

**Policyholder Details**

In this document, "policyholder" means the organisation which is proposed to be the policyholder of the policy sought.

## 1. Policyholder

: \_\_\_\_\_

Address

: \_\_\_\_\_

Website address

: \_\_\_\_\_

Date policyholder established

: \_\_\_\_\_

Purpose of the policyholder  
and its subsidiaries

: \_\_\_\_\_

What is the legal structure of the policyholder?

: \_\_\_\_\_

Does the Policyholder, or any organisation or trust which will be insured under the policy,: \_\_\_\_\_

- |  |        |
|--|--------|
| (i) give advice or counselling?              | Yes/No |
| (ii) provide any health or medical services? | Yes/No |
| (iii) carry out research activities?         | Yes/No |

**If Yes, please attach a statement of full details:**

**Please complete the general information section at the end and those sections of this proposal form for which cover is required.**

**Executive Liability and Organisation Liability**

## 2. During the last five years has the structure of the policyholder changed?

**If Yes, please provide details.**

## 3. Please state all registers, whether in Ireland, the United Kingdom or elsewhere, which the policyholder is registered on (eg. Revenue Commissioners, Charities Commission, Companies House, Registry of Friendly Societies kept by Financial Services Authority).

## 4. Please give the total gross assets of the policyholder's subsidiaries domiciled in the United States of America: \$ \_\_\_\_\_

**Employment Practices Liability**

## 5. Please state the number of employees in the policyholder and its subsidiaries and where those employees are located:

Ireland \_\_\_\_\_ United Kingdom \_\_\_\_\_ USA \_\_\_\_\_ Rest of World \_\_\_\_\_ Total \_\_\_\_\_

**If cover is required for the USA, please complete the USA supplemental proposal form.**

## 6. During the last 24 months has the policyholder or any of its subsidiaries made any redundancies, staff reductions or facility closures or do any of them anticipate or contemplate doing so in the next 12 months? Yes/No

**If Yes, please give details under separate attachment.**

7. Do the policyholder and its subsidiaries all have written procedures in place with regard to:
- |  |        |
|--|--------|
| (a) Discipline?  | Yes/No |
| (b) Termination of employment?   | Yes/No |
| (c) Preventing discrimination?   | Yes/No |
| (d) Preventing harassment and sexual harassment?                                       | Yes/No |
| (e) Handling complaints of harassment, including sexual harassment and discrimination? | Yes/No |

**If No to any of the above, please give details of how this function is handled:**

8. Please attach full details of all employment lawsuits as well as administrative proceedings (e.g. tribunal proceedings, court proceedings etc.) commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgement, defence cost or settlement for each.
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#### **Benefit Plan Liability**

9. Please give the name(s) and total assets of the five largest pension schemes by asset size, for which cover is requested:

Name	Assets	Type of scheme

10. Has any Pension Scheme merged with any other scheme or otherwise assumed the responsibilities of any other scheme in the last five years? Yes/No

**If Yes, please say which Pension Schemes and which schemes they merged with or assumed the responsibilities of:**

11. Is every Pension Scheme funded in accordance with the recommendations of its scheme actuary? Yes/No
12. Have all employer and employee contributions due to the Pension Schemes been fully and promptly paid? Yes/No

**If No, please give details of all cases of non-payment and delayed payment:**

13. Has any Employer notified (whether to seek a clearance or otherwise) the Pensions Ombudsman/Regulator (or any predecessor thereof) of anything which might significantly affect any Pension Scheme's finances? Yes/No

**If Yes, please give details of all such cases:**

14. In relation to any Employer or Pension Scheme, has the Pensions Ombudsman/Regulator ever used its powers under any Pension legislation against any person or organisation? Yes/No

**If Yes, please give details of all such cases:**

15. Is any suspension or reduction of employer or employee contributions to a Pension Scheme in force or contemplated? Yes/No

**If Yes, please give details of all such cases:**

16. Is any Pension Scheme in the course of winding-up or is any Pension Scheme winding up or contemplated? Yes/No

**If Yes, please complete separate Winding-Up Questionnaire**

17. (a) Has any final salary/defined benefit Pension Scheme established at any time by an Employer ever stopped being provided whether at all or on the same terms? Yes/No
- (b) Has there ever been any conduct by an Employer intended to stop such a final salary/defined benefit Pension Scheme being provided whether at all or on the same terms? Yes/No

**If Yes to either of these questions, please complete the Final Salary Questionnaire**

18. (a) Are the retirement ages and the benefits provided by each Pension Scheme the same for men and women? Yes/No
- (b) Have all required trust deed amendments been executed to equalise normal retirement ages for men and women? Yes/No

**Crime (only to be answered if higher optional limits are selected for this coverage).**

19. Locations and employees of policyholder and its group:

Total Domestic Locations		Total Domestic Employees	
Total Foreign Locations:		Total Foreign Employees	
<b>Grand Total</b>			

Do you want all locations included for coverage? Yes/No

**If No, which areas or locations are *not* to be covered?:**

20. Do the policyholder and its subsidiaries all:

- (a) have an established policy for checking the background of job candidates prior to their being offered employment? Yes/No
- (b) operate the principle of dual control with regard to all payments, including the drawing and signing of cheques and use of electronic funds transfer? Yes/No
- (c) have performed a complete inventory, with physical check, of stock and equipment? Yes/No
- (d) have internal audits performed in addition to the external audits? Yes/No
- (e) vet new suppliers? Yes/No

**If Yes to (c) above, who performs the inventories and how often?:**

**Kidnap & Extortion (only to be answered if higher optional limits are selected for this coverage).**

21. Please complete the following information regarding the foreign travel of the employees of the policyholder and its subsidiaries:

Countries Visited	Number of annual trips	Average stay	Number of employees

22. Please describe the security precautions taken for foreign travel:

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**Professional Liability**

23. Please describe the professional advice/services provided:

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24a. What does the policyholder consider are significant potential risks associated with their field of work?

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24b. How does the policyholder minimise these risks?

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25. Fee income/revenue for last two financial years      Year: \_\_\_\_/\_\_\_\_/\_\_\_\_      Year: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Fees \_\_\_\_\_      Fees \_\_\_\_\_

26. Are any fees derived from advice or services provided outside Ireland or the UK or to Yes/No customers domiciled out side Ireland or the UK?

**If Yes, please provide details.**

27. Does the policyholder require all consultants and sub-contractors to maintain Yes/No professional indemnity insurance?

28. Please provide details of the three largest contracts undertaken in the last 5 years:

Client Name	Date work started & completed	Total Contract Value	Fee earned	Professional Service provided

**General Information**

29. In the last 5 years, has any person or organisation to be insured by the policy given notice to an insurer of any liability claim (or circumstance which could give rise to a liability claim) or any other insured situation under any policy affording cover of the following type:

- |  |        |
|--|--------|
| Executive Liability                                | Yes/No |
| Pension Scheme Liability or Benefit Plan Liability | Yes/No |
| Employment Practices Liability                     | Yes/No |
| Organisation Liability                             | Yes/No |
| Crime  | Yes/No |
| Kidnap & Extortion                                 | Yes/No |
| Professional Liability                             | Yes/No |

30. Has the policyholder ever had an insurer cancel or non-renew, or decline an application for, a policy of the following type:

Executive Liability	Yes/No
Pension Scheme Liability or Benefit Plan Liability	Yes/No
Employment Practices Liability	Yes/No
Organisation Liability	Yes/No
Crime	Yes/No
Kidnap & Extortion	Yes/No
Professional Liability	Yes/No

If Yes, has been answered to 29 or 30 above, please attach a statement of full details.

31. After enquiry, is any person or organisation proposed for cover aware of any facts or circumstances which might lead to a valid claim by any insured under any part of the ForeFront Plus Policy which is sought or indicate the probability of such claim? Yes/No

**It is agreed that if known facts or circumstances exist any matter arising from them is excluded from the proposed cover.**

**Signature:**

**Date:**

**Name of Signatory:**

**Title of Signatory:** Chairman of the Board / CEO / President (delete as applicable)

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