



Proposal

Professional Indemnity for Mortgage Brokers

Proposer Details

1. a. Names(s) of Firm(s)				
Name		Date commenced		
Website address				
1. b. Addresses – all addresses must be shown together with the Principal in charge of each location:				
Address		Principal in charge		
1. c. Please give the following details for all Partners/Directors/Principals of the Firm(s)				
Name	Qualifications	Date qualified	Age	How long as a Partner/Director/Principal
2. Please state total number of:				
Principals/Directors			Trained Staff	
Qualified Staff			Other	
3. a. Please state total commission (£) in the columns provided for the last 5 complete financial years.				
Year end				
UK work	£	£	£	£
USA/Canada	£	£	£	£
Other Overseas	£	£	£	£
Total	£	£	£	£
Financial year end date				

3. b. Please provide a breakdown of the income stated in Q. 3.a. above into the following categories as appropriate

Mortgage Packaging – No advice given		%
Mortgage Mediation/Broking		%
Secured Lending		%
Household Insurance		%
Term Life Insurance (including Critical Illness)		%
Accident, Sickness and Unemployment Insurance		%
Lifetime Mortgages		%
Home Reversions		%
Other (please provide details below)		%

4. a. Please provide the following in relation to mortgages arranged in the last 12 months

Largest Value		Average Value	
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4. b. What are the 3 largest sums insured arranged in the last 12 months

Nature of client's business	Type of insurance	Total sum insured	Commission received

5. Do you have any appointed representatives?

yes  no

If 'yes', please give details below

6. What percentage of income is in relation to:

Retail/Residential Clients		%	Commercial Clients		%
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7. What percentage of mortgage related business is in relation to buy-to-let cases?

%

8. What percentage of mortgage related business is in relation to 'Sub-Prime'?

%

9. a. What percentage of mortgages placed is on a self-certification basis?

%

9. b. Can you confirm you always fully advise your clients, in writing, of the consequences of giving false information when they are self-certifying?

yes  no

10. What percentage of mortgages involve a loan to house value level over 80%

%

11. In relation to insurance mediation activities do you operate any Binding Authorities whereby you can accept or bind risks on behalf of the insurer without prior agreement?

yes  no

If 'yes', please complete a Binding Authority Questionnaire

12. a. Has the Firm(s) sustained any loss through the fraud or dishonesty of any person?      yes       no

*If 'yes' please provide details*


12. b. Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director, Employee      yes       no

*If 'yes' please give details and state the precautions taken to prevent reoccurrence*


12. c. Has the Firm or any of its representatives been subject to any FSA investigation and/or Fine?      yes       no

*If 'yes' please give full details*


13. Has any insurer ever cancelled, declined, refused to renew or required an increased rate or special conditions in respect of your own or your predecessor(s)'s firm(s)'s insurance?      yes       no

*If 'yes' please give full details*


14. Do you currently buy professional indemnity insurance?      yes       no

*If 'yes' please provide the following details:*

Renewal Date	
Limit of Indemnity	£
Excess	£
Premium	£
Current Insurer	

15. Please specify

a. The limit(s) of indemnity you require quotations for:

£	£	£	£	£
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b. Please state the excess you are prepared to carry:

£	£	£	£	£
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16. Have any claims, whether successful or not been made against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?      yes       no

17. Is any Partner, Principal, Director or employee after inquiry, aware of any circumstance or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?      yes       no

*If 'yes' to question 17 or 18 please provide full details:*


**Declaration**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of Insurance, I/we undertake to inform Underwriters.

Signature of Principal

Date

**[www.cnaeurope.com](http://www.cnaeurope.com)**

CNA Insurance Company Limited Registered in England no 950 Registered office International House, 1 St. Katharine's Way London E1W 1UN  
Telephone 020 7954 9300 Fax 020 7954 9301 VAT registration number 245813851  
Member of the Association of British Insurers Member of the CNA Financial Group Covered by the Financial Ombudsman Service  
CNA Insurance Company Limited is authorised to carry out insurance business in the UK by the Financial Services Authority under registration number 202777

***Senior Wright Indemnity Ltd***

Senior Wright Indemnity Ltd Registered in England No. 4122305 Registered Office: Boundary House, 7/17 Jewry Street, London EC3N 2EX  
Authorised and regulated by the Financial Services Authority

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