



## AXIS Crusade Pension Trustee Liability Insurance Indication Form

AXIS Specialty London  
 4<sup>th</sup> Floor, Plantation Place South, 60 Great Tower Street, London EC3R 5AZ  
 Telephone: 020 7877 3800 · Fax: 020 7877 3840 · www.axiscapital.com

Please ensure that all questions are answered fully and correctly. Once completed please email this form to  
 AXIS Insurance/E&O Professionals.

1. Name of Pension Scheme:

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2. Size of fund assets:

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3. Is the Scheme closed? (please place a cross next to the relevant answer)

<b>Yes</b>		<b>No</b>	
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4. If 'Yes' is the Scheme contemplating 'wind-up'? (please place a cross next to the relevant answer)

<b>Yes</b>		<b>No</b>	
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5. Is there any Surplus? (please place a cross next to the relevant answer)

<b>Yes</b>		<b>No</b>	
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If 'Yes' please specify, to what percentage and on what basis this is calculated (e.g. MFR):

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6. Is there any Deficit? (please place a cross next to the relevant answer)

<b>Yes</b>		<b>No</b>	
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If 'Yes' please specify, to what percentage and on what basis this is calculated (e.g. MFR):

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7. Are the Trustees: (please place a cross next to the relevant answer)

<b>Corporate</b>		<b>Individual</b>	
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8. Is the Scheme: (please place a cross next to the relevant answer)

<b>Defined Benefit</b> (final salary)		<b>Defined Contribution</b> (money purchase)	
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9. Please state number of members in the Scheme:

10. Date Scheme was established:

11. Limit of Indemnity required:

### **Data Protection**

I understand and give explicit consent that the information I provide about myself and other persons named in this proposal, including any sensitive personal data, will be passed to or used by AXIS Insurance/E&O Professionals and its agents for my insurance. This includes underwriting, processing, claims handling and preventing fraud, and could include passing information to re-insurers, other insurers and subcontractors in the UK or any other country (even those which have limited Data Protection laws).