Fund Manager Insurance
Proposal Form

Important Notice

1. This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
2. This proposal must be completed, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or the insurer to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence the insurer's assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should consult your broker.
4. You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

Section A: General Information

1. (a) Name of company (insured)

   (b) Head office address and other branch offices

   (c) Date of establishment

   (d) Please give the full names of all directors, partners or principals

Name	Qualifications in full	Date qualified	Year of appointment as a director, partner or principal of this company

If possible please attach CVs

MARKEL®

(e) Is the company authorised and regulated by the Financial Services Authority Yes ☐ No ☐

(f) Is the company authorised and regulated by any other regulator? Yes ☐ No ☐

If YES, please name the regulator

(g) Please state the name(s)of any professional associations of which the company is a member of or is affiliated to.

(h) Are you in any way associated with any other firm, company or organisation? Yes ☐ No ☐

If YES, please provide full details

(i) Please confirm the number of:

(i)	Directors, partners or principals	
(ii)	Qualified staff	
(iii)	Other staff (ex Admin)	
(iv)	Administration staff (typist etc)	
(v)	Other personnel employed on a consultancy basis	

(j) Please provide a full description of your business activities

Section B: Business Activities

1. Please provide details of the fee income for the last 4 years including the current year and the projected income for the coming financial year.

Fee	20	20	20	Coming financial year	Approximate %
(i)					
(ii)					
(iii)					
(iv)					
					100%

2. Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes ☐ No ☐

*If YES, please supply details:

3. Please confirm the percentage of the business's income by way of fees and commissions derived from the following activities:

	As Principal	As Agent	As Manager
Institutional fund management	%	%	%
Private client portfolio management	%	%	%
i. Discretionary	%	%	%
ii. Non discretionary	%	%	%
Dealing in listed UK securities	%	%	%
Dealing in unlisted UK securities	%	%	%
Dealing in foreign securities/investments	%	%	%
Dealing in bonds (e.g. Eurodollar)	%	%	%
i. UK	%	%	%
ii. Offshore including Channel Islands and Isle of Man	%	%	%
Investments in unit trusts	%	%	%
i. UK	%	%	%
ii. Offshore including Channel Islands and Isle of Man	%	%	%
Dealing in commodities (future or physicals)	%	%	%
Corporate finance	%	%	%
Mergers and acquisitions	%	%	%

4. Do you impose a standard form of contract, agreement or letter of appointment? Yes ☐ No ☐

If YES, please supply copy details

5. Do you wish to insure USA/Canadian activities? Yes ☐ No ☐

If YES, please supply details of business operations in USA/Canada

6. In any circumstance is liability accepted other than under the jurisdiction of the UK Courts? Yes ☐ No ☐

If YES, please give details

7. Please confirm geographical split of gross income/fees

	Past financial year	Current financial year	Estimate for coming financial year
United Kingdom	%	%	%
Europe	%	%	%
USA/Canada	%	%	%
Rest of the World	%	%	%

8. Please confirm

(a) Largest fee to any one client

(b) Average fee any one client

9. Please state date of your financial year end

10. Please state how the company's products are distributed

Section C: Claims History

1. (a) Please provide details of current insurance programme

(i) Name of insurer

(ii) Indemnity limit

(iii) Excess

(iv) Date of expiry

(b) (i) Have any claims been made against you, your predecessors in business, or any present or past partners or principals or directors Yes ☐ No ☐

(ii) Have you at any time been refused similar insurance, or quoted increased premiums or had special terms imposed? Yes ☐ No ☐

(iii) After full enquiry are you or any of the directors, partners or principals aware of any circumstances which may give rise to a claim against you, your predecessors in business, or any past or present partner, director, principal or employee? Yes ☐ No ☐

(iv) Or in receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? Yes ☐ No ☐

If you have answered Yes to any of the above please give full details

(c) What limit of indemnity is required?

£500,000 ☐ £1 million ☐ £2 million ☐ Other

(d) What is the maximum excess per claim you are prepared to accept (including costs and expenses)?

£5,000 ☐ £10,000 ☐ £20,000 ☐ Other

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to the insurer) shall be the basis of such contract.

Signed*

Name

Company position

Date

*the signatory should be a director or senior officer of, or a partner of, the company.

Section D: Fidelity

1. (a) Has any insurer previously refused to accept or continue any fidelity guarantee in? respect of the proposer or any employees — Yes ☐ No ☐

   (b) Has any insurer previously cancelled cover? — Yes ☐ No ☐

   (c) Have any losses been sustained by the proposer through fraud or dishonesty of any employee? — Yes ☐ No ☐

   (d) Are references always taken when appointing employees? — Yes ☐ No ☐

   (e) Are any employees authorised as sole signatories on cheques? — Yes ☐ No ☐

      (i) If YES, please confirm maximum amount

      (ii) Does the proposer operate facsimile cheque - signing machine? — Yes ☐ No ☐

   (f) Please confirm methods of check and independent reconciliation

   (g) Please confirm frequency of audit conducted by professional accountants

   (h) Please confirm methods of check and independent reconciliation

   (h) Please name the company's

      (i) Custodian

      (ii) Prime broker

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to the insurer) shall be the basis of such contract.

Signed*

Name

Company position

Date

*the signatory should be a director or senior officer of, or a partner of, the company.

Section E: Directors & Officers Liability And Company Reimbursement Insurance

1. (a) Is the company listed on any stock exchange or any other form of securities market? Yes ☐ No ☐

If YES, please state the name and country of exchange:

(b) Please advise any shareholder who owns more than 20% of the company, whether singularly or in consortia with related parties

(c) During the last five years has

(i) The company, or any of its subsidiaries, restated its financial results? Yes ☐ No ☐

(ii) The company been in breach of its debt covenants or loan agreements? Yes ☐ No ☐

If the answer to either (i) to (ii) above is YES, please provide full details:

(d) Has the company publicly revealed that it has under consideration at the present time any acquisitions, tender offers or mergers? Yes ☐ No ☐

If YES, please provide full details

(e) Are there at the present time any proposals of which the company is aware relating to its acquisition by or merger with any other company? Yes ☐ No ☐

If YES, please provide full details

2. (a) Does the company have subsidiaries, assets or employees in the USA? Yes ☐ No ☐

If YES, please complete this Section C, otherwise please proceed to Section D

(b) Does the company have any of its stock, shares, debentures, bonds or any other debt equity instruments in the USA? Yes ☐ No ☐

If YES

(i) On what date was the last offer/tender/issue made?

(ii) Was the offer subject to any securities legislation in the relevant territory?

If YES, please give full details including territory, relevant legislation and percentage of shares traded

(iii) What level of listing is held in the USA? E.g. NYSE, ADR levels I, II or III?

(iv) What percentage of total market capitalisation is listed in the USA? %

4. Please provide full details of all claims (including all prosecutions, proceedings or investigations) involving the company and/or its present or former directors and/or officers and/or any other person proposed for cover under this policy in the past ten years. Please provide details of the type of allegation, the court or agency involved and any determination, judgment, claims payments (including without prejudice or ex gratia payments) and defence costs for each claim. **The proposer's attention is drawn to the definition of "Claims" on page 1 of this Proposal.**

5. After enquiry is the company and/or its directors and/or officers and/or any other person proposed for cover under this policy aware of any facts, circumstances, allegations or incidents which they have reason to suppose could give rise to a claim under the proposed policy?

If YES, please provide full details

NOTE: Any claims reported of which should have been reported under 5.a and/or 5.b above will be excluded from cover under the policy

6. (a) After enquiry, is/are the company and/or any of its directors and/or any of its officers aware of any other material facts? Yes ☐ No ☐

If YES, please provide full details

A material fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by the insurer. If your proposal is a renewal, it should include any change in facts previously advised to the insurer. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All the information requested in this proposal is material. Failure to disclose a material fact could prejudice your rights to recover in the event of a claim or allow the insurer to avoid the policy. Please contact your broker if you require any guidance.

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to the insurer) shall be the basis of such contract.

Signed*	
Name	
Company position	
Date	

*the signatory should be a director or senior officer of, or a partner of, the company.

F: Outside Entity Directorships

Please complete copy in respect of each outside entity directorship held

1. (a) Outside entity

   (b) Country of incorporation

   (c) Business

   (d) Net worth

   (e) Net profit

   (f) Type of company: eg public, private, charity etc

   (g) Are you aware of any person or entity holding beneficially or otherwise 15% or more of the shares? Yes ☐ No ☐

   If YES, please elaborate: i.e. name of shareholders/shareholding

Declaration

I declare that after full enquiry I am not aware of any circumstance or claim that has or could be the subject of this insurance (Note: full disclosure is essential)

Signed*

Name

Date

Data Protection Act 1998 – Consent to use of information

The insurer will use the information provided herein to manage the insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, regulatory authorities or to the insurer's agents providing services on their behalf.

In order to detect and prevent fraud, the insurer may at any time:

1. Share information about the proposer and/or its partners, principals, directors, officers and/or employees with other organisations and public bodies including the Police;
2. Check and/or file the proposer's and/or its partner's, principals', directors' and/or officers' details with fraud prevention agencies and databases and if the insurer suspects fraud, the insurer will record this.

   The insurer and other organisations may also search these agencies and databases to:

   (a) Help make decisions about the provision and administration of insurance, credit and related services for the proposer, its partners, principals, directors and officers;

   (b) Trace debtors or beneficiaries, recover debt, prevent fraud and to manage the proposer's accounts and insurance policies;

   (c) Check identities to prevent money laundering;
3. Undertake credit searches and additional fraud searches.

The insurer can supply on request further details of the databases that they access or contribute to.

Declaration

I the undersigned hereby confirm that I am duly authorised and do give consent to the use of information as set out above.

I also hereby declare that I am authorised to complete this proposal on behalf of the proposer. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms conditions limitations and exclusions of the policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. Signing of this proposal does not bind the insurer to offer nor the applicant to accept insurance

Signed*	
Name	
Company position	
Date	

*the signatory should be a director or senior officer of, or a partner of, the company.

NOTICE TO THE PROPOSER

The Insurer
The insurer will be either Markel International Insurance Company Limited or Markel Syndicate 3000 at Lloyd's together with any other subscribing insurer(s).

Prior to any placement being concluded, the proposer will be advised which insurer(s) is/are to write this contract of insurance.

The Law of the Insurance Contract
The parties to this proposed insurance are free to choose the law applicable to the insurance contract. Unless specifically agreed otherwise with the insurer, the proposed contract will be governed by English law.

General Enquiries
If at any time you have any questions or concerns about your policy or the handling of a claim you should, in the first instance, contact Claims Manager, Professional Liability Division, 20 Fenchurch Street, London EC3M 3AZ.

Complaints Procedures

Markel Syndicate 3000
If you are insured by Markel Syndicate 3000 and in the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to the Compliance Officer, Markel Syndicate Management Limited (Lloyd's Managing Agent for Syndicate 3000), 20 Fenchurch Street, London EC3M 3AZ or the Policyholder and Market Assistance Team at Lloyd's.

Their address is:
Policyholder and Market Assistance, Market Services, Lloyd's, One Lime Street, London, EC3M 7HA
Tel: 020 7327 5693 Fax: 020 7327 5225 e-mail: complaints@lloyds.com.

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and also available from the above address.

If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service.

Following this complaints procedure does not affect your right to take legal action or to any other remedy available to you.

The Financial Ombudsman Service's contact details are:
Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR
website: www.financial-ombudsman.org.uk email: complaint.info@financial-ombudsman.org.uk
phone: 0800 023 4567 or 0300 123 9123

Markel Syndicate 3000 at Lloyd's of London
Markel Syndicate 3000 is a syndicate at Lloyd's of London. The Lloyd's Managing Agent for Markel Syndicate 3000 is Markel Syndicate Management Limited, registered in England and Wales, with its registered office at 20 Fenchurch Street, London EC3M 3AZ. Markel Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Financial Services Register No.: 204953).

Markel International Insurance Company Limited
If you are insured by Markel International Insurance Company Limited and in the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to the Compliance Officer, Markel International Insurance Company Limited, 20 Fenchurch Street, London EC3M 3AZ.

If you are not satisfied with our final response to your complaint, you may have the right to refer the matter to the Financial Ombudsman Service without affecting your right to take legal action or to any other remedy available to you.

The Financial Ombudsman Service's contact details are:
Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR
website: www.financial-ombudsman.org.uk email: complaint.info@financial-ombudsman.org.uk
phone: 0800 023 4567 or 0300 123 9123

Markel International Insurance Company Limited
Markel International Insurance Company Limited, registered in England and Wales, with its registered office at 20 Fenchurch Street, London EC3M 3AZ. Markel International Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Financial Services Register No.: 202570).