piibrokers Fax: 020 7751 3083

Please state the name of the proposing entity:					
2. Please provide your name and contact details:		Name:			
Address:		Telephone:	E-mail:		
3. Please confirm the establishment date (dd/n	nm/yyyy):				
4. Please confirm the date of your last financial year-end prior to the renewal date:					
		Total gross brokerage/c including trail			
5. Please advise or estimate for the financial year-end identified in Question 4 above and the previous 4 financial years (where applicable), the total gross brokerage/commission/fee income of all Proposing Entities, generated by all principals/employees/self-employed persons.	Last complete year				
	Previous year				
	Previous year				
	Previous year				
	Previous year				
6. Please indicate the total gross brokerage/commission/fee income the entities in Question 1 currently trading expect to achieve in the current financial year:					
7. Please indicate the % of gross brokerage/co from the following categories. Please ensure					
	Private	Business	Total		
i.Pension Sales & Advice	%	%	%		
ii.Investment Sales & Advice	%	%	%		
iii.Life Cover & Protection Sales & Advice (including WOL, ASU, PHI & Medical)	%	%	%		
iv.Mortgage Sales & Advice (Including Equity Release and Reversion Schemes)	%	%	%		
v.General Insurance Sales & Advice	%	%	%		
	Total Private	Total Business	Overall Total		

%

100%

8. Tax Planning. Please indicate whether the Proposing Entity has provided advice/services in the last 10 years in respect of any Unregulated Collective Investment for tax planning purposes e.g. Film Finance, Technology Partnership, VCT, EIS. If Yes provide details.		No	
9. Investment. Please indicate whether the Proposing Entity has provided advice/services in the last 10 years in respect of SCARPs, SCITs, Hedge Funds, Traded Life Policies, Viatical Settlements, TEPs, Broker Bonds or Endowments. If Yes provide details.		No	
10. Pensions. Please indicate whether the Proposing Entity has provided advice/services in the last 10 years in respect of Pension Fund Manager, Pension Fund Trustee, Pension Transfer from an Occupational Scheme or Pension Fund Withdrawal. If Yes provide details.		No	
11.Life & Mortgages. Please indicate whether the Proposing Entity has provided advice/services in the last 10 years in respect of Mortgage Endowments, Sub-Prime Mortgages, Self Certification Mortgages or Equity Release Schemes. If Yes provide details.	Yes	No	
12.Complaints & Circumstances which may give rise to claims. Please confirm whether there have been any claims or circumstances made against the Proposing Entities in the past 10 years. If Yes provide details.	Yes	No	
13.Claims. Please confirm whether there have been any claims or circumstances made against the Proposing Entities in the past 10 years. If Yes provide details.	Yes	No	
I/We declare on behalf of the Proposing Entities that the abomisstated or suppressed any material facts. I/We agree that this me/us, shall form the basis of any Contract of Insurance effected Services Limited of any material alteration to these facts occurr this Proposal Form does not bind the Proposing Entities or insurance. Signature of Director/Partner/Principal	ove states ove states ove states ove states over the states ov	osal, toon. I/V fore contact in the same interest.	ogether with any other information supplied by We undertake to inform Collegiate Management ompletion of the Contract of Insurance. Signing fanagement Services Limited to complete this
Name(in capitals)]	Date _	

Please Note: In the absence of any instructions to the contrary, Certificates will show only those firms named in Question 1 of this proposal form.