

To complete this form electronically, please click on the fields and type in your answers. Once complete, please save or print a copy for your records and click the submit button on the last page to send this pdf via email back to us.

If you need to submit further information on a separate sheet, please submit via email to [ifa.pi@aon.co.uk](mailto:ifa.pi@aon.co.uk) with email titled 'PI quote + your company name' in the subject line.

## New Financial Adviser Businesses professional indemnity

W3

### Important notes

Where the form states:

'Firm' this includes all current businesses and trading styles; predecessors in business and previous trading styles; and self-employed consultants and Appointed Representatives that you would like covered under this policy.

'Principals' this includes partners, sole traders, directors and members of limited liability partnerships.

'Income' this includes gross brokerage, commission and any other professional income generated by the firm in relation to financial sales and advice.

Please provide a full answer to all questions and use supplementary sheets if necessary.

### 1 Your Business

a Please list all proposing Directly Authorised firms for which cover is required.

	Firm name	Date commenced trading	Date ceased trading
Main firm			
Other			
Other			

Principal address

	Postcode	Contact number
Mobile number	Email	

Please list all past and current firms which are/were regulated as an Appointed Representative of another directly regulated firm or network, please state the firm/network name

Firm name	Directly Authorised Firm Name or Network Name

b Do you have any offices or assets in territories outside the UK?

Yes  No

c Do you have any US domiciled interest to be insured under this policy?

Yes  No

For example – having a US office that is a subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not.

If yes, please provide full details.

### 2

Names of Principals	Qualifications	Number of years' experience

3 Number of permanent staff (other than Principals, partners or directors):

	Working at the above locations	Not working at the above locations
a Employed persons giving advice		
b All other employed persons		
c Self-employed persons		

Please can you confirm the systems and controls in place to monitor the activities of all staff working away from the office.

4 Please provide details in respect of any Appointed Representatives of the firm for which cover is required:

Trading name	Date of appointment	Date of termination	Location	Income in last financial year

## Your Activities

5 Financial year-end:  |  |  Estimated income for the current year £

6 Please state the percentage of income you expect to receive from the following categories.

	Private clients	Business	Total
i Pension sales & advice (please class Group Personal Pensions business as private)	%	%	%
ii Investment sales & advice	%	%	%
iii Life Cover & Protection sales & advice (including Whole of Life, Accident and Sickness, PHI & Medical)	%	%	%
iv Mortgage sales & advice (including Equity Release and Reversion Schemes)	%	%	%
v General Insurance sales & advice	%	%	%
vi Other - Please specify			
	%	%	%
	<b>Total private</b>	<b>Total business</b>	<b>Overall total</b>
	%	%	<b>100%</b>

7 Have any Principals, Directors, Members or Appointed Representatives to be covered under this insurance, received any claim or complaint (including complaints not upheld) against their advice or work performed prior to joining this firm? Yes  No

If yes, please provide details below, or provide a copy of your complaints register detailing all cases.

Date	Summary	Amount claimed	Reserve held	Amount paid	Date of the advice/sale

8 Has any Partner, Director, Principal, Member or Appointed Representative sustained any loss during the past 10 years as a result of fraud or dishonesty? Yes  No

If yes, please provide details

### Declaration

I/We declare the following:

- i I/We understand that I/we have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full
- ii All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith
- iii I/We understand that by submitting this proposal form I/we consent to the information being used by Aon and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud
- iv I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance
- v If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/we will immediately advise Aon or the Insurer

### Duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual Aon adviser if you are in any doubt about what information needs to be disclosed.

Do you have any of the following insurances – if yes, please advise of the renewal date:

Office	Yes <input type="radio"/>	No <input type="radio"/>	Renewal date	<input type="text"/>
Cyber	Yes <input type="radio"/>	No <input type="radio"/>	Renewal date	<input type="text"/>
Directors & Officers	Yes <input type="radio"/>	No <input type="radio"/>	Renewal date	<input type="text"/>

We collect and process your personal data and sensitive personal data in accordance with all applicable Data Privacy Laws which Aon is required to comply with. Full details of how we process your data, as well as measures we have put in place for the protection of your personal data can be found in our [Privacy Statement](#).

Aon UK Limited and other Aon group companies will use your personal information to contact you from time to time about other products, services and events that we feel may be of interest to you.

If you do not wish to receive these communications, please tick here.

Signature of Principal <i>Signature not required if submitting electronically</i>	Print name	Date
	Position	<input type="text"/>

Please save or print a copy for your records. Click the submit form button to return the completed form.