



Insurance Brokers Application Form

IMPORTANT:

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.

“MUM” means Pen Underwriting Limited trading as Manchester Underwriting Management (**“MUM”**).

You owe a duty of disclosure to **Your** insurer/s. This includes a duty to make a **Fair Presentation** of the risk. **You** must disclose all material circumstances known to **Your Senior Management** and those persons responsible for **Your** insurance.

Your presentation and the answers to the questions in this form should relate to all work and for all firms for which cover is required - past, present and future. **You** should complete all sections of this form. Where a question is not relevant to **Your** business, please respond ‘N/A’. The Application Form must be signed and dated by a **Principal** once completed. If you are in any doubt as to whether to disclose something then it is normally better to disclose it but **You** should consult your broker if **You** have any questions as to the presentation.

You must also disclose any changes to the presentation that occur prior to commencement of insurance, when it is renewed and at any time that it is varied.

Failure to make a **Fair Presentation** may lead to:

- The voidance of any insurance effected, resulting in no claims being met; or
- Different terms being imposed, which might mean an increased premium, excess or reduced cover; or
- The reduction of the amount of a claim payment.

How does MUM maintain Your privacy?

MUM is the data controller of any personal data **You** provide to **MUM**. **MUM** collects and processes personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop its products and services and to comply with its legal and regulatory obligations. This may involve sharing information with and obtaining information from **MUM's** group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies.

MUM may record telephone calls to help it to monitor and improve the service provided as well as for regulatory purposes.

Please see **MUM's** Privacy Notice for further information on how **Your** personal data is used, shared, disclosed and retained, **Your** rights in relation to **Your** personal data and how to contact **MUM's** Data Protection Officer. **MUM's** Privacy Notice can be found at <https://www.penunderwriting.co.uk/Privacy-Policy>. **MUM** may make important updates to its Privacy Notice from time to time and these may in turn affect the way **MUM** uses and handles **Your** data. Please ensure **You** review **MUM's** Privacy Notice periodically to ensure **You** are aware of any changes.

If **You** are providing data in the course of **Your** business, or as a charity, for charitable purposes and providing information on other individuals to **MUM**, for example **Your** employees and/or any other party that would be covered under the insurance or services that **MUM** may provide to **You**, **You** shall ensure that individuals whose personal data **You** are providing to **MUM** have been provided with fair processing notices that are sufficient in scope and purpose, and that **You** have obtained all appropriate consents, where required, or are otherwise authorised, to transfer the personal data to **MUM** and enable **MUM** to use the personal data and process the personal data for the purposes of this agreement and as set forth in **MUM's** Privacy Notice. **You** must not share personal data with **MUM** that is not necessary for **MUM** to offer, provide or administer its services.

1) Please provide full trading names of all Firms to be insured under this arrangement (You/Your):

Name(s)	Date Established

2) Please provide Your website address:

3) Please provide all addresses:

4) If cover is required for Your previous business (predecessor practices), please provide full details below:

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the Principals require cover for any previous professional business activity not covered elsewhere, please provide details below:

Name of Principal to be covered						
Name of previous Firm						
Period at previous Firm	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous Firm						
Reason for leaving						

6) Do You have any association with or financial interest in any other Firm? Yes No

If YES, please provide full details below of the nature of the association and the name and business of the third party:

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7) Please supply details of all Principals:

Name	Age	Qualifications	Date Qualified	Date of Engagement

8) Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others

9) Has any Principal ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? Yes No

If YES, please provide full details below:

10) Please provide full details if any Principal has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of Your current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:	
Date	

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.

Year End	/ /	/ /	/ /	/ /	Last complete year / /	N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

13) Please provide a breakdown of **Your activities and percentage of income generated for each discipline:**

Motor (personal)	%
Motor (commercial)	%
Other Commercial	%
Household	%
Health	%
Other Personal Lines	%
Bloodstock	%
Professional Indemnity/Directors & Officers	%
Marine/Aviation	%
Loss Assessing/Claims Adjusting	%
Risk Management	%
Life Assurance (non-investment)	%
Investment Business	%
Other work (please provide full details in space provided below):	%
Total:	%

14) Please provide details of **Your two largest sums insured for placements in the following classes:**

Discipline	Class of Insurance	Sum Insured	Sum Insured
Property			
Commercial			
Public Liability/Products Liability			
Professional Indemnity			

15) Have **You** ever undertaken any investment, pensions, endowment or mortgage broking business? Yes No

Do **You** place insurances with any Insurer(s)/Underwriter(s) outside the United Kingdom? Yes No

Do **You** operate any Binding Authority, where the binder allows **You** to accept business without referral to the Insurer? Yes No

If YES, please provide full details below:

16) Are all staff instructed not to sign proposal forms on behalf of clients? Yes No

17) Do all cheques drawn for over £5,000 require at least two signatures? Yes No

18) Are bank statements, receipts, counterfoils and other supporting documents checked at a minimum monthly against the cash book entries, and by others not responsible daily for looking after the same? Yes No

19) Is cash in hand and petty cash checked independently of the person responsible at least monthly and additionally without warning at least every six months Yes No

20) Please provide details below of any appointed representative(s) who **You** are currently or have been responsible for:

Name of Appointed Representative	Commission/Fee Income	Classes of Business
	£	
	£	
	£	
	£	

21) Please select the Limit of Liability **You** require quotations for.

£250,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	£3,000,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>
Other Limit of Liability			

22) What Level of Excess do **You** require?

23) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below: Yes No

Date of Claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve
		£		£
		£		£
		£		£
		£		£
		£		£

24) Are You aware of any of the following?

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? Yes No

Any matter which might otherwise affect the consideration of this proposal? Yes No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms? Yes No

If YES to any of the above, 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 supplied, 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.

SIGNATURE

Signed:

Printed Name:

Date: