

# PROFESSIONAL INDEMNITY INSURANCE DECLARATION ICAEW SOLE PRACTITIONERS LOW INCOME SCHEME



## 1 CONTACT DETAILS

Policyholders name

Date established

DD / MM / YYYY

Address

Contact telephone number

Contact e-mail address

Postcode:

## 2 ACTIVITIES

Entry to the Low Fee Income scheme is subject to you being able to declare that the following statements are true. If you are unable to do this, completion of our full proposal form will be required and the premiums detailed within this quotation pack will not apply.

### I declare that:

- 1 I am a member of the ICAEW
- 2 I am based in mainland UK or Northern Ireland
- 3 I do not undertake any work for clients based outside mainland UK or Northern Ireland
- 4 There have not been any claims (successful or otherwise) made against me and I am not aware of any circumstances which may give rise to a claim against me.
- 5 My fees have not exceeded £5,000 per annum during the past three years and I am not in "run-off". I do not expect my fees to exceed £5,000 in the next 12 months.
- 6 I do not undertake any work for quoted companies, banks, building societies, insurance companies, Lloyd's syndicates, underwriting agents, finance houses or off-shore companies.
- 7 I have never undertaken any regulated activities as defined in the Financial Services and Markets Act 2000 (other than in connection with general insurance products).
- 8 I have never been the subject of a disciplinary proceeding by the ICAEW or any other professional body

## 3 CONFIRMATION

### DISCLOSURE OF MATERIAL FACTS

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers 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 the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

### A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

**Bluefin | Professions Division | Castlemead | Lower Castle Street | Bristol | BS1 3AG**  
**t: 0117 929 3344 | f: 0117 925 1594 | e: enquiry.professions@bluefingroup.co.uk | w: www.bluefingroup.co.uk/professions**

**Payment of the premium must be settled by direct debit (no interest charges apply). A completed direct debit form must be received in order for us place cover on your behalf. All communication under the scheme will be sent by email.**



**Instructions to your Bank or Building Society to pay by Direct Debit**



Please fill in the form and send it to:  
Aviva Credit Services UK Ltd  
C/O Bluefin  
Castlemead, Lower Castle Street  
Bristol BS1 3AG



**Name and full postal address of your Bank or Building Society**

**Originator's identification number 996555**

To: The Manager

Bank/Building Society

**Ref no. OFFICE USE ONLY**

**Instructions to your Bank/Building Society**

Please pay Aviva Credit Services UK Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction will remain with Aviva Credit Services UK Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

**Signature(s)**

Bank/Building Society account number

Branch Sort Code

**Date**

Number of instalments

1  12

**This guarantee should be detached and retained by the Payer**

**The Direct Debit Guarantee**



- This Guarantee is offered by all Banks and Building Societies that take part in the direct debit scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Aviva Credit Services UK Ltd will notify you within 10 days in advance of your account being debited or as otherwise agreed.
- If an error is made by Aviva Credit Services UK Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Aviva Credit Services UK Ltd.

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- The instruction will only be used for the collection of premiums payable under Aviva policies.
  - The amounts are variable and may be debited on or after the due date.
  - I/We understand that Aviva Credit Services UK Ltd may change the amounts and dates only after giving me/us prior notice.
  - I/We understand that once my/our insurance cover commences collection of the first premium becomes due. Any delay will result in this and further premiums due being collected as one amount. Subsequent premiums will be collected as they fall due.
  - I/We understand that if any direct debit is paid which breaks the terms of the Instruction, the Bank/Building society will make a refund.
  - I/We will inform the Bank/Building Society in writing if I/We wish to cancel this instruction.