

- 2.5 Is the pension scheme(s) subject to an annual audit? Yes No
- If the answer is 'Yes' please answer a - d
- a How often are the procedures carried out?
- b Are physical assets valued against book value? Yes No
- c Who receives these reports?
- d Have all recommendations been implemented? Yes No
- 2.6 How frequently do the trustees meet? %
- 2.7 Is 'Dual Control' required for:
- a Signing cheques above £2,500? Yes No
- b Disbursement of assets or funds of the Pension Scheme? Yes No
- c Investments in and custody of securities and other valuables? Yes No
- d The granting of a pension scheme loan? Yes No
- e Issuing amendments for fund transfer procedures? Yes No
- 'Dual Control' means that one person does not have sole responsibility for initiating and authorising transactions from inception to completion.
- 2.8 What procedure is used to issue and authorise fund transfer instructions?
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- a Are these all on a pre-formatted basis? Yes No
- b Are the banks required to authenticate any instructions before payment? Yes No
- c Are all instructions confirmed in writing within 24 hours? Yes No
- 2.9 Does the pension scheme enter into any stock lending activities? Yes No
- If 'Yes', what procedures are in force to ensure the authenticity of the other parties and to ensure the return of the original stock?
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- 2.10 Are passwords used to afford varying levels of entry to the computer system? Yes No
- a Are these regularly changed when there is any turnover in personnel? Yes No
- b Is there an error and exception log which is regularly reviewed and which identifies terminals and used identification numbers? Yes No

3 Management / investment

- 3.1 Are all Pension Plan assets held in custodianship independently from the employer company and investment manager? Yes No
- 3.2 Have the trustees prepared a Statement of Investment Principles in respect of all plans? Yes No
- 3.3 Please confirm that any self investment in the employer company by any plan does NOT exceed 5% of the plan assets. Yes No

4 Insurance details

- 4.1 Has there been pending any claim or legal proceeding against any Trustee, Director, Officer, Partner or Employee, or against the Employer Company or Corporate trustee company or any subsidiary arising out of any pension plan? Yes No

If 'Yes', please provide details below.

4.2 Is the Proposer aware, after enquiry, of any circumstance, incident or investigation which may give rise to a claim? Yes No

If 'Yes', please provide details below.

4.3 Has any similar trustee insurance or fidelity insurance ever been refused, cancelled or not renewed? Yes No

If 'Yes', please provide details below.

5 Current insurance

Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide details

Renewal date	/ /	
Insurer		
Broker		
Limit of indemnity	£	any one claim / aggregate – please advise
Excess	£	
Premium	£	

6 Future requirements

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of indemnity	£	£	£
Excess	£	£	£

Confirmation

Disclosure of material facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information provided will be used by the insurers and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm

Signature: _____ Date: _____ / /
 Print name: _____ Position: _____

Please return this application form along with any other supplementary information sheets to the address detailed below:-

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