

BURKE INSURANCES LTD.

IMPORTANT NOTICE

This proposal must be completed in ink by a Partner, Principal or Director of the Firm or Partnership. All questions must be answered to enable a quotation to be given. Answer questions to the best of your knowledge and belief. The form must be signed and dated.

All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the proposal by Insurers.

The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

Please answer ALL questions fully. Questions not relevant to you, please mark as not applicable. If there is insufficient space, please provide details on your letterhead.

Claims Made Policy

This proposal is for a claims made policy. This means the policy covers:

- 1) Claims first made against you during the policy period; and
- 2) Events of which you become aware during the policy period which could give rise to a future claim provided you notify the Insurers during the policy period of the circumstances of such events.

After the policy has expired, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.

It is therefore advisable to renew the insurance policy each year on a claims made basis with retroactive cover.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

- 1 (a)** Name of the Firm/Partnership/Individual including Trading and Business Name:

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- 1 (b)** Date of commencement of the firm:

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- 1 (c)** E-mail Address:

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- 1 (d)** Telephone Number:
Fax Number:

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- 2 a)** Address (include all branches):

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- b)** Is a Partner/Director/Principal in full-time attendance at each address?

Yes ☐ No ☐

- 3 a)** Under the Insurance Act 2000 as regulated by The Irish Financial Services Regulatory Authority (IFSRA), please state if registration is:

Multi Agency Intermediary
Authorised Advisor
Authorised Cash Handler
Other, please specify

- b)** For all your business activities listed in Q11a state with which Professional Association(s) the Firm(s)/Partnership is/are a member of and/or with which Regulatory Body the Firms/Partnership is registered

Irish Brokers Association
Irish Financial Services Regulatory Authority (IFSRA)

Professional Insurance Brokers Association
Other (please specify)

- 4** Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed?

Yes ☐ No ☐

If YES, give details

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(NB: Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)

- 5** Is all your business conducted from offices in the Republic of Ireland?

Yes ☐ No ☐

If NO, give details

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Names in full of all Partners/Directors/Principals	Qualifications and date obtained	Length of Practical insurance experience

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Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as share or stockholders in a publicly quoted company)

Yes ☐ No ☐

If YES, give details

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8 a)

Staff (excluding Partners)

of which qualified
Of which unqualified

Full-time

Part-time

b)

Do you retain the services of any self-employed person?
If YES, please give details

Yes ☐ No ☐

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Does the Firm/Partnership have authority

a)

To bind cover or risks on behalf of Insurers other than for private motor or household risks?

Yes ☐ No ☐

b)

To issue cover notes, certificates or policies on behalf of Insurers?

Yes ☐ No ☐

c)

To settle claims?

Yes ☐ No ☐

If YES is answered to any of the above, give details

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10 a) Turnover/Fees (both must be completed)

Turnover	Last complete year	Current year estimate
Premium Income: Life:	€	€
General: Personal Lines	€	€
General: Commercial Lines	€	€
Other turnover (specify):	€	€
	€	€
	€	€
TOTAL	€	€
Fees/Commission	Last complete year	Current year estimate
Commission/Fees: Life:	€	€
General: Personal Lines	€	€
General: Commercial Lines	€	€
Other turnover (specify each):	€	€
	€	€
	€	€
TOTAL	€	€
Specify your Financial Year End:		

- b)** Is the rateable fee income declared for any one particular Client or Group more than 20% of the total declared fee income for the past financial year? Yes ☐ No ☐

If YES, give details

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- c)** State the premium in Euro derived from the largest account €

11a) Please give approximate percentage of your income during the last financial year in respect of:

General Business – Personal Lines	%
General Business – Commercial Lines (non-marine)	%
Marine Insurance	%
Life Insurance	%
Pensions	%
Mortgage Business	%
Investment Business	%
Building Society Agency	%
Auctioneering/Estate Agency	%
Property Valuation	%
All Other Activities (please provide full details)	%

- b)** Do you operate any “Broker managed Funds” or arrange investments in BES or Section 35 Film Investment type projects? Yes ☐ No ☐

If YES, give details on a separate sheet

- c)** Do you act as Trustee to any of your clients Pension Funds? Yes ☐ No ☐
If YES, have you sought approval from the Revenue Commissioners to act in such a capacity? Yes ☐ No ☐

- d)** Do you expect any material change in your activities in the next financial year? Yes ☐ No ☐
If YES, please give brief details on a separate sheet

11(e) Please confirm the percentage of work in the following categories (as a percentage of your total business activity):-

Life Assurance (open ended/ whole of life)		%
Term Life Insurance		%
PHI Medical		%
Critical Illness		%

11(f) Please confirm the percentage of work in the following categories (as a percentage of your total business activity):

	As Principal	As Agent	As Manager
i) Investment in Insurance Bonds	%	%	%
Republic of Ireland	%	%	%
Offshore	%	%	%
ii) Investment in Unit Trusts	%	%	%
Republic of Ireland	%	%	%
Offshore	%	%	%
iii) Dealing in listed securities	%	%	%
iv) Dealing in unlisted securities	%	%	%
v) Dealing in Foreign Securities/Investments	%	%	%
vi) Dealing in Bonds (e.g. Eurodollar)	%	%	%
vii) Dealing in Commodities (Futures or Physicals)	%	%	%
Average Investment	€	€	€
Maximum Investment	€	€	€
viii) Investment in "Tangibles" (e.g. Fine Art, Property etc)	%	%	%
Average Investment	€	€	€
Maximum Investment	€	€	€
ix) Private Client Portfolio Management (Please state if discretionary or non-discretionary)	%	%	%
Average Investment	€	€	€
Maximum Investment	€	€	€
x) Institutional Fund Management	%	%	%
Average Investment	€	€	€
Maximum Investment	€	€	€
xi) Corporate Finance	%	%	%
xii) Mergers & Acquisitions	%	%	%

12 Do you:

a) Have a renewal invitation system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Ensure that Insureds receive originals of all cover notes/ policies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Fill in proposal forms for clients?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Ensure clients check the accuracy of answers prior to signing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Sign proposal forms for clients?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- 13 a)** Is there a complete annual audit by a professional Accountant? Yes ☐ No ☐
- b)** How often are the entries in your Cash Book reconciled with Bank Statements by a Partner or Company Secretary?
- c)** Do you make enquiries and request references for new employees? Yes ☐ No ☐
- d)** Is any employee allowed to sign cheques on their signature alone? Yes ☐ No ☐
If YES, state the amount in Euro
- e)** Is any Partner/Director/Principal allowed to sign cheques on their signature alone? Yes ☐ No ☐
If YES, please state the amount in Euro

14 During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever

- a)** Declined to insured? Yes ☐ No ☐
- b)** Imposed special terms? Yes ☐ No ☐
- c)** Cancelled or voided a policy? Yes ☐ No ☐
- d)** Requested the withdrawal of a claim? Yes ☐ No ☐

If any answer is YES, please give full details on a separate sheet

- 15 a)** Have any claims or potential claims been made against the Firm Partnership/, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals? Yes ☐ No ☐
- b)** Is any Partner/Director/Principal aware, after enquiry, Of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes ☐ No ☐
- c)** Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes ☐ No ☐
- d)** If YES is answered to any of the above, have these circumstances been notified to your current Insurer? Yes ☐ No ☐

If YES is answered to any of the above, please provide details on a separate sheet including steps taken to prevent a recurrence.

- 16)** Do you require cover for any Partner/Director/Principal for any business activities prior to their being involved in the proposed insured firm(s)? Yes ☐ No ☐

If YES, give details

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- 17**
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|--------------------------|--|
| Name of Current Insurers | |
| Limit of Indemnity | |
| Retroactive Date | |
| Uninsured Excess | |
| Premium | |
| Renewal Date | |

DECLARATION

I/We declare that the statements and particular in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

SIGNED:

CAPACITY:

COMPANY:

DATE:

PLEASE ATTACH A COPY OF YOUR STATEMENT OF
AUTHORISED STATUS FROM IFSRA OR LETTER OF
AUTHORISATION INCLUDING AMENDMENTS

Attached

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ALSO REQUIRED: MORTGAGE INTERMEDIARY
AUTHORISATION (where applicable)

Attached

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A copy of this completed proposal form should be retained by you for your own records.