

Management Risks Insurance for Partnerships

Note to the Applicant: Signing or completing this proposal does not bind the proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provide separately.

Policyholder Details

1. Policyholder	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Website address	<input type="text"/>
Date policyholder established	<input type="text"/>
Business activities of policyholder and its subsidiaries	<input type="text"/>
Latest year end group turnover/revenue	£ <input type="text"/>

Partners, Members, Directors & Officers Insurance and Partnership Insurance

2. During the last five years has:

a. The name of the policyholder been changed? Yes No

b. Any acquisition, merger or divestitures taken place? Yes No

c. The capital structure of the policyholder changed? Yes No

If Yes to any of the above, please give details under separate attachment.

3. a. Has the policyholder publicly revealed that it has under consideration any acquisitions, offers or mergers? Yes No

b. Are there any proposals of which the policyholder is aware relating to its acquisition by any other organisation? Yes No

c. Is the partnership currently planning any succession, merger or acquisition of or with another partnership within the next 12 months? Yes No

If Yes to any of the above, please give details under separate attachment.

**Partners, Members, Directors & Officers Insurance and Partnership Insurance
(Continued...)**

4. Please give the names of the partners/principals

5. Do you have any assets in the United States of America, or does your turnover or income include any turnover or income to or from the United States?

Yes No

\$

6. Please state the numbers of staff below:

Equity Principals:

Salaried/ Fixed Share Principals:

All other staff (including secretarial):

7. Please state income for the last 2 years and an estimate for the forthcoming year:

	20	20	(Estimated) 20
UK (inc ROI)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Europe	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Elsewhere	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

8. Was there a profit recorded in the most recent partnership accounts?

Yes No

Employment Practices Insurance (only complete if this cover is required)

9. Please state the number of employees in the policyholder and its subsidiaries and where those employees are located:

	Currently	12 months ago
United Kingdom	<input type="text"/>	<input type="text"/>
USA	<input type="text"/>	<input type="text"/>
Rest of World	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

If cover is required for the USA, please complete the USA supplemental proposal form.

10. During the last 24 months has the policyholder or any of its subsidiaries made any redundancies, staff reductions or office closures or do any of them anticipate or contemplate doing so in the next 12 months? **Yes** **No**

If Yes, please give details under separate attachment.

11. Do the policyholder and its subsidiaries all have written procedures in place regarding:

- a. Discipline and termination of employment? **Yes** **No**
- b. Preventing discrimination and harassment? **Yes** **No**
- c. Handling complaints of harassment, including sexual harassment and discrimination? **Yes** **No**

If No to any of the above, please give details of how this function is handled:

12. Please provide details of all employment lawsuits and proceedings (e.g. tribunal proceedings, etc.) commenced during the past 3 years. Describe the type of allegation and defence costs or settlement for each:

Employee Crime, Crime using Computers & Social Engineering Crime (only complete if this cover is required)

13. Do the policyholder and its subsidiaries all:

- a. Have an established policy for checking the background of job candidates prior to their being offered employment? **Yes** **No**
- b. Operate the principle of dual control regarding all payments, including the drawing and signing of cheques and use of electronic funds transfer? **Yes** **No**
- c. Have a process in place where unusual payment instructions purporting to come from the senior management are followed up by call backs to senior management at a previously known and pre-designated phone number to confirm payment instructions and check authenticity? **Yes** **No**
- d. Have a process in place where instructions to change bank account details, or to pay into a different bank account, purporting to come from vendors and suppliers are followed up by call backs to vendors and suppliers at a previously known and pre-designated phone number to confirm instructions to change bank account details and check authenticity? **Yes** **No**
- e. Vet new suppliers? **Yes** **No**

General information

14. In the last 5 years, has any person or organisation to be insured by the policy given notice to an insurer of any claim (or circumstance which could give rise to a liability claim) or any other insured situation under any policy affording cover of the following type:

- Partners, Members, Directors & Officers Insurance and Corporate Insurance **Yes** **No**
- Employment Practices Insurance **Yes** **No**
- Employee Crime, Crime using Computers and Social Engineering Crime **Yes** **No**

If Yes, has been answered to 14 above, please attach a statement of full details.

15. After enquiry, is any person or organisation proposed for cover aware of any facts or circumstances which might lead to a valid claim by any insured under any part of the policy which is sought or indicate the probability of such claim? **Yes** **No**

General information (continued)

It is agreed that if known facts or circumstances exist any matter arising from them is excluded from the proposed cover.

Signature:

Date:

Name of Signatory:

Title of Signatory:

Warning It is important that, when applying for the policy, the applicants tell the insurers all facts which are material to the insurance. A material fact is one which might influence the insurers in deciding whether to accept the application or on what terms to insure. If in any doubt as to whether a fact is material, then the applicants should disclose it. They should keep a record (including copies of all letters and forms) of all information supplied to the insurers.