

**PROFESSIONAL INDEMNITY PROPOSAL FORM
FOR MEMBERS OF
VIRTUAL NET (EUROPE) PLC**

IMPORTANT

THE FOLLOWING PAGES SHOULD BE COMPLETED ONLY IN RESPECT OF THE CONDUCT OF BUSINESS UNDERTAKEN BY THE PROPOSER VIA VIRTUAL NET (EUROPE) PLC AGENCY. FOR THE AVOIDANCE OF DOUBT, NO COVER IS AVAILABLE IN RESPECT OF THE CONDUCT OF BUSINESS UNDERTAKEN OUTSIDE VIRTUAL NET (EUROPE) PLC AGENCY.

1. a) Please state below the name of your Firm(s) as well as the full names of any associated Firm(s) **currently** trading for which cover is required: (if applicable also list any other trading styles)

Name of Firm(s)	Date commenced trading
_____	_____
_____	_____

Principal Address (including telephone and facsimile numbers)

If applicable please state the Network prior to Virtual Net (Europe) Plc to which you had Appointed Representative Status

Please state the date Membership of Virtual Net (Europe) Plc commenced _____

Membership Reference _____

- b) Past Firm(s) for which cover is required to be considered Period of Virtual Net (Europe) Plc membership
- | | |
|-------|----------------|
| _____ | _____ to _____ |
| _____ | _____ to _____ |

Please tick the box to confirm that none of the above firms are/or were a Limited Company that has been wound up and/or has no assets. If you are unable to confirm this please provide details under question 13.

N.B. Please note that Policy coverage will only be applicable to the Firm(s) listed herein

2. Please provide for all Firms named in 1.a. and 1.b. above:

Names of Directors/Partners	Qualifications	Experience (if under five years practical insurance experience)

3. Numbers of permanent staff other than Partners/Directors:

- a) Employed Registered Individuals
- b) Self employed Registered Individuals
- c) All others

4. Please provide, for each of the periods detailed below, total gross brokerage/commission/fee income transacted through Virtual Net (Europe) Plc agencies of all proposing firms, generated by all principals/employees/self-employed persons:

	TOTAL GROSS BROKERAGE/ COMMISSION/FEE INCOME FROM		
	REGULATED BUSINESS	UNREGULATED BUSINESS	TOTAL
Estimate for forthcoming financial year	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Estimate for Period from the date of Joining Virtual Net (Europe) Plc to 6 October 2003	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please specify your Financial Year End: ____ / ____ / ____

5. Please indicate the approximate percentage of the proposing Firm(s) gross commission/brokerage/fees as stated in Question 4 derived from the following during your period of membership with Virtual Net (Europe) Plc . **Please ensure the total adds up to 100%.**

	Private	Corporate
a) Pensions	%	%
b) Unit Trusts	%	%
c) Conventional Investment Trusts	%	%
d) Other Investments Onshore	%	%
e) Other Investments Offshore	%	%
f) Life & Protection	%	%
g) Endowments	%	%
h) Other Financial Services please specify	%	%
i) Mortgages	%	%
j) Motor Insurance	%	%
k) Other Personal Lines	%	%
l) Marine/Aviation/Reinsurance	%	%
m) Professional Indemnity	%	%
n) Other Commercial Lines	%	%
o) Private Health Insurance e.g. BUPA, PPP etc	%	%
p) Other General Insurance please specify	%	%
q) All other business not declared in a) to p) above, please specify	%	%
Total for all business a) to q) =	100%	

6. Has/Have the Firm(s) or any of the present directors/partners/principal assisted, acted or advised any clients in relation to

- | | | | | | |
|-----|--------------------------------|-----|--------------------------|----|--------------------------|
| (a) | Pension Trustee/Administration | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (b) | Portfolio Management | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (c) | Film Finance | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (d) | Venture Capital Trusts | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (e) | Precipice Bonds | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If Yes, to any of the above please provide full details on your letter headed paper

7. Has the Firm(s) assisted or advised any client(s) in relation to investment in Split Capital Investment Trusts including Unit Trusts holding investments in Split Capital Investment Trusts.
- YES NO

If Yes, please provide full details on your letter headed paper.

8. Has the Firm(s) transacted/given advice in respect of the sale of Income Drawdown Plans since joining Virtual Net (Europe) Plc
- YES NO

If Yes, please advise how much income received

9. Has/Have the Firm(s) used the services of Introducers?
- YES NO
- If Yes, do you always ensure that a qualified member of your staff provides the advice?
- YES NO

10. Does/Do the Firm(s) operate any Binding/Claims Handling Authority on behalf of an Insurer?
- YES NO

If Yes, please provide details on your letter headed paper.

11. Is/Are the Firm(s) aware, after enquiry, of any claim(s) or circumstance(s) which may result in any claim(s) being made against the Firm(s), their predecessors in business or any of the present or past directors/partners/principals?
- YES NO

If Yes, please provide FULL details on your letter headed paper

12. Has the Firm(s) sustained any loss during the past ten years as a result of the fraud or dishonesty of any partner, director, employee or self-employed person?
- YES NO

If Yes, please provide FULL details on your letter headed paper

13. Has any application for insurance on behalf of the Firm(s) or any of the present directors/partners/principal or to the knowledge of the Firm(s), on behalf of their predecessors in business ever been declined or has any such insurance ever been cancelled or renewal refused?
- YES NO

If Yes, please provide full details on your letter headed paper

14. With reference to the Firm(s) referred to in Question 1 above please provide the following information:

- (i) Are any proposed Firm(s) a member of GISC? YES NO
- (ii) Do you have agencies with any insurers who ask to see a copy of a Certificate for ABI independent intermediaries? YES NO
- (iii) Have you signed up to the Mortgage Code? YES NO

If Yes, please advise MCCB Registration number _____

Any additional material information you believe should be included to assist Underwriters in underwriting your application.

DECLARATION

I/We declare on behalf of the Firm(s) that the above statements and details are true and that I/we have not mis-stated nor suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us, shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance. Signing this Proposal Form does not bind the proposer or Underwriters to complete this insurance.

Signature of:
Sole Trader/Partner/Director _____

Name _____ Date _____
(in capitals)

PLEASE NOTE: In the absence of any instructions to the contrary, Certificates will show only those Firms named in Q.1.a. and Q1.b. of this proposal form, where cover has been granted by Underwriters.

IMPORTANT

Disclosure of material facts or information

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an Insurance, reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Underwriters in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the Contract of Insurance voidable from inception at the option of Underwriters and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek your Broker's advice.