



**Roberts
Armytage
& Partners**



MARINE PROFESSIONAL NEGLIGENCE INSURANCE

Confidential proposal form

- This form may be completed by your authorised insurance broker
- Please attach any relevant company literature which may assist us with your enquiry.
- If you have insufficient space to answer any questions, please attach a separate sheet.

General Information

Company Name:	
Company Address	
E-mail:	Website:
Date Company Established:	Telephone:
Please describe the services you provide to your customers that you wish to be insured:	
Have you obtained quality assurance accreditation from any internationally recognised organisation? If yes, please specify:	
Please detail names of any trade associations to which you are affiliated or are members:	
Names and addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance:	

Please list these activities and state the approximate percentage of work carried out in each instance:

	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
Other Marine Related Services (Please provide further details)			%

Staff Details

Please list your directors or partners, noting their professional qualifications or number of years experience:	
Number of Directors, Partners or Senior Managers:	
Number of Qualified Staff (e.g. surveyors, brokers or designers):	
Number of Clerical Staff:	
Total Number of Employees:	

Income Details

Please state your Gross Annual Income for the previous 12 months:	
Please state you Gross Annual Income forecast for the next 12 months:	

Gross Annual Income = Fees and Commission ONLY

Currency =

Trading Conditions

Do you use any standard trading conditions? If "yes" please provide a copy	YES	NO
Do you have any contracts or agreements with specific clients? If "yes" please provide a copy	YES	NO

Claims History

Have any claims been made against you, or have there been any circumstances that may give rise to a claim being made against you, in the last 5 years? If "yes", please provide details on a separate sheet	YES	NO
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Insurance History

Are you currently Insured for your professional negligence exposure?	YES	NO
If you require a specific limit and/or deductible to be quoted please provide the values here: LIMIT : DEDUCTIBLE :		
Has any Insurer ever declined to Insure you?	YES	NO
Has any Insurer ever cancelled your insurance?	YES	NO
Has any Insurer refused to renew your insurance?	YES	NO
Has any Insurer previously imposed any special terms or penalties?	YES	NO

Declaration and signature

You must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, you must:

- Disclose to the Insurer every material circumstance which you know or ought to know. Failing that, you must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium); and
- Make the disclosure in clause (a) above in a reasonably clear and accessible way; and
- Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

For the purposes of making a fair presentation of the risk to the Insurer, you are expected to know the following:

- If you are an individual, what is known to you and anybody who is responsible for arranging your insurance
- If you are not an individual, what is known to anybody who is part of your senior management; or anybody who is responsible for arranging your insurance
- Whether you are an individual or not, what should reasonably have been revealed by a reasonable search of information available to you. The information may be held within your organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If you are insuring subsidiaries, affiliates or other parties, the Insurer expects that you will have included them in its enquiries, and that you will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated, mis-represented or suppressed any material facts that might influence the assessment of the risk. At any time during the Period of Insurance, if conditions, exposures or circumstances materially increase to that declared herein, we understand we are immediately required to advise Underwriters. We also understand that completion of this form does not bind Underwriters or mean we will accept the Insurance Contract but, if terms are agreed, it will form part of the Insurance Contract. By completing this proposal form we confirm that any business we conduct with Galleon is in accordance with all relevant anti-money laundering, anti-financial crime and international economic or financial sanctions legislations.

Our policy and procedures comply with all known legislation involving the collection, use, storage and disclosure of personal information. You are entitled to access the information we hold concerning you and we can supply a copy of our full policy and procedures on request. We and our agents need to collect, use and disclose your information in order to consider your application for insurance and provide the cover you have selected, administer your policy and handle any claim. This may involve disclosing your information to third parties who assist in providing such services. If you provide information concerning another person who you represent, e.g. as their broker or agent, you are confirming that you have made them aware that their information is being disclosed to us and that you have their authority to do so. By supplying personal information to us you are confirming that you have understood the above and that it meets with your approval

SIGNED:

POSITION:

NAME:

DATE: