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Pension Trustee Liability Run Off and Overlooked Beneficiary 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 may 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 Pension Scheme:					
b)	Name & Address of Sponsoring Employer:					
c)	Please advise the type of Scheme:	Defined Benefit	YES	NO		
		Defined Contribution	YES	NO		
d)	When was the Scheme established?					
e)	When did the Scheme close?					
f)	Please advise the date the Scheme will commence/ commenced Wind Up:					
g)	What is the anticipated date for completion of Wind Up?					
h)	Why is the Scheme being Wound Up?					
i)	Please state the number of members in the Scheme:		Before Wind Up Commenced	Today		
		Total				
		Current Active				
		Deferred Pensioners				
j)	What were the value of the Scheme Assets at their highest?	£				
k)	What were the value of the Scheme Assets at the date Wind Up commenced?	£				
l)	Is the Scheme currently in:	Surplus?	YES	NO		
		Deficit?	YES	NO		
		If 'YES', please specify by how much:	£			
m)	Please provide any further commentary on the latest Funding position of the Scheme:					
n)	Please advise the total number of Trustees:	Professional Trustees	Member-Nominated	Employer-Nominated	Corporate Trustees	Other Trustees

2. INSURANCE DETAILS

a)	Limit of Indemnity Required:	£	£	
b)	Is cover required for:	Run Off	YES NO	
		Overlooked Beneficiaries	YES NO	
c)	Does the Scheme have a current Pension Trustee Liability Insurance policy in place?	YES	NO	
		If 'YES' please advise:	Insurer	Renewal Date
d)	Have any other parties been approached for Run Off or OBI Insurance?	YES	NO	
		If 'YES' please advise to which Insurers:		
e)	Have there ever been any claims made (whether Insured or not) or are there any circumstances which could give rise to a claim?	YES	NO	
		If 'YES' please supply full details on a separate sheet of paper		

3. 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 Quotations 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).