



# HERA INDEMNITY

MAKING A DIFFERENCE

INSURANCE BROKERS  
PROFESSIONAL INDEMNITY  
PROPOSAL FORM 2023

# Insurance Brokers Professional Indemnity Proposal Form

## Instructions

- This proposal form must be completed by a Principal, Director or Partner of the Proposer. The person completing and signing the form should be authorized 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 form does not bind the Proposer or Insurers to enter a contract of insurance.

## 1. Company details (including all trading names and subsidiaries)

Name	Date of establishment
Website address	

## 2. Address details (including all subsidiaries)


## 3. 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

## 4. If any Principal / Partner / Director requires cover for any previous professional business activity not covered elsewhere, please provide details below

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

**5. Does any Principal / Partner / Director have any association or financial interest in any other company?**Yes  If Yes, please provide information belowNo 

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


**6. Principals / Partners / Directors**

Name	Age	Qualifications	Date Qualified	Date of Engagement

**7. Total number of staff**

Principals / Partners / Directors	Qualified Staff	Unqualified Staff	Others

**8. Has any Principal / Partner / Director 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  If Yes, please provide information belowNo 


**9. Has any Principal / Partner / Director been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily**


**10. Please provide details of the Company's current Professional Indemnity insurance policy**

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
Renewal Date	



**15. Are all staff instructed not to sign proposal forms on behalf of clients?**

Yes

No

**16. Do all cheques drawn for over £5,000 require at least two signatures?**

Yes

No

**17. 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

**18. 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

**19. Please provide details below of any appointed representative(s) who the Company are currently or have been responsible for**

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

**20. Please select the Limit of Liability the Company require quotations for**

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

**21. What Level of Excess does the Company require?**


**22. Has any claim been made or loss suffered by the Company, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?**

Yes <input type="checkbox"/> If Yes, please provide information below			No <input type="checkbox"/>	
Date of Claim / Loss	Details of Claim / Loss	Amount Paid £	Date Settled	Outstanding Reserve £

**23. Are you aware of the following?**

Any circumstances which might lead to a claim against the Company, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any matter which might otherwise affect the consideration of this proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for similar insurance made on the Company's behalf or on behalf of any past or present Principal / Partner / Director ever been declined, refused renewal, cancelled or accepted only on special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to any of the above, please provide details		

**Disclosure**

It is your duty to disclose all material facts to the Company. A material fact is one that may influence an underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to the Company will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it. I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this questionnaire, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Company of any material alteration to these facts occurring before completion of the contract of insurance

**Declaration**

We declare that to the best of our knowledge or belief that the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.  
 We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of the insurance.  
 We accept that if we are in doubt whether any fact may influence the Insurer, we should disclose it.  
 We agree that we have a continuing obligation to notify Insurers of any material matters during the currency of any policy.  
 We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service.  
 I consent to having Hera Indemnity collect my details to send me information and / or an insurance quotation

<b>Signature of Principal / Partner / Director</b>	
<b>Print Name</b>	
<b>Date</b>	

**Additional Information**


A copy of this questionnaire should be retained by you for your own records.



**HERA INDEMNITY**

Broker at **LLOYD'S**

---

**Hera Indemnity, 6 Bevis Marks, London EC3A 7BA**

t +44 (0)20 7062 4020 e [enquirieslondon@heraindemnity.co.uk](mailto:enquirieslondon@heraindemnity.co.uk) w [towergateinsurance.co.uk/hera-indemnity](http://towergateinsurance.co.uk/hera-indemnity) dx 779 London City

Hera Indemnity is a trading name of Advisory Insurance Brokers Limited. Registered in England Company No. 4043759.  
Registered office: 2 Minster Court, Mincing Lane, London, EC3R 7PD. Authorised and regulated by the Financial Conduct Authority.

