|  |  |  |  |
| --- | --- | --- | --- |
| Broker’s / Agent’s details | | | |
| Broker name |  | Contact name |  |
| Broker address |  | | |
| Telephone number |  | Fax number |  |
| Email address |  | Date submitted |  |
| Renewal date |  | **Deadline date** |  |
| Holding agent |  | Last year’s premium | £ |
| Holding insurer |  | Target premium | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Proposer’s / Insured’s details | | | |
| Contact name |  | Telephone number |  |
| Email address |  | Fax number |  |
| Business name |  | Year established |  |
| Business address |  | | |
| Address continued |  | | |
| Town/City |  | | |
| County |  | Postcode |  |
| Business description |  | | |
| Total turnover for  last 12 months | £ | Estimated turnover for next 12 months | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated turnover split by territory | | | |
| UK | % | North America | % |
| EU | % | Rest of World | % |

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| --- | --- | --- | --- |
| Contact details of the Patent / Trademark agent or solicitor who advises on Intellectual Property | | | |
| Contact name |  | Telephone number |  |
| Email address |  | Fax number |  |
| Business name |  | | |
| Business address |  | | |
| Address continued |  | | |
| Town/City |  | | |
| County |  | Postcode |  |

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| --- | --- |
| Do you consent to Underwriters contacting the above to discuss this proposal if necessary? | Yes / No *(delete as applicable)* |

|  |  |
| --- | --- |
| State the indemnity limit required? | £ |

|  |  |  |
| --- | --- | --- |
| Tick the territorial limits required | | *Tick as applicable below* |
| United Kingdom  European Union  World-wide excluding USA and Canada  World-wide including USA and Canada | | □  □  □  □ |
| Have you ever applied for this type of insurance before? | | Yes / No *(delete as applicable)* |
| Has any insurer ever refused you this type of insurance before? | | Yes / No *(delete as applicable)* |
| If yes, provide full details: |  | |
| Are you currently covered by any legal expenses insurance/ | | Yes / No *(delete as applicable)* |
| If yes, provide full details: |  | |
| Within the past 5 years, have you disclosed confidential information to any third party including potential business partners? | | Yes / No *(delete as applicable)* |
| If yes, provide full details: |  | |
| Has the Proposer needed to seek advice or been involved in any legal proceedings or investigations relating to possible or actual infringement of Intellectual Property or licence of Intellectual Property in the last 10 years? | | Yes / No *(delete as applicable)* |
| If yes, provide full details, including names of third parties, relevant dates, amount of costs, the Intellectual Property involved and the results of such legal proceedings or investigation. |  | |
| After full enquiry, are you aware of any cause, event or circumstance which may give rise to a claim being made under this Certificate? | | Yes / No *(delete as applicable)* |
| If yes, provide full details, which must include the names of third parties, relevant dates, the Intellectual Property involved, expected costs and results. |  | |

**Important: please attach to this proposal a full schedule of the Proposer’s Intellectual Property and include illustrations or descriptions of the intellectual property with a sample brochure of the Proposer’s product range.**

|  |  |  |
| --- | --- | --- |
| Is all of the Proposer’s Intellectual Property declared on the schedule? | | Yes / No *(delete as applicable)* |
| If yes, provide full details: |  | |

|  |  |  |
| --- | --- | --- |
| Will there be any additional Intellectual Property or changes to that stated  during the next 12 months? | | Yes / No *(delete as applicable)* |
| If yes, provide full details: |  | |

|  |  |  |
| --- | --- | --- |
| Have any staff, that had access to the Proposer’s confidential information, left your employment during the last three years? | | Yes / No *(delete as applicable)* |
| If yes, provide full details: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide an approximation of the turnover which the Proposer believes will be derived from any country or area of the world from the sale of goods relevant to the Intellectual Property: | | | |
| UK | % | North America | % |
| EU | % | Rest of World | % |

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| --- | --- | --- | --- |
| Licence Cover: If licence cover is required, please enclose copies of the licences and the names of the licensees | | | |
| Licensee’s name |  | Licence copy attached | Yes / No *(delete as applicable)* |
| Licensee’s name |  | Licence copy attached | Yes / No *(delete as applicable)* |
| Licensee’s name |  | Licence copy attached | Yes / No *(delete as applicable)* |
| Licensee’s name |  | Licence copy attached | Yes / No *(delete as applicable)* |

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| FAIR PRESENTATION It is your statutory duty before entering into a contract of insurance, prior to an alteration and at renewal to make a fair presentation of the risk to be insured and to ensure that information is provided in a clear and accessible format.  Every material circumstance which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search, should be disclosed.  A circumstance is material if it would influence the judgement of an insurer in deciding whether to take the risk and, if so, on what terms and at what premium. Please ensure that any information provided is correct. Any belief or expectation disclosed should be made in in good faith.  If You are in any doubt as to whether a circumstance is material then You should disclose it and let us decide.  We will expect you to make reasonable enquiries and proactively gather information however, where this is not practical you must make us aware, as your broker, that further enquiries are needed to accurately underwrite the risk.  Any questions put to you in this broking template must be answered honestly, accurately and in good faith. You must check all the information provided in this fact find and if any details are incorrect or incomplete you must advise us immediately.  Failure to make a fair presentation of the risk could affect the extent of cover provided or could invalidate Your policy. |
| Give details of any additional information below that may be of assistance or importance. |
|  |
| Give details below of any areas where additional enquires may be necessary to accurately assess the risk |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must have made all the necessary enquiries of their fellow director’s, officers, board members, senior managers, employees and third parties involved with the business to identify and / or verify the information provided in this document as true and accurate. |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**THE LAW APPLICABLE**

You and the Insurers can choose the law which applies to the policy. The Insurers propose that the law of England and Wales apply. Unless you and the Insurers agree otherwise, the Law of England and Wales will apply to the policy.

## Compliance aide-memoire

The information contained in this Risk Presentation has been supplied by

< CUSTOMER NAME >.

of < CUSTOMER’S ADDRESS >.

at the meeting held on < MEETING DATE >.

The details contained herein have been recorded by

< COBRA MEMBER NAME >, a member of COBRA Network Ltd

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has the prospective client been advised that COBRA Member is an independent intermediary and that as such will act on behalf of the prospective client? |  |  |
| 1. Has the COBRA the member declared that they are Authorised and Regulated by the Financial Conduct Authority (FCA) and as such conforms to FCA Rules & Regulations? |  |  |
| 1. Have the following items been passed to the prospective client?    1. a COBRA Member business card    2. relevant COBRA Member promotional material    3. the COBRA Members Terms of Business? |  |  |
| 1. Has the prospective client been made aware of the importance of the Duty of Fair Presentation and the need to conduct a reasonable search of the information available and the necessity for the prospective client to provide full and accurate details of their risk? |  |  |

**NOTE**

Please note that a quotation will only be provided where full details are provided under that relevant section. If you are unable to provide full details or leave sections of the broking template blank further enquiries will be necessary to provide a quotation and this may delay the process.

Please delete any cover sections that are not required.