



Telephone: 0330 128 9828 | Email: info@championpi.co.uk

Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

*****Please complete a separate questionnaire for each binding authority held*****

Main Trading Name of the Business ('The Proposer'):

Section 1:

Date authority commenced:

Please list all insurers, reinsurers or Lloyds syndicates subscribing and Line percentage:

Name:	Line %
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total Must Equal 100%	%



Please list all classes of business underwritten (Please state direct / or reinsurance as applicable) and maximum underwriting limits permitted in each class

Class of Business:	Direct/Reinsurance	Maximum Underwriting Limit Per Class
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£

Section 2:

Please state total *premium* income as follows:

	Past Financial Year	Previous Financial Year	Estimate for coming Year
United Kingdom	£	£	£
Europe	£	£	£
USA/Canada	£	£	£
Elsewhere	£	£	£

Please state total *commission/fees or earnings* as follows:

	Past Financial Year	Previous Financial Year	Estimate for coming Year
United Kingdom	£	£	£
Europe	£	£	£
USA/Canada	£	£	£
Elsewhere	£	£	£



Section 3:

Does the firm only accept business by way of an underwriting stamp being put down on a brokers placing slip? Yes No

If **'NO'**, please give brief details of normal methods of accepting business:

Does the firm in its own right handle the placing of any reinsurance protection on behalf of those insurers for whom they are accepting risks under the above authority/authorities? Yes No

If **'YES'**, please state commission earned in last twelve months in this respect and provide full details:

Is the Binding Authority: (please choose one of the following options)

- | | | |
|---|-----|----|
| a) Non-Discretionary with no deviation from the Binding Authority in respect of the type of risks, the rates, the period of insurance or the policy wording applicable, as specified in the Binding Authority? | Yes | No |
| b) Non-Discretionary with no deviation from the Binding Authority in respect of the type of risks, the period of insurance or the policy wording applicable, but with a limited amount of deviation permissible to the extent of discounts or loadings specifically outlined within the Binding Authority? | Yes | No |
| c) Non-Discretionary with no deviation from the Binding Authority in respect of the type of risks and policy wording applicable but deviation permissible in respect of the period of insurance or non-specified discounts or loadings? | Yes | No |
| d) Discretionary Binding Authority with no limits in respect of the type of risk, rating, policy wording or the period of insurance? | Yes | No |

Do you have a claims handling/settlement authority? Yes No

If **'YES'**, what is the financial limit of the authority?

£

Section 4:

Is there any restriction in the authority as to whom within the firm may accept risks? Yes No

Does the firm delegate their authority to any outside agent, firm or organisation? Yes No



Please complete the following in respect of all persons engaged in the acceptance and binding of risks under the authority.

Name	Position(s)	At least three years practical experience?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

If any person listed above has less than three years practical experience in this area please give brief details of previous occupation and experience.



Data Protection Notice

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Champion Professional Risks in accordance with our Privacy Policy and will only be used for the purposes of providing insurance cover and handling claims arising.

In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law. A copy of the form and any additional documents submitted should be retained for your records.

For full details of our Privacy Policy please visit: <http://www.championprofessionalrisks.co.uk/privacy>

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms.

The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

IMPORTANT - Please save a version of the proposal form before signing. Once the form has been signed no further changes can be made.

Date:

Signature of principal / director / partner:

This form allows you to create a digital signature by following the instructions after you click on the signature box.

However, you can instead choose to print and sign the form or send it to us unsigned and we will send you a signature request via email once quotes are agreed and you are ready to proceed with cover.

Please don't forget to attach/send any required additional information to support your submission.