

Note: Please download this form to your computer, complete on screen, save and then email to piteam@obf.ie or alternatively you can post or fax it to our team using the details below.

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INVESTMENT MANAGERS/ FINANCIAL CONSULTANTS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Please Note:

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed and signed & dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

Please supply the following additional information:

- CV's of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

Details of the Proposer:

1. Name of Firm/Company/Individual and any predecessors in business and date when established:

2. Address(es) including all branches:

3. Details of all Directors, Partners or Principals:

Names of all Directors, Partners or Principals	Qualifications	Year obtained	How long a Director, Partner or Principal?

Please attach CVs.

4. a) Is the Firm a member of any trade or professional body, or registered with any self-regulating organisation?

Yes No

If Yes, please state which -

- b) Has membership for such body or organisation ever been suspended, withdrawn, amended or declined?

Yes No

- c) Has the Firm ever been the subject of an investigation by any of the following:

i) The Secretary of State for Trade and Industry **Yes No**

ii) A self-regulating organisation **Yes No**

iii) A recognised professional body **Yes No**

If Yes to b) or c) above, please provide full details

5. Please give total numbers of:
- a) Directors, Partners or Principals
 - b) Qualified Staff
 - c) Other Staff (excluding Administration)
 - d) Administration Staff (including typists, etc)
 - e) Contract Hire Staff

6. Please give a full description of all your activities:

a)	
b)	
c)	
d)	
e)	
f)	

7. Please provide details of the division of work:

(Please split the 100% activities described above into a percentage of the whole over the last 2 years including the current year)

	Past Financial Year/...../.....	Approx %	Current Financial Year/...../.....	Approx %
a		%		%
b		%		%
c		%		%
d		%		%
e		%		%
f		%		%

8. Do you anticipate any major changes in these activities in the forthcoming 12 months?
Please supply full details:

9. Please specify the percentage of the Proposer's income from fees and commissions derived from the activities listed below:

Activity	As Principal %	As Agent %	As Manager %
Dealing in listed Securities.			
Dealing in unlisted Securities.			
Dealing in foreign Securities / Investments.			
Dealing in bonds (e.g.Eurodollar).			
Investment in Insurance Bonds.			
Investments in Unit Trusts			
Dealing in Commodities (futures or physicals)			
Investment in "Tangibles" (e.g.coins, gems, etc).			
Private Client Portfolio Management - Discretionary.			
Private Client Portfolio Management - Non - Discretionary.			
Institutional Fund Management.			
Corporate Finance			
Mergers and Acquisitions			
*Insurance Broking and Consulting			
Other (please specify)			
TOTAL			

Please ensure that Principal + Agent + Manager = 100%

* If any percentage is entered under this heading, please list a complete and detailed description of its contents by class giving percentages. In respect of Life & Pensions and Mortgage business, please

describe exactly what it consists of (e.g. "whole life", unit-linked endowment", group pension scheme") and give percentages of each.

10. Please give details of the following:

- a) Total funds invested: €
- b) Largest investment from any one claim: €
- c) Average investment from any one client: €
- d) Approximate number of clients handled:

11. Do you use a standard form of contract, agreement or letter of appointment?

Yes No

If "Yes" please enclose copies.

12. Do you use the services of Sub-Contractors

Yes No

If "Yes" please provide full details.

13. a) Do you require subcontractors to carry their own PI insurance?

Yes No

If Yes, what limit do you require? €

b) What percentage of your fees are paid to subcontractors?

Please note that Underwriters retain the right of recourse against the subcontractor unless specifically agreed otherwise.

14. Have you previously been insured or are you currently insured?

Yes No

If "Yes" please give:

a) Name of Insurer

b) Limit of Indemnity

c) Excess

d) Premium	
e) Date of Expiry	
f) Retroactive Date (if applicable)	

15. Do you accept liability other than under the jurisdiction of the Irish Courts?

Yes No

If "Yes" please provide full details:

16. Do you require insurance for USA/Canada activities?

Yes No

17. Do you currently or are you anticipating performing work outside Ireland or work for clients outside Ireland?

Yes No

If "Yes" please provide full details:

18. a) Please give details of gross income/fees/commission or state form of remuneration:

Territory	Past Financial Year/...../.....	Current Fin. Year/...../.....	Estimate for coming Financial Year/...../.....
Ireland			
United Kingdom / Channel Islands			
Europe			
USA/Canada			
Rest of World			

b) Please state *largest* fee for any one client - €

c) Please state *average* fee for any one client - €

19. Has any proposal for similar insurance made on behalf of the firm, by predecessors in business or present Partners, ever been declined or Special Conditions imposed or has any such insurance ever been cancelled or renewal refused?

Yes No

If “Yes” please provide full details:

20. Has any claim or loss (successful or otherwise and whether insured or not) for any of the coverage outlined in this proposal form including professional negligence, error or omission and/or fraud ever been made against or suffered by the firm or its present or past Directors, Partners or Principals?

Yes No

If “Yes” please provide full details and confirm whether such matters have been notified to the current or previous insurers:

21. Are any of the Directors, Partners or Principals or employees **AFTER FULL ENQUIRY** aware of any circumstances, complaints, allegations or incidents which may give rise to a claim or loss against the Firm or its predecessors in business or any of its present or past Directors, Partners or Principals arising out of services performed and/or advice given by the Firm?

Yes No

If “Yes” please provide full details:

22. What limit of indemnity is required? €

23. What is the maximum self insured excess per claim that the Firm is prepared to carry uninsured (including costs and expenses)?

€

24. If any of the above extensions are required please state whether you are aware of any past or current claims, or circumstances which could give rise to a claim in respect of any extension requested, whether insured or not?

Yes No

If “Yes” please provide full details:

25. **IF THE PROPOSER WISHES *FIDELITY OF EMPLOYEES* COVER TO BE**

INCLUDED PLEASE ANSWER THE FOLLOWING:

- a) Has the Proposer any Fidelity Guarantee in force at present?

Yes No

If so, please provide details of current

- i) Insurer:
- ii) Renewal Date:
- iii) Limit of Indemnity:

- b) Has any insurer ever cancelled or refused to accept or continue any Fidelity Guarantee in respect of the Proposer or any of its employees?

Yes No

If "Yes" please provide full details:

- c) i) Has the Proposer sustained any loss through the fraud or dishonesty of any employee, either in this or any previous employment?

Yes No

If "Yes" please provide full details:

- ii) Does the Proposer know of any fraud or dishonesty at any time of any employee, either in this or any previous employment?

Yes No

If "Yes" please provide full details:

Data Protection:

The firm is a Data Controller as defined in the Data Protection Acts 1988 and 2003. We collect your personal details in order to provide business services to you. These details can be stored electronically or on paper for the purpose of arranging transactions on your behalf. We take great care with the information you provide to us, taking steps to keep it secure and ensure it is used only for legitimate purposes.

To provide you with services, we sometimes have to share your information including claims history with other relevant professionals (insurance companies, reinsurers, underwriters, claims handlers etc.) In assessing any claims made, insurers may undertake checks against publicly available information such as electoral roll, court judgments, bankruptcy and repossessions. We may also be obliged to share information with regulatory or statutory bodies.

You have the right at any time to request a copy of any "personal data" within the meaning of the above Data Protection Acts which the firm holds about you (a fee of €6.35 may be charged) and to have any inaccuracies corrected.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters, even if not specifically addressed by a question. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is for renewal consideration, it should also include any change in facts previously advised the Underwriters. If you are in any doubt about facts considered material, disclose them. Failure to disclose could prejudice your rights to recover in the event of a claim or allow Underwriters to void the Policy.

Declaration:

I declare that the statements and particulars contained within this proposal are true and I have not mis-stated or suppressed any material facts.

I agree that this proposal together with any other information supplied by me shall form the basis of any Contract of Insurance effected thereon.

I undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signing this proposal form does not bind the Proposer or Underwriters to complete this Contract of Insurance.

Signature of Director, Partner, Principal:.....

(Signature not required for initial quote)

Name:.....

Date.....

