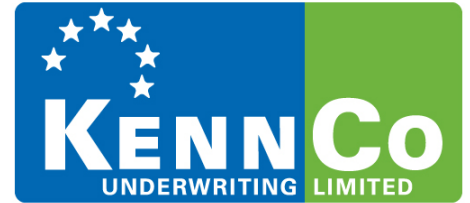


Professional Indemnity for Insurance Brokers



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
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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)

IMPORTANT NOTICE CONCERNING DISCLOSURE

KennCo Underwriting Ltd would like to remind you of the duty of policyholders and intermediaries to pass to the Underwriter(s), all material information relating to the risk under consideration. "Material" in this context refers to all information which a prudent Underwriter (not necessarily the Underwriter in question), would wish to take account of when considering whether or not to accept the risk, and if so, upon what terms and at what price.

In arranging this policy you must have provided us with a fair presentation of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and the premium may not be returned. You must also make a fair presentation to us when the policy is to be renewed.

The duty of disclosure continues up until the Insurance has been concluded and "resurrects" in the event of any amendment to the risk during the policy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or warranties which effectively extend the duty of disclosure post inception of the policy.

DECLARATION

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become material before inception of the contract of Insurance.

Partner/Director/Principal

Signature

Date

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal.
Please state question number clearly

KennCo Underwriting Ltd T/A KennCo Insurance is regulated by the Central Bank of Ireland.