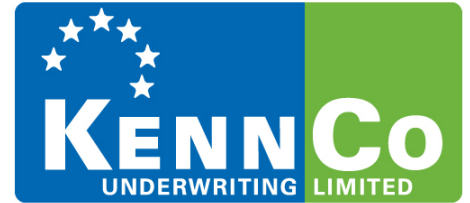


Professional Indemnity for Insurance Brokers



Proposal Form

Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- Where a question is not applicable to your particular circumstances, please write N/A
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- Any material contained in the Proposers website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities
- Please ensure that all relevant sections of the Proposal are completed

1. Name of Firm: (i.e. The Proposer) including previous and subsidiary firms requiring cover

2. a) Addresses of all offices (including telephone number) and percentage of total fees in each.

b) Email address

3. Specify which Entity Type the Firm holds as regulated by the Central Bank of Ireland. (tick all that apply)

Insurance/Reinsurance Intermediary

Investment Business Firm

Investment Product Intermediary

Mortgage Credit Intermediaries/Mortgage Intermediaries

Mortgage Intermediary

Product Producer

Investment Firm - MIFID

Other, please specify

4. Specify which Professional Association(s) the Firm(s) / Partnership is / are a member of:

Brokers Ireland

Other, please specify

5. Commencement Date of Firm:

6. a) During the past 10 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or died?

Yes No If yes, please specify:

b) Give details below of any predecessor firms for which cover is required

7. Please provide details below of:

a) *Partners/Directors/Principals*

Full Name	Age	Qualifications	Date Qualified	No. of years in this capacity with the Proposer
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b) *Consultants under a contract of service with the Proposer*

Full Name	Age	Qualifications	Date Qualified	No. of years in this capacity with the Proposer
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8. Where the Proposer is a sole principal, give details of the arrangements for office supervision when the Proposer is absent.

9. Please state the number of permanent staff.

a) *Qualified*

b) *All Others*

Full Time

Part Time

Full Time

Part Time

10. Is cover required for Partners' Previous Business in respect of any partner named in 6a?

Yes

No

If yes, please state

Name of Partner/Director/Principal	Name of Previous Firm	Date Leaving
------------------------------------	-----------------------	--------------

11. Gross Brokerage/Commission/Fee Income

	Last Completed Year - Ireland (€)	Current Year Estimate - Ireland (€)	Last Completed Year - UK (€)	Last Completed Year - Other (€)
BROKERAGE/FEES/COMMISSION				
Brokerage/Commission/Fees:				
Life:				
General - Personal Lines:				
General - Commercial Lines:				
Other Income:				
Please provide details:				
TOTAL:				
Please specify your financial year end:				

12. Please state approximate percentage of your income during the last financial year in respect of:

CLASS OF WORK	%
General Business - Personal Lines	
General Business - Commercial Lines (non-marine)	
Building Society Agency	
Life Insurance	
Pensions	
Mortgage Business	
Investment Business <i>Average Investment (€)</i>	
<i>Maximum Investment (€)</i>	
Marine Insurance	
Non-Regulated Financial Services	
All Other Activities (please provide details)	

13. During the past 10 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or died?

Yes No If **yes**, please provide details below

14. Does the firm /Partnership have authority to:

- | | | |
|---|-----|----|
| a) bind cover or risks on behalf of Insurers? | Yes | No |
| b) issue cover notes, certificates or policies on behalf of Insurers? | Yes | No |
| c) settle claims? | Yes | No |

If **yes**, please provide details below

15. State the premium in Euro derived from the largest account €

16. If you are involved in providing Investment Advice please confirm the following:

a) Is all Investment advice non-discretionary only? Yes No

If 'No' please give details on a page 10 under *Additional Information*

b) Do you perform a full product suitability analysis prior to advising your client? Yes No

If 'No' please give details on a page 10 under *Additional Information*

c) Do you fully explain how the products work and outline the risk factors? Yes No

If 'No' please give details on a page 10 under *Additional Information*

d) Do you provide advice to Financial Institutions, including Credit Unions? Yes No

If 'Yes' please give details below.

17. Has the Proposer suffered any loss as a result of fraud or dishonesty in the past five years? Yes No

If 'Yes' please give details below.

18 i) Do all cheques drawn require two or more signatures above €5,000? Yes No

If 'No' please state maximum amount permitted with one signature only. €

ii) Is cash in hand and petty cash checked on a weekly basis? Yes No

iii) Are employees dealing with cash and cheques on a daily basis required to pay on a daily basis? Yes No

19. Does the Firm have procedures in place to establish and monitor the financial security of insurers with whom it places business? Yes No

If 'No' please advise how your firm checks the financial security of insurers with whom you place business

20. Does the Firm have a strict procedure in the following areas:

i) Recording of incoming post / correspondence? Yes No

ii) Renewal invitation system? Yes No

iii) Filling in and signing of proposal forms for clients? Yes No

iv) Ensure clients check accuracy of the answers prior to signing? Yes No

v) Issuing and checking policy documents, cover notes and slips? Yes No

- | | | |
|---|-----|----|
| vi) Ensuring all outstanding subjectivities are dealt with in a timely manner including premium payment warranties? | Yes | No |
| vii) To promote continuous professional training? | Yes | No |
| viii) Ensuring computer systems records are backed up at least weekly with such records stored? | Yes | No |

If 'No' to any of the above please advise what alternative systems are in place.

21. Do recruitment procedures include:

- | | | |
|--|-----|----|
| i) Obtaining written references | Yes | No |
| ii) Verifying qualifications and previous experience | Yes | No |
| iii) Checking for any previous Professional Indemnity claims or circumstances? | Yes | No |

If 'No' to any of the above, give details below.

- | | | |
|---|-----|----|
| 22. i) Has the Proposer or any member of staff, past or present in the last 10 years, been the subject of any disciplinary proceedings by any professional or regulatory body? | Yes | No |
|---|-----|----|

If 'yes' please provide details below

- | | | |
|--|-----|----|
| ii) Has the Proposer dismissed or is the Proposer considering dismissing any member of staff? | Yes | No |
|--|-----|----|

If 'yes' please provide details below

- | | | |
|--|-----|----|
| 23. Has the Proposer or any member of staff, past or present in the last 10 years, been fined or reprimanded or otherwise sanctioned or been the subject of a costs or penalty order by a governing or regulatory body? | Yes | No |
|--|-----|----|

If 'yes' please provide details below

- | | | |
|---|-----|----|
| 24. Has the Proposer suffered any loss during the past 10 years through fraud or dishonesty of any employee? | Yes | No |
|---|-----|----|

If 'yes' please state date, circumstances, amount and steps taken to prevent recurrence.

25. During the past 10 years has any insurer of this type of insurance in respect of the firm, its current Partners/Directors/Principals and/or predecessors in business ever:

- | | | |
|---|-----|----|
| a) Declined to insurance? | Yes | No |
| b) Imposed special terms or conditions? | Yes | No |
| c. Cancelled or voided a policy? | Yes | No |
| d. Requested the withdrawal of a claim? | Yes | No |

If 'yes' to a) to d) above, please provide details in the box below

26. Current Insurance Details:

Renewal Date
Name of Insurer
Excess
Premium
Retroactive date

27. Please indicate the limit of indemnity required

€1,850,000 €2,600,000 €6,500,000 Other, please specify €

28. Please indicate the level excess the proposer requires

€1,000 €2,500 €5,000 Other, please specify €

29. Does the practice undertake work for any firm, company or organisation in which any Principal holds a position whereby he/she is able to make major policy decisions on behalf of such firm, company or organisation

Yes No

If 'yes' please provide details

30. Has any person for whom this insurance is proposed

- | | | |
|--|-----|----|
| a) Ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence? | Yes | No |
| b) Ever been declared bankrupt? | Yes | No |
| c) Ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administrative order? | Yes | No |

If 'yes' please provide details and dates

31. a) Has any claim been made against the Proposer or any Partner / Director / Principal, consultant, employee or any person under a contract of services with the firm during the last 10 years in respect of the risks to which this proposal relates?

Yes No

If 'yes' please give details (by separate not if preferred)

Date of Claim	Brief details of each claim	Cost (if any) of claim paid	Estimated outstanding cost
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b) What actions/procedures have been taken to prevent a recurrence of the situation which gave rise to each claim?

32. Is any Partner/Director/Principal, consultant, employee or any person under a contract of services after enquiry, aware of after full enquiry

- . a) any new claim? Yes No
 - . b) of any circumstances which might give rise to a claim? Yes No
 - . c) been the subject of investigation (e.g. following a complaint) by an Ombudsman? Yes No
 - . d) a claim against the Proposer or any predecessors in business or any of the present or former Partners / Directors / Principals? Yes No
 - . e) Otherwise affect the Company's consideration of this insurance? Yes No
- If 'yes', give details including maximum potential cost (by separate note if preferred)

Duty of Disclosure

We want to clarify your responsibilities when you take out an insurance policy so that your policy can give you the protection you need. We need to be told many important and material facts so we can give you the maximum support when you need it. For a start, you must provide complete and accurate information to us before the cover starts and you must check that all the facts are correct on the Proposal Form or Statement of Fact. It's very important to remember that you must tell us about any material change to the risk following the inception of your policy, at renewal, or any other time while the policy is in force. It's also important to note that in the case of property insurance, the failure to have property insurance in place could lead to a breach of the terms and conditions attaching to any loan secured on that property.

A material fact is relevant information (or misinformation) which could influence our decision to either accept the risk, or the terms offered. Failure to disclose all of the information could invalidate your policy. This means that claims may not be paid in full or perhaps not at all. This failure to disclose could have serious consequences when attempting to obtain insurance from any other provider. Please make sure that you read all documents issued to you and ensure that you are aware of the cover, limits and other terms that apply. Always ask us if you are unsure of anything and we will be very happy to help.

Important Notice About Your Duty of Disclosure

You are entering a legal contract with an insurance company. That means you are obliged to answer or confirm all our questions honestly and disclose or confirm all information as set out in the Proposal Form or Statement of Fact. If you have any questions, just ask us and we'll answer them fairly. We would like to ensure that all claims are paid for you, but remember this is only possible when all the facts are disclosed at the outset.

Such items include:

1. All previous claims or incidents

Even though a claim was made and did not succeed, or occurred anytime within the last five years, it will be recorded on a common claims register, to which most insurers have access. This register will be checked once a claim is lodged. If you omit to disclose a previous claim or incident that may have given rise to a claim within the last five years, then any future claim by you for any cover under the policy may not be entertained.

2. Description of Business Activities

A full and accurate description of your business activities must be disclosed.

3. Convictions

You must tell us about any criminal convictions, whether received anytime in the past, or pending actions, or which occur during the lifetime of the policy. If you don't your policy could be invalid.

4. Description of risk to be covered

We require an accurate description of any property to be insured. You must also tell us about any unoccupancy of your property, partial or otherwise.

It is really important that you disclose all information to us in full. If you fail to disclose a material fact or misrepresent a material fact in order to obtain insurance it can be considered fraud and we are obliged to hand over any documentation/call recordings or video footage in our possession to the relevant authorities, which may result in prosecution.

Declaration By The Proposer

I/We declare that the foregoing statement and particulars are true and complete and I/we have disclosed all material facts and that this Proposal shall form the basis of the contract between me/us and the Insurers.

I/We agree that if any information has been given by any person other than myself/ourselves or if any part of this proposal has been completed by any person other than myself/ourselves that person is my/our agent for that purpose.

I/We agree to accept a contract of insurance subject to the terms and conditions of the Insurers Contract(s) and that the insurance(s) will not be in force until the proposal has been accepted by the Insurers except to the extent of any official Cover Note which they may issue.

Signed:

Position:

Date:

Important Notice for KennCo Customers



Your Insurer

Insured by, ERGO Versicherung AG, a German insurance company with its headquarters at Ergo-Platz 1, 40477 Düsseldorf, Germany. Registered No. HRB36466.

ERGO Versicherung AG, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht, Germany and regulated by the Central Bank of Ireland for Conduct of Business Rules.

KennCo Underwriting Ltd (KennCo)

KennCo is an Irish owned and run underwriting agency based in Rathfarnham, Co Dublin. It is registered in the Company Registration Office under Company number 454673 and its registered office is Suites 5- 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16. KennCo Underwriting Ltd T/A KennCo Insurance is regulated by the Central Bank of Ireland.

Data Protection

Who we are

KennCo Underwriting Ltd is a data controller in relation to personal information held about you for the purpose of the EU General Data Protection Regulation (GDPR) & the Data Protection Acts 1988 - 2018. The information that you provide and any other information provided by any third party in connection with or in relation to your application will be held by us on a computer database and/or in any other way.

What personal data do we collect

We collect and may continue to collect certain information about you or any individuals connected to your Policy ('data subjects') in the course of conducting our relationship with you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

Why we collect & who we share your personal data with

This information will be processed for the purpose of underwriting and managing your insurance policy, administering claims and preventing fraud. It may also be used in compliance with regulatory legal and tax laws and for participation in internal or market-level statistical exercises. For this purpose, information may be shared in confidence with third parties both inside and outside the European Economic Area, such as trustees, professional advisers and reputable external agencies, service providers, regulatory bodies and authorities, private investigators, other insurance and financial services companies (directly or via a central register) and as required by law. We will ensure that transfers of data are lawful and that your information is kept securely and only used for the purposes for which it is provided. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Queries regarding your personal data

We abide by the EU General Data Protection Regulation (GDPR) & the Data Protection Acts 1988 - 2018 and if you have any queries with regards to how we use your personal data you may contact our Data Protection Officer at compliance@kennco.ie or alternatively the Office of the Data Protection Commissioner, Canal House, Station Road, Portarlington, Co. Laois, Ireland, Tel +353 57 868 4800.

For full details of our data privacy policy, please visit our website: www.kennco.ie/privacy-statement

Rights of Customers

You have the right of access to the personal data held about you by Ergo and KennCo by sending a written request to the Data Protection Unit, KennCo Underwriting Ltd, Suites 5-7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16. You also have the right to require Ergo and/or KennCo to correct any inaccuracies in the information we hold about you.

Sharing of Information

We shall not disclose personal information without the consent of the individual to which it relates except in limited circumstances as permitted or required by law. We may share personal information with agents or service providers in connection with providing, administering and servicing the products you have purchased from us or in the course of handling third party claims. Where we choose to have certain services provided by third parties, we do so in accordance with the applicable law and take reasonable precautions regarding the practices employed by the service provider to protect personal information.

Insurance-Link

Where you make a claim, we will pass details of the event to the Insurance-Link Central Register maintained by insurance companies under the aegis of the Irish Insurance Federation. The information will be shared with other insurance companies to safeguard against non-disclosure and help prevent fraudulent claims. Where there are reasonable grounds for suspicion, information may be passed to relevant enforcement agencies.

Other

If you decide to proceed or have any other communication with Ergo and/or KennCo through or in relation to their products and services you accept the use by Ergo and/or KennCo of your personal data as indicated.

..

Insurance Compensation Fund

The Insurance Compensation Fund (ICF) protects consumers of authorised non life insurance companies that go into liquidation and are unable to pay insurance claims. These could be claims made by the policyholders or third parties. A non life insurance policy is typically a general household insurance policy like car or home insurance, and excludes life insurance or health insurance. The maximum compensation amount paid by the ICF is 65% of the cost of the insurance claim or €825,000 – whichever is lower. However, in the case of third party motor insurance claims, where an insurer is in liquidation the Fund will make a payment of 100% of an award.

A sum due to a commercial policyholder may not be paid out of the Fund unless the sum is due in respect of a liability to an individual. In addition, not all policyholder liabilities are covered by the Fund and excluded risks include health, dental and life policies.

The ICF doesn't refund the cost of insurance premiums that may have already been paid by the policyholder. It also only covers payments in respect of sums due under policies issued by non life insurers authorised in Ireland or in other EU Member States. For full details on the ICF please visit the Central Bank of Ireland's website at www.centralbank.ie

ERGO Complaints Procedure

If you have any questions or concerns about your Policy or the handling of a claim you should, in the first instance, please contact the Broker who arranged your insurance policy.

If your Broker is unable to resolve the complaint to your satisfaction by close of business the following day, then you should contact:

The Complaints Manager
KennCo Underwriting Ltd
Suites 5 – 7 Grange Road Office Park
Grange Road
Rathfarnham
Dublin 16
Phone: (01) 4994600
Fax: (01) 4954627
Email: complaints@kennco.ie

Your complaint will be acknowledged within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within twenty business days of the complaint being made.

A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made. Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). This option is only applicable to individuals or incorporated bodies with an annual turnover of €3M or less however. The FSPO contact details are as follows:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
D02 VH29
Republic of Ireland

Tel: +353 1 6 567 7000
E-mail: info@fspoi.ie
Website: www.fspoi.ie

If you have purchased your contract online you may also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is www.ec.europa.eu/odr.

The complaints handling arrangements above are without prejudice to your right to commence a legal action or an alternative dispute resolution proceeding in accordance with your contractual rights.

