



## GUARDIAN GENERAL INSURANCE LIMITED

Newtown Centre, 30-36 Maraval Road Newtown, Port of Spain Tel: (868) 625-GGIL Fax: (868) 622-9994 Website: www.ggil.biz

### PROFESSIONAL INDEMNITY PROPOSAL FORM

#### INSURANCE BROKERS & INSURANCE AGENTS

- PLEASE NOTE:
- a) An answer **MUST** be given to all Questions
  - b) If insufficient space is provided to answer a question insert 'see attached' and show question number and answer on a separate sheet of paper.

THIS IS AN APPLICATION FOR A POLICY WRITTEN ON THE 'CLAIMS MADE' BASIS AS SET OUT IN CONDITION 4 OF FORM ACD 665-2-001/97

- 1) Names and address(es) of the Companies or Partnerships (hereinafter referred to as the 'Firm')
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- 2) Names and address(es) of all
    - a) Parent Companies
    - b) Subsidiary Companies, and/or
    - c) Branch Offices
- 

- 3) When was the Firm established?
- 

- 4)
    - a) Has the name of the Firm been changed during the last six years? YES NO  
If YES, give details
    - b) Have any amalgamations or acquisitions taken place during the last six years? YES NO  
If YES, give details
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- 5) Give details of names, qualifications (if any), experience and ages of all partners or directors
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- 6) Please state number, in each of the Firms and Offices stated in answers to questions 1 and 2, of
- a) Partners and Directors \_\_\_\_\_
  - b) total staff, other than typists and messengers \_\_\_\_\_
  - c) typists and messengers. \_\_\_\_\_
- 

- 7) Does the Firm act as
- a) an Insurance Broker YES NO
  - b) an Agent of Insurance Companies? YES NO
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- 8) Is the Firm engaged in any activities other than those stated in Question 7? YES NO
- If YES, give details
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- 9) Does the Firm place business with Lloyd's Underwriters
- a) directly through any Firm of Lloyd's Brokers in London YES NO
  - b) indirectly through the intermediary of another Agent or Broker? YES NO
- 

- 10) Has the Firm authority to accept/bind risks on behalf of
- a) Lloyd's Underwriters YES NO
  - b) any Company? YES NO
- If the answers to (a) and (b) are YES complete the supplementary questionnaire forming part of this Proposal Form.
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- 11) During the Firm's last financial year what was
- a) the total Premium Income? \_\_\_\_\_
  - b) the total gross Commission? \_\_\_\_\_
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- 12) Indicate categories of business handled and the percentage of each relative to the Firm's total premium income

Direct Business and Facultative Reinsurance		Treaty Reinsurance	
a) Non-Marine	%	Non-Marine	%
b) Marine	%	Marine	%
c) Motor	%	Motor	%
d) Aviation	%	Aviation	%
e) Life and Pensions	%	Life and Pensions	%
f) Mortgage Broking	%	Mortgage Broking	%
g) Others (please specify)	%	Others (please specify)	%

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- 13) What percentage of the Firm's total premium income was derived from

- a) its own country? %
- b) elsewhere? %  
(If more than 10% of premium income please specify each country)?
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- 14) Does the Firm own, rent or utilize computers? YES NO

If YES, give brief details

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- 15) Give full details of all similar insurances effected during the past six years

Insurer	Amount of Policy	Amount borne by the Firm	Period
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- 16) Has any application for similar insurance made on behalf of the Firm or any or their present Partners or Directors, or on behalf of their predecessors in business, ever been

- |                               |     |    |
|-------------------------------|-----|----|
| a) declined                   | YES | NO |
| b) cancelled                  | YES | NO |
| c) refused at renewal or      | YES | NO |
| d) had special terms imposed? | YES | NO |

If any answer is YES, give details

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- 17) Have any claims been made against
- |  |     |    |
|--|-----|----|
| a) the Firm  | YES | NO |
| b) their predecessors in business or   | YES | NO |
| c) any of the present or past Partners or Directors of the Firm or their predecessors in business? | YES | NO |

If any answer is YES, give details

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- 18) Is any Partner or Director aware, after enquiry, of any circumstances which may result in any claim being made against
- |  |     |    |
|--|-----|----|
| a) the Firm  | YES | NO |
| b) their predecessors in business or   | YES | NO |
| c) any of the present or past Partners or Directors of the Firm or their predecessors in business? | YES | NO |

If any answer is YES, give details

We must remind you that it is imperative to answer this question correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

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- 19) If available, does the Firm require a Mortgage Broking extension? YES NO

If YES, give total annual commission

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- 20) State
- |   |       |
|---|-------|
| a) amount of Indemnity required, in the aggregate               | _____ |
| b) amount of self-insurance to be borne by the Firm, each claim | _____ |
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**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to the Company.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**DECLARATION**

I/We hereby declare that the above statements and particulars are true and I/We have not suppressed or mis-stated any material facts and I/We agree that this Proposal Form and any supplementary information sheet(s) attached hereto shall be the basis of the contract with the Company.

Name of the Firm

\*Signature of Partner or Director: \_\_\_\_\_

Date \_\_\_\_\_

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\*This Proposal Form and any supplementary information sheet(s) must be signed in ink by a Partner or Director. Signing the Form does not bind the Firm or the Company to complete the Insurance.

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**SUPPLEMENTARY QUESTIONNAIRE RE: ALL AUTHORITIES, EACH AUTHORITY TO BE ITEMISED SEPARATELY (attaching to and forming part of ACD 665-1-001/97)**

Name of Firm		
Holding Authority		
Class of Business		
Type of Authority		
Maximum sum insured any one Risk		
Are rates, terms and conditions set by insurers prior to acceptance		
Annual Premium Income		
Annual Commission Fees		
Names of persons responsible, position in Firm and experience in the class of business		
Method of operation**		

ANY CHANGES IN THE METHOD OF OPERATION OF LISTED AUTHORITIES OR ANY NEW AUTHORITIES COMMENCED DURING THE CURRENCY OF THIS POLICY TO BE ADVISED WITHIN 30 DAYS OF ATTACHMENT.

\*\*METHOD OF OPERATION: Mark 'A' if available for Firm's business only; Mark 'B' if accepts business from other brokers; Mark 'C' other - please specify.