

FSCS Ref:

Financial Services Compensation Scheme
10th Floor Beaufort House
15 St Botolph Street,
London
EC3A 7QU

**Questionnaire relating to eligibility under the Policyholders Protection Scheme
General Business Policies**

THIS DOCUMENT IS IMPORTANT IF YOU REQUIRE ADVICE PLEASE CONSULT YOUR SOLICITOR, INSURANCE
BROKER, ACCOUNTANT, BANK MANAGER OR OTHER PROFESSIONAL ADVISER.

1. THE POLICYHOLDER

(a) Full name and address of policyholder(s):

Name:

Address:

..... (Where
there is more than one policyholder, please provide details on a separate sheet)

(b) Address for correspondence (if different):

.....

.....

.....

(c) Nature of policyholder(s) (delete as appropriate):

(i) Individual

(ii) Partnership or other unincorporated body of persons all of whom are individuals

If, when the policy was taken out or at any time since, any member of the partnership was incorporated (e.g. a professional corporation), whether or not such member remains a partner, please provide full details of that membership below (including date of joining and, if applicable, leaving the partnership)

(iii) Incorporated body

(iv) Other (please specify)

.....

.....

2. THE INSURER

(a) **Name and address of insurer:**

Name:
 Address:

(b) **Name and address of broker or other intermediary (if any) through which policy was effected:**

Name:
 Address:

3. THE POLICY

(a) **Nature of the policy (e.g. professional indemnity, employers' liability insurance etc):**

.....

(b) **Policy reference number:**

.....

(c) **Is the policy in the possession of the policyholder(s)?**

Yes No (Please tick)

If yes, please send a copy If no, please indicate its location:

.....

If no policy document has been issued, please provide details of the contract of insurance together with a copy of any supporting documents (e.g. cover note, relevant correspondence etc):

.....

If yes, please give details and relevant dates

.....

(d) Partnerships etc.

Where the policyholder is a partnership (or other unincorporated body of persons all of whom are individuals), can it confirm, having considered any national or international arrangement to which it might be party, that it has at all times

(i) been a discrete partnership comprised solely of individuals; and

(ii) that it has never formed part of any larger or wider national, international, global or group partnerships (or other unincorporated body of persons), other than one comprised solely of individuals?

Yes

No

(Please tick)

If the answer is no, please give details

.....

(e) Or has the policyholder at any time been a body corporate established by or under any enactment for the carrying on of any industry, or of any undertaking, under national ownership or control, or a subsidiary of any such body?

Yes

No

(Please tick)

If yes, please give details and relevant dates

.....

(f) Is or has the policyholder otherwise been exempted at any time from the requirements of the Employers' Liability (Compulsory Insurance) Act 1969 to maintain Employers' Liability Insurance?

Yes

No

(Please tick)

If yes, please give details and relevant dates

.....

4. PAYMENT OF PREMIUM

(a) Was the premium payable under the policy paid by credit card or other credit finance arrangement?

Yes	
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No	
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 (Please tick)

(b) If the answer to (a) above is yes, was the premium paid directly to the insurance company (i.e. not to your insurance agent or broker?).

Yes	
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No	
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 (Please tick)

(c) If the answer to (b) above is yes, please provide a copy of the credit card receipt evidencing payment or a copy of the credit finance agreement relating to the payment of the premium.

5. THE CLAIM

(a) Is the claim being made by the policyholder(s) named above?

Yes	
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No	
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 (Please tick)

If no, please give the claimant's name and address and details of the claimant's relationship with the policyholder(s):

.....

(b) Set out briefly (*with relevant dates*) the events and circumstances, which gave, rise to the claim against the insurer under the above policy:

.....

(c) When and how was the claim notified to the insurer?

.....

(d) What is the amount of the claim?

.....

(e) What is the claim number (if known)?

.....

(f) If the claim relates to reimbursement of expenses, please give details of the amounts of such expenses and the dates on which they were incurred:

.....
.....

(g) Is (are) the policyholder(s) entitled to periodic payments from the insurer?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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(Please tick)

If yes, please give details:

.....
.....

6. PAYMENT AND OTHER RIGHTS

(a) Has any agreement been made with the insurer by which payment will be made to a person other than the policyholder(s)?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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(Please tick)

If yes, please give details:

.....
.....

(b) Are payments under the policy subject to any lien, trust, charge, assignment (other than to FSCS), mortgage, equity, encumbrance or other third party right?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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(Please tick)

If yes, please give details:

.....
.....

(c) Is there any arrangement for payment under the policy, or has the policy been effected or administered, through an office of the insurer outside the United Kingdom?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)
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If yes, please give details:

.....

(d) Are you entitled to assign to FSCS free from any restrictions all rights arising out of the event(s) giving rise to the claim (*other than any existing right of subrogation in favour of any other insurer*)?

Note: For example, you may not be so entitled if you have assigned or otherwise entered into any agreement relating to any right of action you may have against any person who may be responsible for the loss (or any part of it) to which the claim relates.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)
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If no, please give details:

.....

7. OTHER SOURCES OF PAYMENT

(a) Is the loss to which the claim relates wholly or partly covered by any other insurance policy or insurance company?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(Please tick)
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If yes, please give details:

.....

(b) Has any payment (*including by way of loan*) been made or agreed to be made by a person (*other than FSCS*) to the policyholder(s) or any other person which is referable to the claim (*e.g. from another UK or overseas statutory body or from a third party such as a broker*)?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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(Please tick)

If yes, please give details:

.....

8. OTHER

If there are any other facts or circumstances, which may be relevant to the claim, please give details here:

.....

9. DECLARATION

Criminal proceedings may be instituted against anyone knowingly giving false or misleading information in support of a claim for protection from FSCS.

I/we declare that the information given above is true and that to the best of my/our knowledge and belief there are no other facts or circumstances which may be relevant to my/our claim under or pursuant to the Policyholders Protection Act 1975.

Signature(s) of policyholder(s)/claimant(s):

Date:

PLEASE RETURN THE COMPLETED QUESTIONNAIRE AND DECLARATION TO:

MUNICIPAL MUTUAL INSURANCE LTD
 29 Buckingham Gate
 Westminster
 London SW1E 6NF