

## PROFESSIONAL INDEMNITY INSURANCE FOR DESTINATION SERVICE PROVIDERS APPLICATION FORM AND QUESTIONNAIRE

For members of CERC in cooperation with EuRA



### COMPANY INFORMATION:

Full Legal Company Name:

EuRA Membership Number:		Website:	
Business Start Date:		EuRA Quality Seal? :	YES <input type="checkbox"/> NO <input type="checkbox"/>
List any subsidiaries, associated companies or other trade names requiring professional indemnity insurance through an association with EURA:			
•		•	
•		•	

Absent any instructions to the contrary, coverage, if bound, will be restricted to only those firms named above, hereinafter collectively referred to as "Your Company" .

### PRIMARY OPERATING ADDRESS:

Address Line 1:

Address Line 2:

City:		Zip/Postal Code:	
Country:		State/Province/Region:	

### SECONDARY OPERATING ADDRESS: N/A

Address Line 1:

Address Line 2:

City:		Zip/Postal Code:	
Country:		State/Province/Region:	

Append details of any additional operating addresses on a separate sheet if necessary.

### STAFFING:

### TURNOVER/FEE INCOME:

Please indicate the number of:

Directors/Partners:		Last Complete Year:	
Full Time Staff:		Previous Year:	
Part Time/Flex-time Staff:		Previous Year:	
Casual Staff (Describe activities):		Expected at Close of Current Year:	
Please state below the name(s) of any past and current subcontractors of your company for who cover is required.			
•		•	

Append details of any additional subcontractors on a separate sheet if necessary.

### GEOGRAPHIC SCOPE:

Does your company offer DSP services *only* in the country(ies) where it is based ? YES  NO

If NO, provide details of other areas of operation, with number of staff in each area:

•	•
Please provide the location of any individuals providing advice who are not based at the primary or other addresses listed above.	
•	•

Append details of any additional individuals on a separate sheet if necessary.

### TAX AND IMMIGRATION

If your company or any associates to be insured offer any professional tax or immigration services, please complete the below table.

	Percentage of Turnover	Licensing/Certifying Professional Association
Tax Services YES <input type="checkbox"/> NO <input type="checkbox"/>		
Immigration Services YES <input type="checkbox"/> NO <input type="checkbox"/>		

### CYBER RISK COVERAGE AND 24/7 CRISIS-MANAGEMENT RESPONSE SOLUTION

### CHOOSE COVERAGE?

YES  NO

If Yes, do you: Configure, operate, employ and regularly update anti-virus, anti-spyware and firewall protections?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Operate a password policy enforcing regular changes and the prompt cancellation of compromised or redundant accounts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Update IT systems promptly with new protection patches issued by vendors, manufacturers or suppliers?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Operate a back-up procedure creating regular back-up copies of data, files and programs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Operate a data privacy/protection procedure mindful of relevant data breach/protection laws?	YES <input type="checkbox"/> NO <input type="checkbox"/>

AREAS OF TRADE:	
<b>TERNINGPOINT™</b> , underwritten by Lloyd's of London, provides cover for the following activities of Destination Service Providers (DSPs):	
<ul style="list-style-type: none"> <li>Provision of Destination Services at relocation destination, namely:</li> </ul>	
<ul style="list-style-type: none"> <li>Sourcing and management of Rental Properties;</li> <li>Introduction to Banking Services;</li> <li>Introduction to Legal Services;</li> <li>Introduction to Accountancy and Taxation Services;</li> <li>Introduction to Medical Service Providers;</li> <li>Introduction to Schools and further education;</li> <li>Travel Arrangements;</li> </ul>	<ul style="list-style-type: none"> <li>Car and local transport hire and provision as required;</li> <li>Introduction to Garden Service Providers;</li> <li>Introduction to Cleaning Service Providers;</li> <li>Introduction to Language Trainers and Translation Service Providers;</li> <li>Introduction to Furniture Rental Companies;</li> <li>General advice and services to clients;</li> </ul>
If your company or any associates to be insured offer any additional services, please list them below.	
<ul style="list-style-type: none"> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> </ul>

Append details of any additional activities on a separate sheet if necessary.

CLAIMS EXPERIENCE:	
Have any claims been made against your company or any present or past Directors/Partners/Principals in the past 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please provide details:	
Date:	Amount Claimed:
Summary:	
Insurer:	Amount Paid:
Date of the advice/sale leading to the claim:	

INSURANCE HISTORY:	
Is your company aware of any claim or circumstance that may give rise to a claim (not stated above) against your company or any of the present or past Directors / Partners / Principals? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide FULL details on a separate sheet.	
Has your company sustained any loss during the past five(5) years as a result of the fraud or dishonesty of any Director / Partner / Principal / employee / self-employed person? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide FULL details on a separate sheet.	
Has any application for insurance on behalf your company or any of the present Directors/Partners/Principals or, to your knowledge on behalf of their predecessors in business ever been declined or has any such insurance ever been cancelled or renewal refused? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide full details on a separate sheet.	
Please provide the following details of any existing Professional Indemnity Insurance Policy	
Insurer:	Expiry Date:

**DECLARATION**

I am applying for insurance based on the information provided above. I hereby declare that I have the authority to sign on behalf of the company and that all of the above is true and correct. With respect to this application or any change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, detect and prevent fraud, and analyzing business results.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Data Protection**

Any information provided on this form, which may include sensitive data, will be processed in compliance with the Data Protection Act 1998 and will only be used for the purposes of providing insurance cover and handling claims arising. In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law.

**Disclosure of Material Facts or Information**

When seeking a quotation, taking out or renewing an Insurance, it is essential that the applicant/insured reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment 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.