detail how we use and share your personal information.

						Date	Establis	shed	
Please provide Yo	our website add	lress:							
Diagram and date all									
Please provide all	addresses:								
		ious busine	ess (predecess	or practices	s), please pr	ovide full details b	elow:		
If cover is required	d for Your previ								
	d for Your previ	Start Dat	e		End Date			Reason for wi	nding up/leavi
	d for Your previ		e		End Date			Reason for wi	nding up/leavi
Name (s)		Start Date		essional bu		ty not covered els	sewhere		
Name (s) If any of the Prince Name of Principal to be covered		Start Date		essional bu		ty not covered els	sewhere		
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Name (s)	ipals require co	Start Date	y previous profe	From: To:	siness activi		Fro	, please provide	details below:
Name (s) If any of the Prince Name of Principal to be covered Name of previous Firm Period at previous Firm Fees for last 3	ipals require co	over for any	y previous profe	From: To:	siness activi		Fro	, please provide	details below:
If any of the Principal to be covered Name of principal to be covered Name of previous Firm Period at previous Firm	ipals require co	Start Date	y previous profe	From: To:	siness activi		Fro	, please provide	details below:

Name	Age	Qualifications		Date Qualified		Date of Engagement				
	<u> </u>	I		<u>I</u>		<u> </u>				
8. Please supply details of total nu	ımbers of stat	f:								
Principals	Qualified Staff		Unqualified Staff			Others				
 Has any Principal ever been co pending (excluding minor motor by their professional body? 	nvicted of a cring offences)	riminal offence or are an , or been investigated/re	y charges/prose primanded/disqu	cutions µalified		Yes No				
If YES, please provide full details	below:									
Please provide full details if any associated with any business w	/ Principal has	s been made personally l sed trading, either volunt	pankrupt or has arily or compuls	been orily:						
11. Unless you are already insured	through us, p	olease provide details of	your current Pro	fessional Indemnity ir	nsurance	e arrangements below:				
Current Insurer										
Current Broker										
Policy Renewal Date										
Policy Renewal Date Limit of Indemnity Excess										
Policy Renewal Date Limit of Indemnity Excess Premium										
Policy Renewal Date Limit of Indemnity Excess	al Indemnity	coverage in force, plea	se advise the r	etroactive date, if ar	ny:					

7. Please supply details of all Principals:

					Last Complete Year	N/Y Estimate		
Year End	1 1	1 1	1 1	1 1	1 1	1 1		
Work in UK								
Work in EU								
Work in USA/ Canada								
Work Elsewhere								
Total								
 Please provide a breal 	kdown of Your a	activities and percer	ntage of income genera	ted for each disciplir	ne:			
Motor (personal)						Q		
Motor (commercial)						g		
Other commercial						9		
Household						o,		
Health						o,		
Other personal lines						Q		
Bloodstock						Q		
Professional Indemnity/Di	rectors & Office	rs				Q		
Marine/Aviation						O,		
Loss Assessing/Claims Ac	ljusting							
Risk Management								
Life Assurance (non-inves	tment)					g,		
Investment Business								
Other (please provide full	details below)					9		
					Total	100%		
Please provide details								
Discipline	Cla	ss of Insurance	Sum Insu	ired	Sum Insured			
Property								
Commercial								
Public Liability/Products L	iability							
Professional Indemnity								
15. Please provide a full d	escription of all	services provided.						

12. Please provide a breakdown of turnover/fees generated for each of the last 5 financial years and an estimate for the current/next financial year.

Details of Service								
								%
								%
								%
17. Do You anticipate professional activities/services provided will change over the forthcoming twelve months? Yes							No	
If YES, please provide	full details be	elow:						
18. Are You involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design or consultancy capacity?							No	
If YES, please provide	full details be	elow:						
19. Do You engage the services of sub-contractors? Yes If YES, please provide answers to the following, otherwise skip to the next question.							No	
What percentage of fee	What percentage of fees/turnover was paid to sub-contractors during the last financial year?							%
Do You always require Your sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?							No	
If YES, please confirm	the minimum	ı limit You require them to maintain	:	£				
20. Please provide details of Your 5 largest contracts that have been completed in the past 6 years:								
Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Louil	Date		
			£					
			£					
			£					
			£					
£								

16. Please provide a breakdown of Your activities described above, and percentage of income generated for each discipline (must equal 100%) in the last complete financial year:

	Start Date Description of Work		Work	Total C		Your Co		Estim	ated Co Date	
				£						
				£						
				£						
				£						
				£						
	dertake projects where		_	om?	Total C	· autorat	Vous C	Yes		No
Country	Client	Start Date	Description of Wo	ork		ontract lue		Contract Ilue	_	timated letion D
					£					
					£					
					£					
Country	Client	Start Date	Description of Wo	ork		ontract lue		Contract Ilue		timated letion D
									Сот	
					£				Comp	
					£				Comp	
									Comp	
services to	at all times used writte be provided and have ive full details below	e all changes alwa	r each contract under ays been confirmed i	rtaken whic in writing?	£			Yes		No
services to	be provided and have	e all changes alw	ays been confirmed i	in writing?	£ h clearly c	outline the				No
NO, please g	be provided and have	e all changes always. I. I ave You ever ent h as a consortiun	ays been confirmed i	in writing?	£ h clearly c	outline the				No

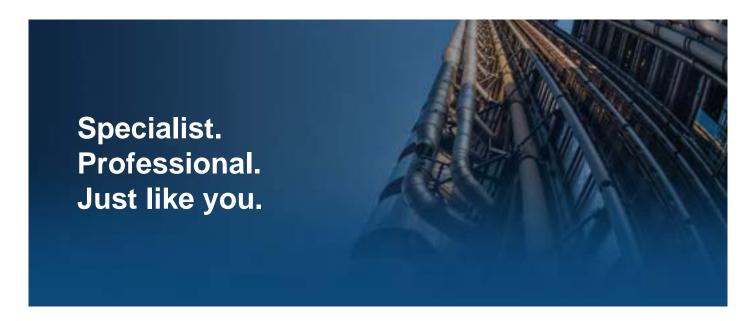
26. Have You ever ent	Yes		No				
If YES, is written sign	off for the contract terms always obtained for	rom Your client prior to	doing so?	Yes		No	
27. Please select the li	imit of Indemnity You require quotations for:						
28. Please select the l	evel of excess You require quotations for:						
	n made or loss suffered by You, whether insure to which this proposal for insurance relates?	ed or not, in respect		Yes		No	
If YES, please provide	e details below.						
Date of Claim/Loss	Details of Claim/Loss	Amount Paid	Date Settled			standing	ı
		£			£		
		£			£		
		£			£		
		£			£		
		£			£		
	any of the following? s which might lead to claim against You, whethe proposal for insurance relates?	er insured or not, in respe	ct of any of the	Yes		No	
Any matter which r	might otherwise affect the consideration of this p	oroposal?		Yes		No	
Has any applicatio Principal ever beer	n for similar insurance made on Your behalf or on declined, refused renewal, cancelled or accept	on behalf of any past or poted only on special terms	oresent s?	Yes		No	
If YES to any of the ak	pove, please provide full details here:						

Declaration

I, being a signatory to this form, declare that the information in this form, together with any other information, is a Fair Presentation. If the proposer is an organisation such as a company or Limited Liability Partnership, I make the declaration for and on behalf of the organisation (and I declare that I am duly authorised to do so).

If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform Underwriters.

Signed:	Printed Name:
Date:	



What information do we collect?

To enable us to provide you with the right product or service to meet your needs (or to handle a claim) we will collect personal information which may include your name, telephone number, email address, postal address, occupation, date of birth, additional details of risks related to your enquiry or product and payment details (including bank account number and sort code).

We may need to request and collect sensitive personal information such as details of convictions or medical history for us to provide you with the product or service or to process a claim.

We only collect and process sensitive personal data where it is critical for the delivery of a product or service and without which the product or service cannot be provided. We will therefore not seek your explicit consent to process this information as it is required by us to provide the product or service you have requested and is legitimised by its criticality to the service provision. If you object to the processing of this information, then we will be unable to offer you that product or service. Where you have given consent for the processing of your data, you may withdraw that consent at any time.

Please note that typically we process data on the legal basis that it relates to a contract of insurance, or a contract to provide you with risk advice, so the right to erasure, which does not apply to personal information processed for a contractual purpose, will not be applicable in many instances.

However, we may also collect personal data for marketing purposes from publicly available sources or product development purposes where it is in our legitimate interests to do so.

To read our full Fair Processing Notice, visit www.towergateinsurance.co.uk/fpn/fair-processing-notice-directory.



Hera Indemnity, 3 Hardman Square, Spinningfields, Manchester, M3 3EB

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