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# Pension Trustee Liability Insurance

## INDICATION FORM

### Notes on Completing this Form

*Please answer all the questions in this Indication Form. The information provided and received will be treated in confidence.*

*If you need more space to answer any question more fully, please attach a separate sheet.*

*Completion of this Indication Form does not in itself bind Universal Legal Protection Ltd, any Insurer or the Proposer to any contract. But in the event of an Insurance Policy being issued pursuant to this Indication Form, this Indication Form may constitute part of that Policy.*

*Please be aware that the Proposer must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015.*

## 1. SCHEME DETAILS

a)	Name of the Pension Scheme(s):					
b)	What are the total current Fund Assets?	£				
c)	Please advise the Establishment Date of the Scheme(s):					
d)	What type of Fund is the Scheme? (DB, DC, Mixed etc.):					
e)	Please state the number of Members in the Scheme:	Total				
		Current				
		Deferred Pensioners				
		Pensions in payment				
f)	Are there any plans to alter the structure of the Scheme <u>in any way</u> over the next 12 months?	YES		NO		
		If 'YES' please supply full details on the sheet attached				
g)	Please list the Professional Advisers and Year appointed:	Custodian		Year		
		Administrator		Year		
		Investment Manager		Year		
		Legal Adviser		Year		
		Actuary		Year		
		Auditor		Year		
h)	Are Contributions paid in accordance with actuarial recommendations?	YES		NO		
		If 'NO' please supply full details on the sheet attached				
i)	Is there or has there ever been a reduction or suspension of Employer or Employee Contributions?	YES		NO		
		If 'YES' please supply full details on the sheet attached				
j)	Are there or have there ever been any overdue Employer Contributions?	YES		NO		
		If 'YES' please supply full details on the sheet attached				
k)	Please advise the total number of Trustees on the Scheme(s):	Professional Trustees	Member-Nominated	Employer-Nominated	Corporate Trustees	Other Trustees

## 2. EMPLOYER DETAILS

a)	Please state the Name & Address of the Sponsoring Employer:	
b)	What is the total Number of Schemes run by the Employer?	
c)	What are the Total Assets of all Schemes?	£
d)	Are there any plans to change Members' benefits in the foreseeable future?	<div>YES NO</div> <div>If 'YES' please supply full details on the sheet attached</div>
e)	Is there any intention to close the Scheme(s) to new Members or stop accruing future benefit?	<div>YES NO</div> <div>If 'YES' please supply full details on the sheet attached</div>

## 3. CLAIMS INFORMATION

a)	Have there ever been any claims made (whether Insured or not) or are there any circumstances that could give rise to a claim?	<div>YES NO</div> <div>If 'YES' please supply full details on the sheet attached</div>
b)	Has any Trustee Liability Insurer ever declined to offer renewal terms or cancelled a Policy?	<div>YES NO</div> <div>If 'YES' please supply full details on the sheet attached</div>

## 4. INSURANCE DETAILS

a)	Limit of Indemnity required:	Option 1	Option 2
		£	£
b)	Is there a current Pension Trustee Liability Insurance policy in place?	<div>YES NO</div> <div>If 'YES' please advise the following:</div> <div> <div>i. the Renewal Date:</div> <div></div> </div> <div> <div>ii. the current Insurer:</div> <div></div> </div>	

## 5. ADDITIONAL INFORMATION

Please supply any further information in the space below:

## 6. DECLARATION

I, the undersigned, hereby declare that to the best of my knowledge and belief the answers given and the information provided in this Form are true. I agree that, although the signing of this Form does not bind us to effect insurance, these particulars may be the basis of the contract should an Insurance Policy be issued and may be incorporated in that Policy.

<b>Signature</b>	<b>Name and Position</b>
	<b>Date</b>

## DATA PROTECTION

By signing this Indication Form, you consent to Universal Legal Protection Ltd ('ULP') using the information we hold about you for the purpose of sourcing indications of terms and conditions for Pension Trustee Liability Insurance, and to process sensitive personal data about you where this is necessary. This will mean passing on your details to third parties for the purposes of seeking such indications. The information provided by you will be treated by us in confidence and, where appropriate, in compliance with the relevant Data Protection legislation (ULP's Data Protection Registration Number is Z8243277). 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.

***When completed, please forward this Indication Form together with any accompanying information to Universal Legal Protection Ltd (see front page for email, DX or postal address).***

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