

Please answer **ALL** questions completely.

Should any question or part thereof not be applicable, please state "N/A".

Should insufficient space be provided, please continue on your company letterhead.

1. Name of Insured _____
2. Physical Address _____ code _____
3. VAT Number _____
4. Company Website _____
5. Who does the Insured underwrite on behalf of and for how long has this been in place

6. What is the ownership structure of the UMA

7. Does the principal on behalf of whom they underwrite have any shareholding in the UMA If so what %

8. What limits can the UMA write to

9. Is there an established set of underwriting guidelines in place Yes No
If YES, who sets the underwriting criteria

If NO, how are the risks reviewed and underwritten

10. What are the claims controls Who sets the claims criteria

11. How often are both the claims and underwriting processes audited by the principal

12. How often are both the claims and underwriting process and risks audited by their reinsurers

13. Are there any findings raised by either of the above and what corrective measures have been put in place to rectify same and prevent reoccurrence

14. Who has final claims authority

15. What is the UMA's stance on ex-gratia payments and who has final sign off on these

16. Who is on the reinsurance program and for how long has this been in place

17. Does the UMA have a credit rating

18. What has been the underwriting result for the past 5 years Losses / Direct / Indirect / Combined

19. How is the UMA remunerated On premium written or on overall profitability

Claims

1. Please give details of all claims made against the Company over the last 5 years

Date of claim	Description

2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance Yes No

If YES, please provide full details

Limit of Indemnity

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

Privacy Clause

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Name (duly authorised)

Designation

Signature

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---