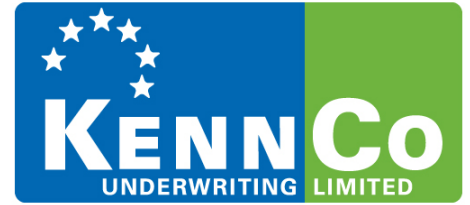


Professional Indemnity Miscellaneous



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. Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients. a) Addresses of all offices (including telephone number) and percentage of total fees in each.

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

b) Email address

c) Website

3. Commencement Date of Firm:

4. a) During the past 6 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.

5. Please provide details below of:

a) *Partners/Directors/Principals (please attach CVs)*

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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6. Where the Proposer is a sole principal, give details of the arrangements for office supervision when the Proposer is absent.

7. Please state the total number of:

Partners/Directors/Principal

Qualified/Specialist Staff

Administration Staff

Other Staff (excluding administration)

Please specify:

8. Is cover required for Partners' Previous Business in respect of any partner named in 5a?

Yes

No

If 'yes', please state:

Name of Partner/Director/Principal	Name of Previous Practice	Date Leaving
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9. Please provide a full description of all your activities:

10. State gross fees (including those paid to sub-contractors) for work undertaken. For new ventures please provide estimates

Please state your Financial Year End

	Previous Year - Actual (€)	Last Year - Actual (€)	Forthcoming Year - Estimate (€)
a) In Ireland			
b) In the UK/Channel Islands/Isle of Man			
c) The USA, its territories and possessions and Canada			
d) Elsewhere			
Total of (a) to (d) above			
Average Fee			
Largest Fee			

11. Please list by activity as outlined in Question 10 the approximate percentage of work carried out in each instance
New firms should provide estimates.

	Activity	% of Work
1		
2		
3		
4		
5		

12. Please list the 3 largest contracts undertaken in the last 3 years:

New Firms should provide details on anticipated contracts.

1
2
3

13. State the gross fees paid last year and the nature of the work performed by subcontractors and how the proposer monitors this work.

14. Please state whether the subcontractors have their own Professional Indemnity Insurance in force? Yes No

15. Risk Management

- | | | |
|---|-----|----|
| a) Is the practice accredited to (or in the process of accreditation to) IS EN ISO 9000 Quality Systems subject to a similar form of external assessment? | Yes | No |
| b) Are written contract conditions are used in every case? | Yes | No |
| c) Does the practice have written work instructions or checklists for the services provided? | Yes | No |
| d) Does Management review working procedures at least every twelve months to ensure their continuing stability? | Yes | No |
| e) Are records kept of the original contract, subsequent amendments, verbal agreements and telephone conversations? | Yes | No |
| f) Is work done by staff reviewed using spot checks and periodic reviews? | Yes | No |
| g) Are Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including Principals? | Yes | No |
| h) Do recruitment procedures include: | | |
| • Obtaining written references | Yes | No |
| • Verifying qualifications and previous experience | Yes | No |
| • Checking for any previous Professional Indemnity claims or circumstances? | Yes | No |

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

16. Fidelity - Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee? Yes No

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

17. 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 insure?	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

18. Current Insurance details

- a) Current renewal date of policy (if any)
- b) Name of Insurer
- c) Excess
- d) Premium
- e) Retroactive date

19. Please indicate the Limit of Indemnity required

€250,000 €500,000 €650,000 €1,000,000 €1,300,000 Other, please specify

20. Please indicate the level of excess the Proposer requires

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

21. Does the practice undertake work for any firm, company or organisation in which any Principal holds a position whereby he or she is able to make major policy decisions on behalf of such firm, company or organisation? Yes No

If 'Yes' please provide details:

22. 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:

23. a) Has any claim been made or has anyone threatened to bring such a claim against the Proposer or any Partner/Director/Principal/Consultant or Employee during the last 10 years in respect of the risks to which this proposal relates?

Yes No

If 'Yes', give details (by separate note 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?

24. Is any Partner/Director/Principal/Member/Consultant or Employee, after enquiry, aware of any circumstances which may:

- a) give rise to a claim against the Proposer or any predecessors in business or any present or former Partner/Director/Principal/Member? Yes No
- b) result in the Proposer or any predecessors in business or any present or former Partner/Director/Principal/Member incurring any losses or expenses which might be covered under the terms of this insurance? Yes No
- c) 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

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Importance Notice About Your Duty of Disclosure

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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: _____

KennCo Underwriting Limited is regulated by the Central Bank of Ireland. Reg. No. 0454673 Registered at Suite 7, Grange Road Office Park, Rathfarnham, Dublin 16.

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, Portllington, 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

ADDITIONAL INFORMATION

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