

# Proposal Form



## Directors & Officers Insurance FOR RESIDENTS ASSOCIATIONS, COMMITTEES, OWNERS AND RESIDENTIAL PROPERTY MANAGEMENT COMPANIES

### IMPORTANT NOTICE TO THE APPLICANT

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Applicant, and if so, on what terms. The Proposal Form applies to the "Applicant" which includes all person(s) or businesses applying for insurance.

This Proposal Form is ONLY suitable for Residents Associations, Committees, Owners and Residential Property Management Companies within the United Kingdom. If you are unsure if this Proposal is suitable, you should seek advice from a professional insurance advisor before proceeding.

### SECTION 1 – ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

1. Applicant Name: \_\_\_\_\_

2. a) Applicant Organisation is a:
- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| Residents Association                   | <input type="checkbox"/> | Residents Committee        | <input type="checkbox"/> |
| Residential Property Management Company | <input type="checkbox"/> | Residential Property Owner | <input type="checkbox"/> |
- b) Applicant Organisation is:
- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Registered at Companies House as Limited by Guarantee (Not for Profit) | <input type="checkbox"/> | Registered at Companies House as a Private Limited Company | <input type="checkbox"/> |
| Unincorporated (Not for Profit)  | <input type="checkbox"/> |  |                          |

3. Principle address: (also include any other office locations) \_\_\_\_\_

4. Date established: \_\_\_\_\_

5. Person to contact about insurance and contact telephone number(s): \_\_\_\_\_

6. Company registration number: (if applicable) \_\_\_\_\_

7. Proposed inception date for policy:  
(12 month policy period is assumed) \_\_\_\_\_

8. Provide the number of properties managed:

	Last Financial Year Ended ____/____/____	Estimate for Current Financial Year Ending ____/____/____
Number of properties managed		

## SECTION 2 – APPLICANT INFORMATION STATEMENTS

### The Applicant can confirm that:

9. The Applicant's turnover is, and always has been, derived solely from the United Kingdom. True  False
10. The Applicant's business is a going concern and its latest financial statements do not show a loss. True  False
11. The Applicant has been in continuous operation for more than 12 months. True  False
12. The Applicant's latest financial statements are audited or if not required to be audited are prepared by a qualified accountant and are less than 18 months old. True  False
13. The Applicant's latest financial statements are not qualified. True  False
14. The Applicant has not acquired any other organisation or concerns since its last financial year end which have increases its total assets by 50% or more. True  False
15. The Applicant does not have any mergers or acquisitions planned. True  False
16. The Applicant has procedures in place to control all incoming and outgoing money and carries out checks at regular intervals to ensure all cheques and other outgoing funds have been properly drawn and correctly accounted for. True  False

*If the response to any of statements 10 to 16 is False please provide details in the Additional Information Section.*

## SECTION 3 – EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)

### The Applicant can confirm that:

18. All the Applicant's employees\* are based in the UK. True  False
19. None the Applicant's employees\* are based permanently based in the London postcodes of EC or WC or W1. True  False
20. The Applicant's total annual wages divided by its total number of employees\* is £50,000 or less. True  False
21. The Applicant's total number of employees\* is not expected to exceed 100 in the next 12 months. True  False
22. The Applicant ensures that all new and existing employees\* have a signed contract of employment. True  False
23. The Applicant has a written grievance procedure in place which is communicated to all employees\*. True  False
24. The Applicant is NOT currently undergoing or contemplating any redundancies or terminations. True  False
25. The Applicant has NOT dismissed any employee(s)\* or made any redundancies in the last six months. True  False
26. The Applicant always consults with a human resources consultant, qualified employment consultant or a law firm specialising in employment law prior to the dismissal of any employee(s)\*, making any employee(s)\* redundant or carrying out any disciplinary action or suspension of an employee\*.

*\*Employees include part time and seasonal workers.*

*If the response to any of statements 18 to 26 is False please provide details in the Additional Information Section.*



