



CGPA
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PROFESSIONAL INDEMNITY INSURANCE

FOR INSURANCE INTERMEDIARIES

PROPOSAL FORM



CGPA Europe is registered in Luxembourg under registration number B170142 and is regulated by the Commissariat aux Assurances, Luxembourg.
A R Brassington & Co Ltd trading as Brassington Insurance is regulated by The Central Bank of Ireland. Registered No. 7920.
Registered office: 10 The Courtyard, Kilcarbery Park, Nangor Road, Dublin, D22 T860, Ireland.

IMPORTANT NOTICES

- A) We do not provide cover for Authorised Cash Handlers
- B) This Proposal Form (of which the Financial Services Questionnaire forms part) does not require signature. It will be treated as a Statement of Fact and will be incorporated within and form part of the Insurance Contract.
- C) **Proposal Form Completion**
- This proposal must be completed by a Partner, Principal or Director of the Firm or Partnership.
 - All questions must be answered.
 - All monetary amounts should be stated in EURO
 - Revenue means the Proposer Firm's Commission and Fees.
- D) **Material Facts**
- All material facts must be disclosed. Failure to do so may render the policy or certificate voidable or severely prejudice your rights in the event of a claim.
 - A material fact is one likely to influence assessment or acceptance of the Proposal by Insurers.
 - If you are in any doubt as to what constitutes a material fact you should consult A R Brassington & Co Limited.
- E) **Claims Made Policy**
- This proposal is for a CLAIMS MADE policy
 - The policy covers:
 - claims first made against you during the policy period, and
 - circumstances of which you first become aware during the policy period which could give rise to a future claim (provided you notify the Insurers during the policy period of these claims and circumstances).
 - After the policy has expired no claim can be made on the policy even if the event giving rise to the claim may have occurred during the policy period.
 - It is recommended to renew the Professional Indemnity Insurance Policy each year on a claims made basis



1. a) Proposer (Name of the Firm/Partnership/Individual including Trading and Business Name).

NOTE: If you have re-registered as a Designated Activity Company (DAC) please confirm the updated name and date of re-registration.

b) Date of Commencement of the Business:

2. a) Address (include all branches):

b) Is a Partner/Director/Principal in full-time attendance at each address? YES NO

3. a) What is the Proposer's Central Bank of Ireland authorisation number? _____

b) Please tick if Proposer is a member of: Brokers Ireland BLD BFI Other _____

4. a) Has the Proposer been reconstituted by amalgamation, merger, acquisition, or otherwise, or has the Name been changed? YES NO

If 'Yes', give details

b) Is cover required for any predecessor Firm or Partnership? YES NO

If YES provide details including Name and Dates of Operation:



5. Is all your business conducted from offices in the Republic of Ireland? YES NO
 If 'No', give details:

6. Names in full of all Partners/Directors/Principals	Qualifications and Date Obtained	Length of Practical Insurance Experience
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7. Does the Proposer or any Partner/Director/Principal have a Partnership, Directorship or have a financial interest in, any other Firm, Partnership or Company (other than as share or stock holders in a publicly quoted company)? YES NO
 If 'Yes', give details.

8. a) Staff Numbers (**excluding** Partners):

	Full-time _____	Part-time _____
Qualified:	_____	_____
Unqualified:	_____	_____

b) Do you retain the services of any self-employed person? YES NO
 If 'Yes', give details:

9. Revenue (Commission and Fees)

	Last Complete Financial Year	Current Financial Year Estimate
Specify the Year End Date being used:	____/____/20____	____/____/20____

	Life	€	€
In respect of	General Personal Lines	€	€
	General Commercial Lines	€	€
Other Revenue	Unregulated Activities*	€	€
	Financial Planning: Fee Only**	€	€
Other:	_____	€	€
Total Revenue (Commission and Fees)		€	€

Unregulated activities* – please provide full details on a separate sheet

Financial Planning: Fee Only** – the provision of Financial Planning advice for a fee with no product placement by the Proposer



Is the Revenue generated from any one particular Client or Group more than 20% of the total Revenue for the past financial year?

YES NO

If 'Yes', give details

State the largest Revenue derived from a client € _____

Please give approximate percentage of Total Revenue during the last financial year in respect of:

General Business - Personal Lines	%
General Business - Commercial Lines (non-marine)	%
Marine Insurance	%
Life Insurance *	% *
Pensions *	% *
Mortgage Business *	% *
Investment Business *	% *
Building Society Agency *	% *
All Other Activities (eg: Unregulated Investments, Financial Planning: Fee Only, etc - please provide full details)	% *

Please complete the supplementary Financial Services Questionnaire if you undertake any of the activities above marked with *

10. Binding Authority Questionnaire:

Does the Proposer operate any Binding Authority facilities (including EDI)? YES NO

If YES: Please include details of all Binding Authorities the Proposer operates in the relevant Sections below (A, B and C) and answer questions 1 to 8:



Nature of Binding Authority	Class of Insurance	Insurer	Maximum Limits/Sums Insured	Total Commission & Fee Income
A. Non-discretionary with no deviation from the Binding Authority in respect of type of risk, rates, period of insurance or policy wording, as specified in the Binding Authority				
B. Non-discretionary with no deviation from the Binding Authority in respect of type of risk, period of insurance or policy wording, but with limited deviation to the extent of specified discounts or loadings				
C. Non-discretionary with no deviation from the Binding Authority in respect of type of risk or policy wording, but with deviation allowed in respect of period of insurance or non-specified discounts or loadings				

1. Are all Binding Authorities in written form? YES NO
2. Do all Binding Authorities have a specified Renewal Date? YES NO
3. Do all Binding Authorities specify those individuals who have authority to bind risks under the Binding Authority? YES NO
4. If NO do you restrict those individuals who can bind risks under the Binding Authority to senior staff with a minimum % years Insurance Experience? YES NO
5. Do all Binding Authorities restrict the territorial limits to those risks based in ROI? YES NO
6. Does the Firm delegate the Binding Authority to any other party?
If YES please provide full details on a separate sheet. YES NO
7. Do you issue cover notes, certificates or policies on behalf of insurers? YES NO
8. Do you settle claims? If YES please provide details on a separate sheet YES NO



11. Does the Proposer:

a) Ensure that Clients receive originals of all cover notes/policies? YES NO

b) Fill in proposal forms for clients? YES NO
If "Yes"

Do you ensure **clients** check the accuracy of the answers **prior** to signing? YES NO

Do you sign proposal forms for clients? YES NO

c) If the Proposer places (i) Property Insurance, (ii) Public, Products and/or Employers Liability and iii) Marine and Aviation Insurance please provide details of the largest placement per category:

(i) Property

Client	Sum Insured	Number of Locations
_____	_____	_____

(ii) Public, Products and Employers Liability

Client	Limit	Number of Locations
_____	_____	_____

(iii) Marine and Aviation

Client	Sum Insured	Number of Locations
_____	_____	_____

12 a) How often are the entries in the Proposer's Cash Book reconciled with Bank Statements by a Partner or Company Secretary? _____

b) Is any employee allowed to sign cheques on their signature alone? YES NO

If 'Yes', state the amount in Euro € _____

c) Is any Partner/Director/Principal allowed to sign cheques on their signature alone? YES NO

If 'Yes', state the amount in Euro € _____



13. Has any previous Professional Indemnity Insurer in respect of the Proposer, its current and/or former Partners/Directors/Principals, ever

a) Declined to Insure? YES NO

b) Imposed special terms? YES NO

c) Cancelled or voided a policy? YES NO

d) Requested the withdrawal of a claim? YES NO

If any answer is 'Yes', give full details on a separate sheet

14. a) Have any claims or potential claims been made against the Proposer, or any of its current and/or former Partners/Directors/Principals?

YES NO

b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Proposer or any of its current and/or former Partners/Directors/Principals?

YES NO

c) Has the Proposer sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time?

YES NO

d) If 'Yes' is answered to any of the above, have these circumstances been notified to Insurer(s)? (Please provide details on a separate sheet including steps taken to prevent a recurrence)

YES NO

15. Details of the Proposer's Current Insurance

Name of Current Insurers _____

Limit of Indemnity _____ Any One Claim or Aggregate

Retroactive Date _____

Uninsured Excess _____

Premium _____

Renewal Date _____



DECLARATION:

I/We declare that the statements and particulars in this Proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal 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 Insurers of any material alteration to these facts occurring before inception of the Contract of Insurance.

Dated: Day _____ Month _____ Year _____

Proposal Form completed by:

Name (PLEASE PRINT) _____

Position in Proposer Firm _____

PLEASE ATTACH A COPY OF THE PROPOSER'S STATEMENT OF AUTHORISED STATUS



FINANCIAL SERVICES QUESTIONNAIRE

1. Please confirm the % revenue in the following categories (as a % of your total revenue)

Life Assurance (open ended/whole of life)	%
Term Life Insurance	%
PHI Medical	%
Critical Illness	%
Pensions	%
All Other activities (Unregulated Investments, Financial Planning (fee only), etc) – please specify	%

2. Please confirm the % revenue in the following categories (as a % of your total revenue)

	As Principal	As Agent	As Manager
Investment in Insurance Bonds	%	%	%
- ROI	%	%	%
- Offshore	%	%	%
Investment in Unit Trusts	%	%	%
- ROI	%	%	%
- Offshore	%	%	%
Dealing in Listed Securities	%	%	%
Dealing in Unlisted Securities	%	%	%
Dealing in Foreign Securities and Investments	%	%	%
Dealing in Bonds (eg Eurodollar)	%	%	%
Dealing in Commodities (Futures or Physicals)	%	%	%
- Average Investment	€	€	€
- Maximum Investment	€	€	€
Investment in Tangibles (eg Fine art, Property, etc)	%	%	%
- Average Investment	€	€	€
- Maximum Investment	€	€	€
Private Client Portfolio Management	%	%	%
- Discretionary or Non-Discretionary?	D or ND	D or ND	D or ND
- Average Investment	€	€	€
- Maximum Investment	€	€	€
Institutional Fund Management	%	%	%
- Average Investment	€	€	€
- Maximum Investment	€	€	€
Corporate Finance	%	%	%
Mergers & Acquisitions	%	%	%
Broker Managed Funds	%	%	%
BES or Section 35 Film Investment	%	%	%



3. Please list, on Proposer's headed paper, all partners, directors, principals, employees and consultants (including their qualifications) entitled to undertake Financial Services Work

4. Has the Proposer previously provided advice or undertaken work which would now require Central Bank regulation – but no longer provides such advice or undertakes such work?

YES NO

If "Yes" please answer the following 3 questions:

Advise nature of such advice/work? _____

When the Proposer cease to undertake such advice/work? _____

Why did the Proposer cease such advice/work? _____

DECLARATION:

I/We declare that the statements and particulars in this Proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal 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 Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated: Day _____ Month _____ Year _____

Form completed by:

Name (PLEASE PRINT) _____

Position in Proposer Firm _____