



Professional Indemnity Insurance

Debt Management Consultants Proposal Form

Presentation

If this is the first time you (the proposer) have submitted a proposal form to The PI Desk please make sure you answer all questions fully leaving no blank spaces (if necessary comment as N/A, 'not applicable' or 'none'). If the form is not satisfactorily completed we will not provide any terms but may make further enquiries of you or automatically decline.

If there is insufficient space to complete all answers, please continue at the end of the form or provide additional information on the firms headed paper. Providing as much information as possible will help underwriters to understand the business and enable Insurers to offer terms quickly. Failure to provide underwriters with relevant information in an appropriate manner may adversely influence the ability of Insurers to offer suitable terms.

The form must be signed and dated by a Director, Partner or Principal or an identified Officer of the proposing entity.

Insurance cover is not effective until the underwriters and/or Insurers have accepted a proposal form and any terms and payment method offered to the proposer have been accepted in writing.

If the proposer has not been trading for at least 3 years in this profession, please enclose CV's of all Directors, Partners and/or Principals. If the proposer is a new start-up please provide full details of past experience, qualifications along with the CV's.

Where available, email addresses, web site addresses, brochures, the proposer's standard contract conditions and/or agreements should be provided to assist the underwriting process.

Claims and/or Claims Circumstances

If the proposing firm has received any complaint(s) or claim(s) or is aware of any circumstance(s) that may give rise to a claim please provide full details and forward a complaints/claims log in a durable format which has been fully completed; is up to date and which should incorporate all complaints/claims from inception of the business. Please also include any complaints/claims notified to any predecessor firm and/or whilst conducting business for or on behalf of any other firm.

Professional Indemnity (PI) policies respond on a claims-made basis, which means that cover is only provided for matters arising where Professional Indemnity Insurance is in force at the time of the notification of a complaint or claim to Insurers. Where a retroactive date is noted on the policy certificate/schedule, then no cover is provided for any matter arising from business conducted prior to the retroactive date. If a PI policy is allowed to lapse at renewal or mid-term due to unpaid premiums then cover is automatically cancelled and no cover is provided in any event.

Please note that Professional Indemnity Insurance schedules/certificates are issued as annual contracts and you cannot cancel the Insurance mid-term unless specifically agreed by Underwriters.

Disclosure

All information that is material to the firms coverage requirements (which might influence Insurers in deciding whether or not to accept an insurance risk, or which may affect the terms and conditions that they offer and/or may directly impact the cost of cover) must be disclosed. The onus is on the proposer to decide what information may be material and there is no duty on Insurers to make additional enquiries of the proposer in respect of any proposal. Failure to disclose material facts may allow Insurers to avoid the policy and/or decline any claim made under it. The duty of disclosure applies equally on taking out a new insurance policy, at renewal and throughout the duration of the insurance.

If you are in doubt whether or not any fact is material, you should disclose the information to Insurers.

If you require any assistance in completing this form please contact your Insurance Broker or The PI Desk Ltd.

Please note that we will communicate with you preferably by email so please provide a valid and regularly used email address.

The PI Desk Contact Details

Email the completed form to us on: enquiries@thepidesk.co.uk

alternatively Fax to: 0114 242 2372 or

Post to: The PI Desk Ltd, Suite B, Sheffield Business Centre, Europa Link, Sheffield, South Yorkshire, S9 1XZ

For all General Underwriting queries 0114 242 1176

Larger cases, claims or technical queries contact: Roger Crowther

Email: roger.crowther@thepidesk.co.uk

Professional Indemnity Proposal Form for Debt Management Consultants

Please print your answers clearly to assist the Insurers' consideration of the proposal

1 – General Information

Contact Name			
Name of Firm to be Insured			
Trading Address			
Date firm established			
email:			
Telephone:		Mobile:	
		Fax:	
Web Site:			

2 – Details of Principals

Full Names of Sole Trader / Directors / Partners	D.O.B.	Qualifications	Number of years in this capacity (in this firm)

Does the firm have at least 3 years' experience trading in this profession Yes No

If **NO** - If this is a new business and/or where any Principal has less than 3 years' experience please attach full CV's

Please provide details of the Number of Consultants dealing with clients: Consultants

3 – Professional Associations

Is the firm authorised by any Regulator, linked to or a member of any Trade Association or Professional body? Yes No

Name of Regulator or Professional Organisation(s)	Date Joined	Authorisation Number

Has any person in the firm/organisation or any Partner/Principal/Director been subject to Disciplinary proceedings, suspension or investigation by any Regulator, Trade Association or Professional Body? Yes No
 If Yes please provide full details below or at the end of the form or on a separate sheet

4 – Gross Income/Fees – Financial Information

What date is your Financial Year end (day/month/year):

Please give the amount of known Gross Income / Fees / Management Charges received for the last 2 financial years, and also an estimate for the current financial year in respect of fees received from business conducted in the following territories

	UK	USA/Canada	Elsewhere	Total
Current year/projected ending 2	£	£	£	£
Last full Financial Year ending 2	£	£	£	£
Prior Financial Year ending 2	£	£	£	£

5 – Division of Work

1) - For your last completed financial year please provide the percentage split in your Gross income between the following categories – If you are a new business please provide your best anticipated projections

Description of activities	Percentage in last Complete Financial year
• Debt Management - provision of general advice	%
• Debt Management – arranging payment plans	%
• Debt Management – agreements with Creditors	%
• Debt Management – arranging Full & Final Settlement	%
• Bankruptcy & IVA's (no advice and referral to third party only for introducer fees)	%
• Bankruptcy & IVA's (full advice and execution)	%
• Protected Trust Deed (Scotland Only)	%
• Introducing only to another third party Debt Management Firm (this means no advice is provided or management of repayments operated)	%
• Other – (please provide details) -	%
Total	100 %

Please Note: This insurance will not provide cover for any work conducted as a Bankruptcy/Insolvency Practitioner

Do you undertake work for clients in the entertainment industry, for any person with celebrity status, for sports personalities or any Lloyds names? Yes No

1) If you introduce business to third party Debt Management firms list the firms you introduce to: N/A

2) Where you do act as an Introducer to third party Debt Management firms can you confirm that you give no advice, accept no responsibility and that this is clearly documented in your dealings with the client? Yes No

3) Where you do act as an Introducer to third party Debt Management firms can you confirm that you have a signed agreement in place with these firms that clearly sets out your introducer role and that you have no liability or responsibilities throughout the administration of the debt management process? If not please state why at the end of the form Yes No

4) Do you charge upfront application fees or other initial consultancy fees? Yes No

5) If Yes please state how much is your average fee

6) What percentage of regular monthly collection do you apply as your management charge

7) Can you warrant that the reasons for a Debt Management Program being considered / recommended or introduced is in the clients best interest as other considerations (mortgage, re-mortgage, further advance, other type of loan or capital raising) have been completely exhausted and this is clearly documented and held on file? Yes No

Please note that this insurance will not provide cover for any FCA regulated mortgage business or Sale & Rent Back business. If you have a requirement for this please contact us.

6 – Risk Management

1) Please name the version of any Debt Management Software used (or tick N/A) N/A

2) Do you take steps to ensure that you adequately understand your client's requirements? Yes No

3) When engaging with customers, do you issue standard terms of business, form of contract or engagement agreement in every case? Yes No

4) Do you always obtain written references when engaging new partners, directors, employees or agents? Yes No

5) Do you provide full training for all customer facing consultants? Yes No

6) Do you undertake regular checks on consultant's files to determine the business is conducted correctly? Yes No

7) Do you have a written set of procedures for the Collection of Monies? Yes No

8) Do you ensure that all cash/cheques received by employees in the course of their duties are paid in daily or held secure until such time they can be? Yes No

9) Do you maintain a separate office and client trust accounts for monies collected/received from debtors? Yes No

10) Do you ensure that all cheques issued by the firm in respect of the business or client accounts are signed by more than one partner or director? Yes No

If No to any question in this section please provide details

11) Has any Partner, Principal or Director ever been made personally bankrupt? Yes No

12) Has the Proposer or any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No

13) In respect of this or any other company, has the business discharged any employee or severed any relationships with any partner or director within the last 10 years? Yes No

14) Please comment on any features of your work that will be conducted in the next 12 months that may affect or change the proposed risk and / or dramatically increase income:

7 – Sub Contractors

Does the firm engage or use independent specialist consultants or sub-contractors? Yes No
If Yes complete the details below – If No proceed to next section

If Yes please describe the nature of the majority of work conducted by these specialist consultants/sub-contractors

What percentage of the fees declared in the last two years have been paid to all specialist consultants/sub-contractors %

Do you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force their own Professional Indemnity and Liability Insurance. Yes No

If no please provide explain why

8 – Previous Coverage – (do not complete if already insured with TPIDL)

Has this business been previously insured for professional indemnity? Yes No

How many years have you held continuous cover? Years

Or what year did you last hold cover?

Please provide details of current or last insurer below

Name of Insurer:

Limit of Indemnity (state whether aggregate or any one claim basis) £

Self-Insured Excess: £

Retroactive Date:

Date of expiry of Cover:

Annual Premium paid: £

Please attach a copy of your current schedule if this is easier

Has any similar insurance made on behalf of the firm, any predecessors in business or present Partners, Principals, or Directors ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than market rate increases)? Yes No

If yes please provide details:

9 – Limit of Indemnity required for this insurance

Please tick the level of indemnity required:

£100,000 £250,000 £500,000 £1 million Other £

Please insert the level of excess you require – (this is the amount you pay on each claim) £

(Underwriters will require minimum limits and excesses, depending on size and type of work undertaken)

10 – Claims History

Has any complaint or claim whether successful or not, ever been made against this firm/organisation or its predecessors in business or any past or present Partner, Principal, Director or Employee (whether previously Insured or not)? Yes No

If "Yes", please give full details (attach a complaint schedule if this is easier) including dates, amounts involved, brief details of the nature of the claim and whether settled or outstanding?

Name of Claimant	Reason	Outstanding /Closed	Amount Settled
			£
			£
			£

Has the business sustained any loss during the past 10 years as a result of the fraud or dishonesty of any partner, director or employee of the business? (if yes please provide full details below) Yes No

Are you or any of the Partners, Principals, Directors or Employees, AFTER FULL ENQUIRY, aware of any circumstance which may result in any claim being made against the Proposer, its predecessors in business or any past or present Partner, Principal, Director or Employee? Yes No

Please provide more information that you feel is necessary at the end of the form

11 - When do you want this Insurance to start (Insert start date or tick one other box - do not backdate)

Start Date:

Or on renewal date of your existing TPIDL PI Insurance

Or T.B.A.

12 – Declaration

Please read the following carefully

Data Protection

By signing this proposal form you consent to The PI Desk Ltd using the information we hold about you for the purpose of providing insurance contracts and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean that we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance companies, third party claims adjusters, fraud detection and prevention service, reinsurance companies and regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents, or service providers appointed by us, Insurers, (including their reinsurers, legal advisers, loss adjustors or agents). Where such information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and by its use by us as set out above. The information provided will be treated in the strictest confidence and where relevant, in compliance with the Data protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Duty to disclose material facts:

Since an Insurance Contract is based upon the duty of utmost good faith, it is important that those seeking Insurance should provide full disclosure of all material facts to Insurers and that this information should be kept updated. The Courts will find a fact to be 'material' where it would affect the judgement of a prudent Insurer as to whether or not to accept the risk at the particular terms offered. You are reminded that if you are in doubt whether or not any fact is material we recommend that you disclose the information to Insurers.

Declaration

I hereby confirm that I am authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance and understand that signing this proposal form does not bind the Proposer or the Insurers to complete this insurance.

I declare that all Principals, Partners and/or Directors have read, understood and agreed that all the statements and particulars given, including those answers written for me by any other person and that to the best of my/our knowledge and belief, the contents of this proposal form, all attached additional information and other particulars which have been given separately to The PI Desk Ltd and/or Insurers by me or our agents are true and complete and that no material facts have been omitted, suppressed, misrepresented, or misstated.

I agree that this proposal form, any additional information supplied and this declaration shall be the basis of the contract between all parties entitled to coverage under this insurance and the Insurers and I undertake to pay the premium when asked to do so.

I undertake to inform the Insurers of any change to any material fact that occurs prior to the point at which this insurance contract has been agreed.

I agree that The PI Desk and/or Insurers may contact any previous Insurers for further information and/or clarification if required.

Full Name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

N.B. APPLICATIONS MUST BE SIGNED WITHIN 30 DAYS OF THE PROPOSED START DATE AND CANNOT BE BACK DATED

Please take a couple of minutes to check the information on the proposal form and always save a copy for your records

Please use this space for additional information