

**PEMBROKE SYNDICATE 4000  
UNDERWRITING AGENTS, POOL MANAGERS AND HOLDERS OF  
BINDING AUTHORITIES  
ERRORS AND OMISSIONS APPLICATION FORM**

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OF YOUR LETTERHEAD INDICATING THE NUMBER OF THE QUESTION.

QUESTIONS	ANSWERS			
1. Name of Firm or Company				
2. Address (including addresses of Branches)				
3. Date of Commencement of Underwriting Activities				
4. State :	Last Year	Previous Year	Current Year	Next Year
a) Total premium Income				
b) Total Commission				
c) Consulting Fees or other charges				
d) Profit Commission				
TOTAL :				
5. State percentage of income derived from :-				
a) UK				
b) USA/Canada				
c) Europe				
d) Elsewhere				

QUESTIONS		ANSWERS	
6. Names of all Directors/Partners/Principals	Qualifications	Year Obtained	How Long a Director/Partner/Principal of this Firm or Company
<p>Please give total number of:</p> <p>a) Partners/Directors/Principals .....</p> <p>b) Qualified Staff .....</p> <p>c) Other Staff .....</p> <p>d) Total Number of Staff .....</p> <p>e) Do you always obtain satisfactory references before taking on staff? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

QUESTIONS	ANSWERS		
7. State Classes of Business written together with premium income from each class	Financial Year End 2002	Financial Year End 2003	Financial Year Current Yr End
<p><b>If legal expenses insurance is written, then please provide details in a triangulation format of the number of open and closed contracts and the paid claims on each year of account at 12 monthly intervals.</b></p>			
8. Does each underwriting contract have a maximum premium income limit?			
9. How do you monitor written premium and quotes to ensure that the gross premium income limit is not exceeded?			

QUESTIONS		ANSWERS	
<p>10. Please provide details of any contracts where:</p> <p>a) the net incurred loss ratio to underwriters has exceeded 80% in any of the past 6 years</p> <p>b) the ultimate net loss ratio to underwriters is greater than 80% in any of the past 6 years</p>			
<p>11. Please provide details of any changes in the past three years to the market supporting any contract and whether any contracts have not been renewed and the reasons given for non-renewal or declinature, including the identity of the non-renewing markets.</p>			
<p>12. Is an independent audit undertaken on each contract at least every twelve months and have the recommendations of these audits been implemented?</p>			
<p>13. Please give full particulars of current Professional Indemnity Insurance Policy.</p>			
Limit of Indemnity	Deductible	Premium	Insurers

QUESTIONS	ANSWERS
14. Has any application for Professional Indemnity Insurance made on behalf of the proposer, or on behalf of their Predecessors in business, ever been declined or has any such Insurance ever been cancelled or renewal refused?	
15. Have any claims been made during the past ten years against the proposer, their predecessors in business or any of the present Partners or Directors, or to the knowledge of the proposer, against any past Partners or Directors?	
16. Is any Director or Partner aware, after enquiry, of any circumstance which may result in any claim being made against the proposer, his predecessors in business or any of the present or past Partners or Directors?	
17. Is any Director or Partner, or, (so far as the Proposer is aware) any Shareholder also a Director, Partner or Shareholder in :-	
a) Any Insurance Broker or Agent	a)
b) Any other Underwriting Agency, Pool Manager or Holder of Binding Authority	b)
c) Any of the Insurers subscribing to the Agency, Pool or Authority.	c)

QUESTIONS	ANSWERS
18. Does any Director/Partner or Employee of the Proposer also act as an Insurance Broker or Agent to the Proposer?	
19. Is the Proposer responsible for the a) Investment of Underwriting Funds? b) Reinsurance programme protecting the Underwriting Account?	a) b)
20. Does the Proposer undertake any other duties (e.g. loss adjusting) for which cover is required?	
21. Does the Proposer participate in "fronting" arrangements?	
22. Please complete the Supplementary Questionnaire ( <b>separately for each contract</b> ) and enclose copies of the Underwriting Accounts for the last financial year and the agreement(s) providing Underwriting Authority, Binding Authority, or Pool Authority.	

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/WE have not suppressed or mis-stated any material facts and I/WE agree that this Proposal Form shall be the basis of the contract with Underwriters.

Dated: .....

For and on behalf of .....  
(Insert Name of Proposer)

Signature of Partner/Director or Principal .....

This Proposal must be typed or completed in ink by a Partner, Principal or Director of the Firm or Company.

All questions must be answered to enable a quotation to be given. The completion and signature of this Proposal does not bind the Proposers or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this Form.

**SUPPLEMENTARY QUESTIONNAIRE**  
**BINDING AUTHORITIES, UNDERWRITING AND POOL ACTIVITIES**

<b>CLASS AND ORIGIN OF BUSINESS</b>	
<b>TYPE e.g. B.A. POOL, UNDERWRITING AGENCY</b>	
<b>NAME OF INSURERS SUBSCRIBING</b>	
<b>MAXIMUM LIMIT</b>	
<b>NAME OF DIRECTOR(S) RESPONSIBLE</b>	
<b>METHOD OF OPERATION</b>	
<b>MAXIMUM PREMIUM INCOME LIMIT</b>	
<b>ESTIMATED ULTIMATE WRITTEN PREMIUM INCOME</b>	
<b>ESTIMATED COMMISSION AND FEES EXCLUDING PROFIT COMMISSIONS</b>	
<b>ESTIMATED PROFIT COMMISSION IF APPLICABLE</b>	

**SUPPLEMENTARY QUESTIONNAIRE**  
**BINDING AUTHORITIES, UNDERWRITING AND POOL ACTIVITIES**

<b>PLEASE PROVIDE DETAILS OF ANY CLAIMS HANDLING AUTHORITY</b>	
<b>ARE EXTERNAL LOSS ADJUSTERS OR SOLICITORS APPOINTED TO HANDLE CLAIMS, OR IS THIS UNDERTAKEN BY THE SUBSCRIBING INSURER(S)?</b>	

Dated: .....

For and on behalf of .....  
(Insert Name of Proposer)

Signature of Partner/Director or Principal .....