

**PROPOSAL FORM**

FOR  
*INSURANCE BROKERS/AGENTS*  
*ERRORS AND OMISSIONS INSURANCE*  
(Claims Made Form)

IMPORTANT NOTICE:

1. This is a proposal for a contract of insurance, in which 'Proposer' or 'you/your' means the individual, company, partnership, trust, charity, establishment proposing for cover.
2. This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Insurers to enter into any contract of insurance. If there is insufficient space to complete your answer, please use your headed paper to continue, stating which questions you are enlarging upon.
3. **It is your duty to disclose all material facts to Insurers.** A material fact is one which may influence Insurers judgement of the risk proposed. Failure to make such disclosure may prejudice your rights in the event of a claim or allow Insurers to void the policy. If you are in any doubt about what may be considered a material fact, disclose it.
4. Please provide a brochure, if possible, and any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.
5. A copy of this completed proposal form should be retained for your own records.
6. A specimen copy of the proposed policy is available on request and you are strongly advised to carefully consider the terms, conditions, limitations and exclusions applicable to the cover. The proposed insurance only covers those losses which arise from certain events discovered or claims made against the Insured during the period of insurance, as specified in the policy.

When completed, please return to:

**Commodore Insurance Company Limited**

POB 3169, PMB 270  
Road Town, Tortola  
British Virgin Islands

Telephone +284 494-8937  
Fax +661 420-8602

USVI Mailing address:  
POB 305498, PMB 270  
St. Thomas, USVI  
00803

INSURANCE BROKERS/AGENTS ERRORS AND OMISSIONS INSURANCE

**NAME OF BUSINESS (THE INSURED)**

1. Name: \_\_\_\_\_  
 Address of \_\_\_\_\_  
 Main office: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Location(s) of other offices: \_\_\_\_\_

When was your business established? \_\_\_\_\_

**PREDECESSOR BUSINESSES**

Is cover required for liabilities arising out of any predecessors in business? YES  NO

If YES, please provide details:

**DIRECTORS, PARTNERS & STAFF**

2. What is the total number of  
 Directors, partners and principals \_\_\_\_\_  
 Consultants \_\_\_\_\_  
 Qualified Staff \_\_\_\_\_  
 Unqualified Staff \_\_\_\_\_

Where a director, partner, principal or consultant are not suitably qualified or have been working in the relevant industry for less than 5 years please send us their brief CV along with this proposal form.

**SUPERVISION**

3. Are all offices of the Business under day to day supervision and control of a director, partner or principal? YES  NO

If NO, please provide details:

\_\_\_\_\_

**ASSOCIATED  
BUSINESSES**

4. Is the business, or any of its directors, partners or principals connected or associated (financially or otherwise) with any other firm, company or organisation for whom the Business does work?

YES  NO

If **YES**, please provide details:

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**YOUR  
BUSINESS  
ACTIVITY**

5. a) Please provide a percentage breakdown of your gross income/fees in the following categories for the last complete financial year:

Activity	% of total income
Pensions, Endowments, Life Assurance, Mortgages (NB a separate additional questionnaire may be required for these activities)	%
Personal Lines Insurance (ex Motor)	%
Commercial Insurance (ex Motor)	%
Motor Insurance	%
PHI/Medical Insurance	%
Pension Fund Managers, Trustees or Administration	%
Aviation, Marine (ex pleasure craft & cargo)	%
Reinsurance	%
Building Society Agency – savings depository only	%
Estate Agency	%
Management Consultancy	%
Other (please specify)	%

- b) Have these activities altered substantially since establishment? YES  NO

If YES, please give details:

- c) Does the Business hold any authority granted to them by any Insurance Company, Lloyd's Underwriter or other Insurer or Re-insurer where under such authority the Business has been given the authority to set rates, terms and conditions and/or to handle claims at their discretion and not necessarily within terms specifically laid down within such authority? YES  NO

If YES, please ensure you complete the **Binding Authority questionnaire** attached

**ROLE**

6. Do you act as:

- a) An Insurance Broker? YES  NO
- b) An Agent of Insurance Companies? YES  NO

**MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

7. Are you a member of any professional organisations or trade associations? YES  NO

If YES, please give details below:

**YOUR INCOME**

8. Please provide gross income/fees for your last financial year and where it comes from.

	Past Year ending / /	Current Year
Within your own country		
Outside of your own country, excluding USA/Canada		
USA/Canada		
Total		

**INSURANCES  
ARRANGED**

9. Are all contracts of insurance issued within your country? YES  NO
- Are all contracts of insurance placed with insurers authorised in your country? YES  NO

If NO, please give details below

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What is the maximum property/business interruption sum insured you arrange/place?

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What is the maximum liability limit you arrange/place?

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**PREVIOUS  
INSURANCE**

10. Has any Insurer declined, refused to renew or requested special terms to insure your business? YES  NO

If YES, please give details:

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**CURRENT  
INSURANCE**

11. Do you currently have Professional Indemnity insurance? YES  NO

If YES, what is the renewal date?

<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
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If you currently have Professional Indemnity insurance with someone other than CICL then please answer the following:

Name of insurer:

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Current limit of indemnity:

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Current excess:

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Limit of indemnity required:

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Excess required:

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**CLAIMS  
DECLARATION**

12. a) Have any claims been made against any business to be included in this insurance, or losses sustained by any business to be included in this insurance, their predecessors in business or any of the present partners, directors or principals or against or involving any past partners, directors or principals during the past 10 years? YES  NO

If **YES**, please provide full details:

- b) Is any director, partner or principal aware, after enquiry, of any circumstances which may result in any claim being made against, or loss (including dishonesty) sustained by, any business to be included in this insurance, their predecessors in business or any of the present or past directors, partners or principals? YES  NO

If **YES**, please provide full details:

**MATERIAL INFORMATION**

Please provide us with details of any other information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details:

**DECLARATION**

1. I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.
2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.
3. I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of  
Principal/Partner/Director

Date

**A copy of this proposal should be retained for your records.**

**BINDING  
AUTHORITIES  
SUPPLEMENTARY  
QUESTIONNAIRE**

a) For each binding authority you have please provide:-

Date authority commenced	
Class of business underwritten	
Please state if direct or re-insurance	
Origins of business written (e.g. your country. USA/Canada, etc.)	
Type of authority (e.g. Binding Authority, Pool, Underwriting Agency, Lineslip etc.)	
Name of leading company or syndicate and total number of Insurers subscribing.	
Maximum permitted underwriting limits:	
Premium income in last 12 months	

b) Does the Business handle the placing of any re-insurance protection on behalf of those Insurers for whom they are accepting risks?

YES  NO

If **YES**, please give details:

c) Does the Firm have full power to accept risks and set premiums without prior reference, or referral within a specified period after their acceptance to those Insurers or any of them granting the authority(ies)?

YES  NO

If **NO**, please give details: