

Universal Legal Protection Ltd Bedford Heights Manton Lane Bedford MK41 7PH

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Pension Trustee Liability Insurance

INDICATION FORM

Notes on Completing this Form

Please answer all the questions in this Indication Form. The information provided and received will be treated in confidence.

If you need more space to answer any question more fully, please attach a separate sheet.

Completion of this Indication Form does not in itself bind Universal Legal Protection Ltd, any Insurer or the Proposer to any contract. But in the event of an Insurance Policy being issued pursuant to this Indication Form, this Indication Form <u>may</u> constitute part of that Policy.

Please be aware that the Proposer must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015.

1. SCHEME DETAILS

a)	Name of the Pension Scheme(s):					
b)	What are the total current Fund Assets?	£				
c)	To what extent is the Scheme currently funded?					
d)	Please advise the Establishment Date of the Scheme:					
e)	What type of Fund is the Scheme? (DB, DC, Mixed etc.):					
	Please state the number of Members in the Scheme:	Total				
		Current				
f)		Deferred Per	nsioners			
		Pensions in p	payment			
g)	Is the Scheme closed to new members?	YES	N	O Plannir	ng to Clos	se
1-2	Are there any plans to change Members' benefits in the foreseeable future?		YES	NO		
h)		If 'YES' please supply full details on the sheet attached				
	Please list the Professional Advisers and Year appointed:	Custodian			Year	
		Administrator			Year	
:>		Investment Manager			Year	
i)		Legal Adviser			Year	
		Actuary			Year	
		Auditor			Year	
j)	Are Contributions paid in accordance with actuarial recommendations?		YES	NO		
		If 'NO' please supply full details on the sheet attached				
k)	Is there or has there ever been a reduction or suspension of Employer or Employee Contributions?		YES	NO		
		If 'YES' please supply full details on the sheet attached				
I)	Are there or have there ever been any overdue Employer Contributions?		YES	NO		
		If 'YES' please	supply full d	letails on the sheet	t attached	d



m	Please advise the total number of Trustees:	Professional Trustees	Member- Nominated	Employer- Nominated	Corporate Trustees	Other Trustees

2. EMPLOYER DETAILS

a)	Please state the Name & Address of the Sponsoring Employer:	
b)	What is the total Number of Schemes run by the Employer?	
c)	What are the Total Assets of all Schemes?	£

3. CLAIMS INFORMATION

a) ma	Have there ever been any claims made (whether Insured or not) or are there any circumstances that could give rise to a claim?	YES NO	
		If 'YES' please supply full details on the sheet attached	
b) Has any Trustee Liability Insues ever declined to offer renewa or cancelled a Policy?	Has any Trustee Liability Insurer	YES NO	
		If 'YES' please supply full details on the sheet attached	

4. INSURANCE DETAILS

a)	Limit of Indemnity required:	Option 1	Option 2	
		£	£	
	Is there a current Pension Trustee Liability Insurance policy in place?	YES	NO	
b)		If 'YES' please advise the following:		
5)		i. the Renewal Date:		
		ii. the current Insurer:		



5. ADDITIONAL INFORMATION Please supply any further information in the space below:



6. DECLARATION

I, the undersigned, hereby declare that to the best of my knowledge and belief the answers given and the information provided in this Form are true. I agree that, although the signing of this Form does not bind us to effect insurance, these particulars may be the basis of the contract should an Insurance Policy be issued and may be incorporated in that Policy.

Signature	Name and Position
	Date

DATA PROTECTION

ULP will process your data in accordance with relevant data protection legislation. Your data will be passed to Insurers so that they can assess and provide you with a Quotation and cover (where required), to administer any Insurance cover and may be used in the event of a claim being made. Wherever it is processed, your data will be protected in the appropriate manner.

If you provide us with any information which constitutes 'Personal Data' (including 'Sensitive Personal Data' or 'Special Category Data'), we will treat such information at all times in accordance with the General Data Protection Regulation. ULP may hold and process such information (i) in order to provide a service to you; (ii) to facilitate the effective management and operation of our business; (iii) to comply with applicable laws, prevent and deter fraud and comply with our regulatory requirements. Our full privacy notice can be found at http://www.ulpltd.co.uk/privacy.

When completed, please forward this Indication Form together with any accompanying information to Universal Legal Protection Ltd (see front page for email, DX or postal address).

ULP201/PTL

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