

# APPLICATION FORM

## ABOUT THE APPLICANT

(Please write in block capitals or cross the appropriate boxes as required)

APPLICANT COMPANY OR CHARITY NAME:

COMPANY OR CHARITY REGISTRATION NUMBER:

APPLICANT IS A:

- Limited Company  
 Registered Charity  
 Company Limited by Guarantee

PERSON TO CONTACT ABOUT INSURANCE:

CONTACT TELEPHONE NUMBER(S):

WEBSITE & CONTACT EMAIL ADDRESS:

ADDRESS OF APPLICANT:

(Principal address – including subsidiary and associated companies to be covered)

PROPOSED INCEPTION DATE FOR POLICY:  
(12 month policy period assumed)

APPLICANT'S BUSINESS OR INDUSTRY SECTOR:

## QUALIFYING STATEMENTS

The statements below attach to the Policy if one is issued. Insurers rely upon the answers to these statements when deciding whether or not to offer insurance to the Applicant. If the answer is No to any of the following statements, Insurers will require some further information before proceeding. Your broker will provide you with a supplementary questionnaire for completion.

## STATEMENTS

THE APPLICANT CAN CONFIRM THAT

YES NO

Its shares (if any) are privately held (i.e. not publicly traded on any stock exchange) and they plan to remain so for the next 18 months,

Its annual report and accounts are not overdue to Companies House.

Its annual financial statements have been prepared by a qualified accountant and are less than 18 months old.

It, or its Directors, Officers or Managers, are not aware of any claim(s) that have been made in the past, or any circumstance(s) that could give rise to a claim being made in the future, against the Applicant, or its Directors, Officers or Managers involving the following:

- Its employees
- Its customers
- Its shareholders
- Its former or current Directors or shareholders
- Government authorities e.g. HM Revenue & Customs, Department of Trade and Industry
- Accountants, liquidators or receivers

Or, any person or entity not mentioned above.

*This is regardless of whether or not the claim(s) or, circumstance(s) has been notified to the Applicant's current or previous Insurer.*

No business(es) or other activities under its past, present or planned future management or ownership involve any activities in Aviation, Banking, Telecommunications, National or Local Government or as an Insurance Company (rather than merely an intermediary or service provider).

It is not presently insured through Angel Underwriting Ltd

## SELECT LEVEL OF COVER

ESTIMATED TOTAL ANNUAL TURNOVER (£):

SELECT THE LEVEL OF COVER BY:

- 1) Identifying the Applicant's turnover range
- 2) Selecting the Limit available for the level of turnover
- 3) Putting an X against the required Limit of insurance

APPLICANT'S ANNUAL TURNOVER:

LEVEL OF COVER AVAILABLE TO APPLICANT

	LIMIT	X
Up to £250,000	£50,000	<input type="checkbox"/>
	£100,000	<input type="checkbox"/>
	£250,000	<input type="checkbox"/>
	£500,000	<input type="checkbox"/>
£250 K to £1 M	£250,000	<input type="checkbox"/>
	£500,000	<input type="checkbox"/>
	£1,000,000	<input type="checkbox"/>
£1 M to £2 M	£500,000	<input type="checkbox"/>
	£1,000,000	<input type="checkbox"/>
£2 M and above	Insurers will require some further information to provide bespoke quotation	<input type="checkbox"/>

More information attached to this Application Form

I would like my broker to contact me before completing my Policy

### IMPORTANT INFORMATION

Similar to other professional insurances the Director's policy, described herein, is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against the claims or circumstances discovered and notified to the Insurers during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer, therefore, it is important to ensure that you have the cover that is right for you.

Angel Underwriting Limited is regulated by the Financial Services Authority (FSA). Further information about the FSA can be found on their website [www.fsa.gov.uk](http://www.fsa.gov.uk) and [www.moneymadeclear.fsa.gov.uk](http://www.moneymadeclear.fsa.gov.uk).

### MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by Insurers. If the Applicant is in any doubt as to what constitutes a material fact they should consult their insurance broker.

### DECLARATION

The Applicant warrants to the best of his or her knowledge and belief that all the information contained in this Application Form is true and includes all material information. The Applicant warrants that if the information supplied herein changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify the Insurers of such change, and accepts that in such circumstances; any quotation may be modified or withdrawn. The signatory below is authorised to sign this Application on behalf of the Applicant.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be Chairman, Managing Director or other board Director responsible for Insurance)

Your Broker's Details: