



## PROPOSAL FOR FIFA AGENTS

This is a fillable and intelligent PDF form. Please download or open the file directly in Adobe Reader to complete it electronically. Please type in your answers in the fields you wish to complete and save a copy for your records.

If completing electronically [Adobe Reader](#) (click the link) must be used - **other PDF readers such as Microsoft's own PDF reader will not work correctly and may not enable saving the form.**

If you choose to submit the form with an Electronic Signature\*, this locks all fields which means that neither you or any other person opening the form can alter your answers. Alternatively, print the form, "wet" sign and date it and scan/fax/post return.

**\*Not all Insurers accept a Digital Signature – if a “wet” signature is required we will advise this when issuing our quotation.**

A digital signature is a way to ensure that an electronic document (e-mail, spreadsheet, text file, etc.) is authentic. This means that the recipient knows who completed the document and that it has not been altered in any way since that person completed the form.

The Digital Signature in this Document allows the user to digitally sign the document, but not encrypt the form itself so that anyone in receipt of the form can read it - some Digital Signatures restrict access to the form but as You/Your broker and ourselves will require access to view, there is no restriction applied in this instance.

**IMPORTANTLY**, once signed this form cannot be changed or altered which ensures that the form received by us is as it was when completed by the individual who digitally signed the document itself.

You may wish to print the form and simply post/scan/fax using a “wet signature”.

If you do not have your own Digital Signature stored on the PC being used to complete the form, click inside the Signature Field, and follow the instructions.

# FIFA Professional Indemnity Insurance Proposal Form

## Important Notice

1. This is a proposal for a contract of insurance. You have a legal duty to provide a fair presentation of the risk. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim.
2. This proposal must be completed signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or insurers to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. You are recommended to request a specimen copy of the proposed policy wording from us or your agent, and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

## Section A: General Information

1. (a) Agent's name (insured)
- (b) Principal address
- (c) Date of establishment and/or commencement
2. Details of qualifications and year obtained
3. Number of other staff/partners
4. Is this a part-time occupation? Yes  No   
If YES, please give brief details of present full-time occupation

**Section B: Business Activities**

1. Please give details of gross income/fees:

Clients' country/ Territory of domicile	Past financial year	Current financial year	Estimate for coming financial year
United Kingdom			
Europe			
USA/Canada			
Rest of World			

2. Number of contracts negotiated:

3. Largest fee for any one client

4. Average fee for any one client:

5. Please list your 5 largest contracts over the past three years:

Client	Fee	Commenced	Finished

6. Do you currently, or are you anticipating performing work outside you country of domicile or work for clients outside your country of domicile? Yes  No

If YES, please give details of work, country or territory in which performed and relative fee income:

**Section C: Claims History**

1. Are you a member of any trade or professional body, or registered with any self-regulating organisation? Yes  No

If YES, please state which

2. Has membership for FIFA ever been suspended, withdrawn, amended or declined? Yes  No

If YES, please supply details

3. Has any proposal for similar insurance made on behalf of the firm, any predecessors in business or present partners, ever been declined or has any such insurance ever been cancelled or renewal refused? Yes  No

If YES, please provide details

4. Have any claims for professional negligence, error or omission ever been made against the firm or its present partners, principals or directors? Yes  No

If YES, please provide details

5. Are any of the partners, principals or directors or employees AFTER ENQUIRY aware of any circumstances, allegations or incidents which may give rise to a claim against the firm or its predecessors in business or any of its present or former partners, principals or directors? Yes  No

If YES, please give full details [on headed paper] of circumstances, amounts involved or paid.

**Section D: Insurance Details**

1. In the event your previous policy is not insured via PLB please give us the following details:

- (a) Name of insurers
- (b) Retroactive date
- (c) Limit of indemnity
- (d) Excess
- (e) Premium

Please use the section below for any additional information:



2. Quote Request

(a) What limit of indemnity is required:

- (i)
- (ii)
- (iii)

(b) What amount of excess would you be prepared to carry in respect of each and every claim:

- (i)
- (ii)
- (iii)

**Fair Presentation of Risk in Accordance with the Insurance Act 2015**

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers `every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its `Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

A copy of this proposal should be retained by you for your own records

**Short Form Privacy Notice**

In order for us and the insurers to provide you with your insurance cover, we collect and process information about 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 or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, [www.privacy-notice.co.uk](http://www.privacy-notice.co.uk) We recommend that you review this notice

**Signed\***

\*the signatory should be a director or senior officer of, or a partner of, the company.

**Name**

**Company position**

**Date**