

Important notice

For the Proposer:

1. Before the insurance contract is entered into, if your policy is subject to the laws of England, Wales, Scotland or Northern Ireland, you must make a fair presentation of the risk to the insurer, in accordance with Section 3 of the Insurance Act 2015. The scope of this duty is set out in Schedule B of our standard client TOBA – please ask us for a copy of the TOBA and to explain what is expected, if required.

Your duty of disclosure will be different if your policy is subject to a law other than that of England, Wales, Scotland or Northern Ireland. However, all material facts which are relevant to the risk we are placing for you should be disclosed to insurers.

You should take care to complete claims and proposal forms or questionnaires required by insurers fully and accurately. If you become aware that you have omitted material information, or that material information that you have supplied before your insurance policy is finalised is incorrect or has been omitted, you should tell us immediately.

If you fail to comply with the applicable duty of disclosure it could result in the denial of your claim or avoidance of your insurance policy. You may wish to seek appropriate legal advice about the specific disclosure requirements of the applicable law of your insurance policy.

In summary, the proposer must:

- a. disclose to the insurer every material circumstance which the proposer knows or ought to know. Failing that, the proposer must give the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk and, if so on what terms (including premium);
 - b. make the disclosure in clause 1.a) above in a reasonably clear and accessible manner; and
 - c. ensure that every material representation as to a matter of fact is substantially correct, and that every material representation as to a matter of expectation or belief is made in good faith.
2. For the purposes of clause 1.a) above, the proposer is expected to know the following:
 - a. If the proposer is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the proposer is not an individual, what is known to anybody who is part of the proposer's senior management; or anybody who is responsible for arranging the proposer's insurance.
 - c. Whether the proposer is an individual or otherwise, what should reasonably have been revealed by a reasonable search of information available to the proposer. The proposer cannot ignore or deliberately withhold information (this may amount to a breach of the duty of fair presentation even if the insurer had sufficient information to ask questions and did not do so). The information may be held within the proposer's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the proposer is insuring subsidiaries, affiliates or other parties, the insurer expects that the proposer will have included them in its enquiries, and that the proposer will inform the insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

If the proposer becomes aware that information provided prior to confirmation of insurance cover was incorrect or incomplete the proposer should tell us immediately

If in doubt, please contact Miller.

How to complete this form

1. Save the blank PDF form on your hard drive
2. Complete all fields within the form
3. You can save the form on your local drive and return to complete it at any stage
4. Make sure that you include all relevant supporting documentation within your submission to avoid processing delays
5. After completing the form, attach it and all supporting documentation in an email to your designated Professional contact at Miller.

By hand

1. Open the PDF
2. Print the PDF
3. Complete the printed form
4. Make sure that you include all relevant supporting documentation within your submission to avoid processing delays
5. Post to:
Professional
Miller Insurance Services
70 Mark Lane
London
EC3R 7NQ
United Kingdom

Data protection

Processing of personal data

If you provide us with any information which constitutes “personal data” (including any “sensitive personal data”), both you and we will treat such information at all times in accordance with “Data Privacy Laws” (including the General Data Protection Regulation 2016/679).

Miller companies may hold and process such information: (i) in order to provide our services to you; (ii) to facilitate the effective management, development or operation of the Miller companies; and (iii) in any country – including countries outside the European Economic Area, which may not have comparable data protection laws. Please review our full privacy notice at www.miller-insurance.com.

Identity verification

In order to ensure compliance with rules imposed on us by relevant UK regulators, we may run fraud prevention checks against the name of your firm, or all or any of the individual partners or members in your firm. We may use this information in order to comply with our regulatory, legal or good governance obligations. We will make checks such as verifying your identity in order to prevent and detect crime, fraud and money laundering. We may disclose your personal data to other companies in the Miller group of companies for the purposes described above. You agree to bring the above notice to the attention of each of your partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information (for which we may charge a fee) and to have any agreed inaccuracies corrected.

- By ticking here, you agree to the processing of your personal data, including, where relevant, special category/sensitive data, in the manner stated above in the paragraph entitled ‘Processing of personal data’.
- Please tick this box if you would like to subscribe to receive the latest news and insight from Miller Insurance Services LLP and its associated companies. Your information will not be past to any third parties and you may unsubscribe at any time.

Introduction and guidance

Regulatory and legislative requirements imposed on Miller Insurance Services LLP, Miller Europe s.r.l, Miller Re Limited, Miller Insurance Services (Singapore) Pte Limited and Miller Bermuda Limited (Miller) requires that, before we undertake business with you, we must be able to demonstrate that we have undertaken the expected due diligence that relates to your firm. This enables us to verify the fitness and propriety of the firms that we deal with, as well as adhere to financial crime and sanctions requirements. This form assists us in capturing the information required to undertake that due diligence.

We kindly request that you complete this form, as is relevant to your firm, and send it back to us as soon as possible. You may send it to your usual contact at Miller. All information will be used for internal purposes only and will remain secure and confidential.

Depending on the information provided in this form, we may ask you for additional information in order to be able to undertake business with you.

We will retain your information for as long as we undertake business with your firm. Where expected by regulatory and legislative requirements, we may request from time to time, that you provide us with updated information, so that we may repeat our due diligence of your firm.

Data protection

If you provide us with any information which constitutes “personal data” (including any “sensitive personal data”), both you and we will treat such information at all times in accordance with “Data Privacy Laws” (including the General Data Protection Regulation 2016/679). Miller companies may hold and process such information: (i) in order to provide our services to you; (ii) to facilitate the effective management, development or operation of the Miller companies; and (iii) in any country – including countries outside the European Economic Area, which may not have comparable data protection laws. Please review our full privacy notice at www.miller-insurance.com.

Section 1 – General information

General information

Full legal name

Trading name

Parent company name

Registered address

Trading address

Postal address

Corporate registration

Please provide a copy of your Corporate Registration certificate (or equivalent document), which provides the registration details of your firm, in the country where your firm is registered, as well as confirmation of the following details.

Corporate Registration Certificate (or equivalent document) provided?

Yes

No

If you have answered 'No' above, please explain why.

Please also provide confirmation of the following details, in relation to your Corporate Registration.

Name of issuing body

Registration number

Place of incorporation

Date of incorporation

Shareholders and controlling interest

Please provide details of any shareholders owning 25% or more of the share capital of your firm, or individuals who individually or collectively control your firm via voting rights or otherwise. If no shareholder owns more than 25% of the share capital, please give details of the 2 largest shareholders.

Name	Share Capital %	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the entity listed on a Stock Exchange?

Yes No

If yes, which Stock Exchange?

Passport (sole traders only)

If you are a sole trader or act in the capacity of an individual (ie, not a corporate entity), please provide a copy of your passport page showing your name, address and date of birth.

Passport provided?

Yes No

If you have answered 'no' above, please explain why.

Directors / governing body

Please provide details of all directors or members of the board/governing body of your firm. If there are more than 5 individuals, please provide the required information in Section 6.

Name

Date of birth Nationality Date of appointment Position held Email address

<input type="text"/>				
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Name

Date of birth Nationality Date of appointment Position held Email address

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Name

Date of birth Nationality Date of appointment Position held Email address

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Name

Date of birth Nationality Date of appointment Position held Email address

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Name

Date of birth Nationality Date of appointment Position held Email address

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We may contact one of these individuals to verify bank details.

Do any of the individuals listed above, or any of their immediate family members, currently hold or have previously held public office?

Yes No

If you have answered 'yes' to the above question, please provide further details, including:

Name of the individual; Nature of the relationship between the individual and the director or member of the board/governing body (if applicable); Date of birth; Nationality; The name and location of the organisation or body where role is or was held; Title of position held; The start and end date of holding this position.

Section 2 – Insurance mediation

Who should complete this section?

Insurance Intermediaries/Insurance Brokers.
Underwriting Agencies/Managing General Agents.

Regulatory licence

Please attach a document which demonstrates that you are licenced and/or authorised by your local regulatory authority.

Regulatory licence (or equivalent document) provided?

Yes No

If you have answered 'no' above, please explain why.

Please also provide confirmation of the following details, in relation to your regulatory licence / authorisation.

Licence type/activity

Licence number

Issuing regulator

Errors and omissions / professional indemnity liability insurance

Please attach a copy of your E&O/Professional Indemnity Liability Insurance certificate or a verification of insurance.

Evidence of E&O/Professional Indemnity Liability insurance attached?

Yes No

If you have answered 'no' above, please explain why.

Delegated authority

If you are an agent of an insurer or reinsurer and hold delegated authority to bind insurance or reinsurance risks on behalf of that insurer or reinsurer, please confirm that you have a binding authority agreement or a letter of authority from each insurer or reinsurer.

We confirm that we have a binding authority agreement or a letter of authority from each insurer of reinsurer for which we have delegated authority, and will be provided to miller upon request.

If you know the arrangements you will use to place Miller produced risks, please provide either a copy of the letters of authority or the relevant sections of the delegated authority agreements, which confirm the participating underwriters and the period for which those delegated authority agreements will be valid.

Business relationships

Miller would like to understand whether or not you have any financial interest or affiliation in any of the (re)insureds for whom you act as agent and for whom you will present their risks to Miller, for the placement of their insurance cover.

Please confirm that you do not currently have any material affiliations or financial interest in any (re)insureds for whom you intend to present their risks to miller?

Yes No

If you have answered 'yes' to the above questions, please provide further details in section 6, including the name and address of the entity and the nature of the affiliation or financial interest.

Please confirm that, where you will have any future material affiliation or financial interest in an (re)insured for whom you intend to present risks to miller, you will notify miller in advance?

Yes No

Section 3 – Underwriting

Who should complete this section?

Insurance or Reinsurance Companies.

Regulatory licence

If you are an insurance or reinsurance company, please attach a document which demonstrates that you are licenced and/or authorised by your local regulatory authority.

Regulatory licence (or equivalent document) provided?

Yes

No

If you have answered 'no' above, please explain why.

Please also provide confirmation of the following details, in relation to your regulatory licence / authorisation.

Licence type/activity

Licence number

Issuing regulator

Lloyd's of London

If you are a Lloyd's of London insurer, please provide your Syndicate number.

If you are a Lloyd's of London Managing agent or are an agent of a Lloyd's of London insurer, please provide a copy of your underwriting stamp in the following box.

Section 4 – Regulation and legislation

Who should complete this section?

All organisations should complete this section.

In order for Miller to comply with its regulatory and legislative expectations, please answer the following questions to the best of your knowledge.

International sanctions

Tick this box to confirm that your organisation is aware of the international financial sanctions legislation/requirements that apply to its business.

Tick this box to confirm that your organisation has processes and controls in place to ensure that neither your organisation nor the business it transacts are in breach of applicable sanctions legislation/requirements?

Tick this box to confirm that your organisation does not deal with entities or persons who are named on applicable 'sanctions lists' or who perform activities that are subject to any governmental sanction?

If you were unable to confirm any of the above statements, please provide further details and explain why in section 6.

Reputation and standing

Has your firm ever been refused membership of a trade association or regulatory body? Yes No

Have any company directors or members of your governing body ever been:

Convicted of a crime involving dishonesty or breach of trust Yes No

Disqualified under company law Yes No

Found liable for negligence, fraud or wrong doing Yes No

Declared insolvent or bankrupt Yes No

Been dismissed from any previous office or employment? Yes No

Anti-bribery and anti-corruption

Tick this box to confirm that your organisation has policies and controls in place to ensure that all those who work at your organisation neither give nor receive bribes, nor are otherwise involved in corrupt practices.

Please confirm the specific anti-bribery and anti-corruption legislation/regulations with which your organisation is required to comply:

Details about your business

Nature of your business.

Name of regulator (where applicable)

Section 5 - Bank details

Who should complete this section?

All organisations should complete this section.

The banking sector has been required, for a number of years, to adhere to strict requirements for proving an entity or individual's identity when setting up bank accounts. Although obtaining your bank details does not relieve us of our responsibility to undertake our own due diligence, they do provide us with some useful assurance with regard to your bona fides, particularly where you bank with a FCA regulated banking institution or are recognised by the FCA.

Also, we may be required to make payments to you, for example, payment of premium, return premium or settlement of a claim. Therefore, please provide your bank details so that we can set them up on our system and complete any such transaction in a timely manner.

We are obliged to verify the accuracy of your bank details either from a director or partner at your firm, or by a mandate from your bank. This will be undertaken by the due diligence team within our compliance department.

Name of account holder

Bank name

Bank address

Bank account currency

Account number

Sort code

Business identifier code (Swift-bic, bic, swift id or swift codes)

International bank account number

Correspondent/cover bank name

Correspondent/cover bank swift/bic number

Correspondent/cover bank account number

Section 6 a - Additional information

Question reference

Additional information

Declaration

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signed:

Print name:

Position:

Dated (dd/mm/yyyy)

A copy of this proposal form should be retained for your own records.

Miller Insurance Services LLP is a limited liability partnership registered in England and Wales; Registered Number: OC301468; Registered Office: 70 Mark Lane, London, EC3R 7NQ. Authorised and regulated by the Financial Conduct Authority. Miller Europe SRL est une société à responsabilité limitée de droit belge (a limited liability company incorporated in Belgium); IT Tower, 480 Avenue Louise, 1050 Bruxelles, Belgique, BCE / Inscription FSMA 0708.954.984 (RPM Bruxelles); IBAN: BE46949007962036. Authorised by the Belgian Financial Services and Markets Authority. UK branch is registered in England and Wales; Registered Number: BR021148. Deemed authorised and regulated by the Financial Conduct Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website. For further authorisation and regulatory details about all of our Miller legal entities operating in your country, please refer to the Miller website - www.miller-insurance.com/Who-we-are/Regulatory-matters.