

Bluefin
Professions

Please answer all questions giving full and complete answers. It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts. A relevant fact is such known fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact us. If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question. The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting trustee insurance for the firm who acts as a Proposer. This proposal form does not bind the Proposer to complete the insurance but will form part of any insurance.

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Postcode:

Telephone number:

Contact e-mail address:

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Date established	
/	/

List number of branch offices	

[illegible]

£

£

Yes ☐ No ☐

2.1	Can you confirm that the employer company and its subsidiaries do NOT act as trustee(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'No' is any subsidiary a Corporate Trustee Company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	Can you confirm that one third of the trustees are nominated and selected by members of the plan or that alternative procedures have been agreed by the members?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	Are procedures in place to assess suitability of persons appointed to act as trustees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.4	If any significant recommendations have been made about internal systems, please explain				

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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?

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?

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.

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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.

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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:-

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | f: 0845 521 5576 | e: enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk