



AIKEN & COMPANY (INSURANCES) LTD COMMERCIAL INSURANCE BROKERS

AIKEN UNDERWRITING AGENCIES DIRECT ACCESS TO LLOYDS & LONDON MARKETS



IMPORTANT NOTICE REGARDING COMPLETION OF THIS MISCELLANEOUS PROPOSAL FORM

1. Disclosure

- Any 'material fact' must be disclosed to Insurers.
- A 'material fact' is any information which may alter the judgment of an Insurer in assessing a risk.
- Any 'material change' must be disclosed to Insurers.
- A 'material change' is any information which may alter the judgment of an Insurer of their perception of risk and exposure that has not previously been disclosed as a material fact.
(If you are unsure whether a fact of change is material or not, you should disclose it.)

Failure to provide all 'material facts' and / or notify all 'material changes' may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

- This Proposal Form must be completed in ink by an authorized individual, a partner, principal or director of the proposer.
- All questions must be answered. If not applicable, state N/A.
- If there is insufficient space to provide answers additional information should be provided on the proposer's letter-head paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

7B, THE ANCHORAGE, CHARLOTTE QUAY, DUBLIN 4 TEL: 01 667 2644 FAX: 01 667 2699

www.aikenco.ie www.aikenunderwritingagencies.ie

Aiken & Company (Insurances) Ltd T/A Aiken Underwriting Agencies/AUA is Regulated by the Central Bank of Ireland
Directors: P.J. Aiken, Cara M. Aiken LLB (Hons), William Irwin (CEO)

Member of
Irish Brokers
association 

If applicable, please complete the following:

a) Details of changes in name:

.....
.....

b) Name of former firm(s)

.....
.....

c) Establishment date of former firm:

.....
.....

d) Details of Trade or Professional Body

.....
.....

5. Risk Management

Is any partner, director or employee allowed to sign cheques over €25,000 as a sole signatory?

..... Yes No

Does the firm have a formal risk management strategy?

..... Yes No

**If applicable, please complete the following:
Circumstances for allowance of sole signature:**

.....
.....

6. Does the firm have overseas exposure?

USA / Canada

EU (excl. ROI)

Channel Islands / Isle of Man

Rest of the world

None

7. Financial Information

Financial Year Status	Last completed year	Current year	Projected
Financial year end (dd/mm/yyyy)			
Total gross fees (€)			
Average fee (€)			
Largest single fee (€)			
Number of clients			
Percentage of total gross fees (USA/Canada)			
Percentage of total gross fees (EU excl. ROI)			
Percentage of total gross fees (rest of world)			

If applicable, please complete the following:

Financial Year End	Type of Work (USA / Canada)

Financial Year End	Type of Work (EU Excluding UK)

Financial Year End	Other Overseas Countries Involved	Type of Work (Rest of World)

8. Additional Information

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Activity Profile – Miscellaneous

9.

a) Please advise on the type of Work

b) Additional facts:

Is the firm aware of any changes in activity or structure occurring in coming financial year?	..... Yes	..... No
Is cover required for any ceased activity undertaken in the last 6 years?	..... Yes	..... No

Projects

10. Please advise if you have any projects greater than 20% of the firm’s income or greater than €50,000 in last 3 years

Description	Location	Client	Fee (€)	Value (€)	Commencement Date	End Date

Staff

11.

a) Total number of staff:

i) Number of partners / directors

ii) Number of qualified employees

iii) Number of unqualified employees

TOTAL

b) Do you use subcontractors? Yes No

If yes, please answer question 18

12.

a) Please provide details of the Partners and/or Directors of the firm

Name	Qualifications	Date Qualified	Year Appointed Partner/Director of this Firm	Year Ceased Employment at this Firm

b) Is cover required for any partner or director for liability arising out of previous form? Yes No

If YES, please answer the following:

Name	Name of Previous Firm	Year of Joining Previous Firm	Year of Leaving Previous Firm

13. Subcontractors

a) Do you ensure that any sub-contractors you engage carry professional indemnity insurance?

..... Yes No

i) Limit of indemnity

.....

b) Fees paid to sub-contractors

.....

c) Details of work carried out

.....

.....

Insurance Coverage

14.

a) Limit of indemnity required:

€.....

b) Has the firm, or any partner / director previously had insurance declined, cancelled, void or renewal refused?

..... Yes No

c) Please provide details of your current insurance below

Name of current insurers:

.....

Excess:

.....

Premium:

.....

Renewal Date:

.....

Number of years continuously insured to date:

.....

Retroactive Date:

.....

Claims

15. Claims Information

Has the firm sustained any loss(es) through the fraud or dishonesty of any person?	..... Yes	..... No
Is the firm aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present partner / director / employee?	..... Yes	..... No
Have any claims made against firm's business (or its predecessors) or any partner / director arising out of the firms activities?	..... Yes	..... No
Is the firm, partner or director aware of any circumstances which might reasonably be expected to give rise to a claim against the firm of present or former partners / directors?	..... Yes	..... No
Has the firm or any partner / director / employee been subject to disciplinary proceedings by a professional body or organisation?	..... Yes	..... No

If you have answered **"yes"** to any of the above, please provide full details below including any paid / reserves on the circumstances / claims or alternatively please provide formal claims summaries from previous Insurance Brokers / Insurers prior to being insured through Aiken & Company (Insurances) Ltd;

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DECLARATION

I/We confirm that I/We have checked the information provided in this proposal form and I/We declare that the statements and particulars contained within this proposal form are true, full enquiry having been made.

I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form.

I/We undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information provided in this proposal form will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

PRINT NAME:

SIGNATURE (PARTNER / DIRECTOR):

ON BEHALF OF:

DATE:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal questionnaire. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Firm to complete the insurance. If you should arrange a policy through us which is subsequently transferred to another agency please note that we reserve the right to charge a fee for future claims handling work after the cessation of our appointment.

We recommend that you keep a record of all information supplied to us, including copies of letter and this proposal form, for the purpose of entering into this contract.
