



Insurance Brokers Proposal Form

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 | | |
|--|------------------|-------------|-----------------|--------------|----------------|----------------------|----------|------------------|-----------------|
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| Please provide Yo | our website add | dress: | | | | | | | |
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| Please provide all | addresses: | | | | | | | | |
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| | | | | | | | | | |
| If cover is required | d for Your previ | ious busin | ess (predecess | or practices | s), please pro | ovide full details b | elow: | | |
| ii oover is require | • | | | | | | | | |
| | · | Start Dat | te | | End Date | | | Reason for wi | inding up/leavi |
| | | Start Dat | te | | End Date | | | Reason for wi | inding up/leavi |
| Name (s) | | | | essional bu | | ty not covered els | sewhere | | |
| Name (s) If any of the Princ Name of Principal o be covered | | | | essional bu | | ty not covered els | sewhere | | |
| Name (s) If any of the Princ Name of Principal to be covered Name of | ipals require co | | | | | ty not covered els | | , please provide | |
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| Name (s) | ipals require co | over for an | y previous prof | From: To: | siness activi | | Fro | , please provide | details below: |

| Name | Age | Age Qualifications | | Date Qualified | | Date of Engagement | | | |
|---|---|--|-------------------------------------|------------------------|--------|--------------------|--|--|--|
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| | | | | | | | | | |
| 8. Please supply details of total nur | mbers of stat | ff: | | | | | | | |
| Principals | Qualified Staff | | Unqualified S | taff | Others | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Has any Principal ever been con pending (excluding minor motori by their professional body? | pending (excluding minor motoring offences), or been investig | | | cutions µalified | | Yes No | | | |
| If YES, please provide full details b | elow: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Please provide full details if any associated with any business wh | Principal has | s been made personally sed trading, either volunt | bankrupt or has arily or compuls | been orily: | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11. Please provide details of Your cu | urrent Profes | sional Indemnity insuran | ce arrangement | s below: | | | | | |
| Current Insurer | | | | | | | | | |
| Current Broker | | | | | | | | | |
| Policy Renewal Date | | | | | | | | | |
| Limit of Indemnity | | | | | | | | | |
| Excess | | | | | | | | | |
| Premium | | | | | | | | | |
| If You currently have Professional | I Indemnity | coverage in force, plea | se advise the r | etroactive date, if an | ıy: | | | | |
| Date | | | | | | | | | |

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 | | | | | | | | |
| 13. Please provide a break | down of Your a | activities and percei | ntage of income genera | ted for each disciplir | ne: | | | |
| Motor (personal) | | | | | | C | | |
| Motor (commercial) | | | | | | C | | |
| Other commercial | | | | | | C | | |
| Household | | | | | | C | | |
| Health | | | | | | C | | |
| Other personal lines | | | | | | C | | |
| Bloodstock | | | | | | C | | |
| Professional Indemnity/Dir | ectors & Office | rs | | | | C | | |
| Marine/Aviation | | | | | | C | | |
| Loss Assessing/Claims Ad | justing | | | | | | | |
| Risk Management | | | | | | C | | |
| Life Assurance (non-inves | tment) | | | | | C | | |
| Investment Business | | | | | | C | | |
| Other (please provide full | details below) | | | | | C | | |
| | | | | | | | | |
| | | | | | Total | 1009 | | |
| Please provide details Pleasing | 1 | | | | Cura lassurad | | | |
| Discipline | Clas | ss of Insurance | Sum Insu | ii eu | Sum Insured | | | |
| Property | | | | | | | | |
| Commercial | | | | | | | | |
| Public Liability/Products L | iability | | | | | | | |
| Professional Indemnity | | | | | | | | |
| 15. Please provide a full de | 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: | | | | | | |
| | | | | | | | | |
| | | of manufacturing, construction, alterati ducts, other than in pure design or cor | | | Yes | | No | |
| If YES, please provide | full details be | elow: | | | | | | |
| 19. Do You engage the If YES, please provide | | ub-contractors? he following, otherwise skip to the | next question. | | Yes | | No | |
| What percentage of fee | s/turnover was | paid to sub-contractors during the la | st 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 limit You require them to maintain: | | | | | | | | |
| | | argest contracts that have been comp | Dileted in the past 6 ye | ears: | Fetin | nated Co | mnleti | on |
| Client | Start Date | Description of Work | Value | Fee | Loui | Date | | J11 |
| | | | £ | | | | | |
| | | | £ | | | | | |
| | | | £ | | | | | |
| | | | £ | | | | | |
| £ | | | | | | | | |

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:

| Client | Start D | ate | Description of | Work | | ontract lue | Your Co | | Estim | ated Co | mpletio |
|--|---|-----------------------|---|--|------------------------|-----------------------------------|------------------|--------|------------------|---------|---------------------------|
| | | | | | £ | | | | | | |
| | | | | | £ | | | | | | |
| | | | | | £ | | | | | | |
| | | | | | £ | | | | | | |
| | | | | | £ | | | | | | |
| | provide details | | | ide the United Kingd below. | lom? | Total C | ^ontroot | Your C | Yes | | No timated |
| Country | Client | | Start Date | Description of W | ork | | ontract lue | | Contract alue | _ | letion D |
| | | | | | | £ | | | | | |
| | | | | | | £ | | | | | |
| | | | | | | £ | | | | | |
| the United | at any time entere Kingdom? give full details | | | is subject to the law | of countries | | | | Yes | | No |
| the United | Kingdom? | | | Description of Wo | | Total C | ontract | | Yes Contract | | No timated letion D |
| the United | Kingdom? give full details | | <i>i</i> . | I | | Total C Va | Contract | | Contract | | timated |
| the United | Kingdom? give full details | | <i>i</i> . | I | | Total C Va £ | Contract | | Contract | | timated |
| the United | Kingdom? give full details | | <i>i</i> . | I | | Total C Va | Contract | | Contract | | timated |
| the United YES, please Country Have You services to | give full details Client at all times used | vritten have : | Start Date n agreements for all changes always | I | ork | Total C Va £ £ | Contract llue | | Contract | | timated |
| the United YES, please Country 4. Have You services to | client Client at all times used to be provided and | vritten have : | Start Date n agreements for all changes always | Description of We | ork | Total C Va £ £ | Contract llue | | Contract alue | | timated letion D |
| the United YES, please Country H. Have You services to NO, please (| at all times used to be provided and give full details by Sub-contractirovided by others | vritten have elow. | start Date agreements for all changes always ave You ever entras a consortium | Description of We | rtaken whicin writing? | £ £ th clearly containing incur I | contract lue | Va | Contract alue | | timated letion D |
| the United YES, please Country H. Have You services to NO, please (| give full details Client at all times used to be provided and give full details be a by Sub-contraction by Sub-contraction. | vritten have elow. | start Date agreements for all changes always ave You ever entras a consortium | each contract under ays been confirmed | rtaken whicin writing? | £ £ th clearly containing incur I | contract lue | Va | Yes | | timated letion D |

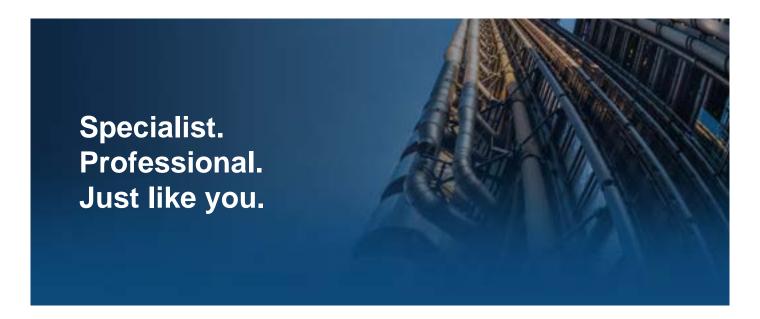
| 6. Have You ever entered into contracts on behalf of clients | | | | | | No | |
|---|---|-----------------------------|------------------|-----|---|----------|---|
| If YES, is written sign | off for the contract terms always obtained for | rom Your client prior to | doing so? | Yes | | No | |
| 27. 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 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? | | | | | | 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.



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