



AXIS Crusade Pension Trustee Liability Insurance Proposal Form

AXIS Specialty London
4th 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 return this form to AXIS Insurance/E&O Professionals with:

- A copy of the latest scheme report and accounts
- A copy of the latest actuarial valuation
- A copy of the latest sponsoring employer report and accounts
- A copy of the Trustee Indemnity Clause (if any) contained in the Trust Deed

1. Name of the Trust:
[Redacted]

2. Date established:
[Redacted]

3. Address of Trust's main office
[Redacted]

4. Name and Address of the Sponsoring Employer:
[Redacted]

| 5 | Name of each Trustee | Date Appointed |
|---|----------------------|----------------|
| | 1..... | |
| | 2..... | |
| | 3..... | |
| | 4..... | |
| | 5..... | |
| | 6..... | |

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a) Trustees who are Corporate Bodies:

Do you generally act as a Corporate Trustee? (Please circle relevant answer)

| | | |
|------------------|------------|-----------|
| Trustee 1 | Yes | No |
| Trustee 2 | Yes | No |
| Trustee 3 | Yes | No |
| Trustee 4 | Yes | No |
| Trustee 5 | Yes | No |
| Trustee 6 | Yes | No |

Do you act for pension schemes other than those of the Sponsoring Employer?
(Please circle relevant answer)

| | | |
|------------------|------------|-----------|
| Trustee 1 | Yes | No |
| Trustee 2 | Yes | No |
| Trustee 3 | Yes | No |
| Trustee 4 | Yes | No |
| Trustee 5 | Yes | No |
| Trustee 6 | Yes | No |

b) Trustees who are Natural Persons, i.e. not Corporate Bodies:

Are you remunerated for acting as a Trustee? (Please circle relevant answer)

| | | |
|------------------|------------|-----------|
| Trustee 1 | Yes | No |
| Trustee 2 | Yes | No |
| Trustee 3 | Yes | No |
| Trustee 4 | Yes | No |
| Trustee 5 | Yes | No |
| Trustee 6 | Yes | No |

Are you a director or officer of the Sponsoring Employer? (Please circle relevant answer)

| | | |
|------------------|------------|-----------|
| Trustee 1 | Yes | No |
| Trustee 2 | Yes | No |
| Trustee 3 | Yes | No |
| Trustee 4 | Yes | No |
| Trustee 5 | Yes | No |
| Trustee 6 | Yes | No |

6. Has any person serving as a Trustee been convicted of a breach of any criminal law?
(please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

7. In the past 5 years has the name of the Trust been changed? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|



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8. In the past 5 years has the Trust amalgamated with any other Trust? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

9. How often is the fund actuarially valued?

10. When was the last valuation carried out? *Please enclose a copy of the valuation accounts*

11. Does the scheme carry a surplus? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If 'yes' what is the estimated amount?

| | |
|---------------|---|
| Ongoing Basis | £ |
| MFR Basis | £ |

12. Does the scheme carry a deficit? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If 'yes' what is the estimated amount?

| | |
|---------------|---|
| Ongoing Basis | £ |
| MFR Basis | £ |

Please state the intended method of addressing this

13. Have all payments been paid across from the sponsoring employer on time, and in accordance with actuarial advice? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

14. To what percentage is the scheme funded on an ongoing basis?

%



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15. Please provide the following information in respect of the last 3 years audited accounts for the sponsoring Employer (please use consolidated figures):

| | Current Year -2 | Current Year -1 | Current Year |
|---------------------------|-----------------|-----------------|--------------|
| Turnover / revenue | | | |
| Net Profit / loss | | | |
| Gross total assets | | | |
| Net Worth | | | |

16. Are there any plans relative to the closure of any scheme/fund &/or any intention to alter the basis or operation of such scheme/fund? If so, please provide details.

- a) Is the Trust in the course of being wound up or is any winding up in contemplation?
 (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

17. Are any of the assets of the Trust invested in/or loaned to the Sponsoring Employer and/or its subsidiaries and/or associated companies? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If 'Yes' then what proportion?

18. Does the Trust Deed provide an indemnity to the Trustees? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

19. Have the Trustees adopted a Statement of Investment Principles? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

20. Are any of the assets of the Trust used as collateral in any way by Trustees, Sponsoring Employer, Participating Employer and/or their subsidiaries and/or associated companies? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If 'Yes', then what proportion?



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21. Are the retirement ages and benefits provided by the scheme equal for men and women?
 (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

b) Does the scheme allow equal access to the scheme for fixed-term employees?
 (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If 'no', please provide details:

22. What Type of pension scheme is provided?

| | |
|---------------------------------------|--|
| Tax Approved | |
| Unapproved | |
| Final Salary | |
| Contracted out | |
| Self administered | |
| Money purchase | |
| Invested in insurance policies | |

23. Please provide the name(s) of, and give the year of appointment of:

| | Name(s) | Year |
|------------------------------|---------|------|
| Pension consultant(s) | | |
| Actuaries | | |
| Legal Adviser(s) | | |
| Investment manager(s) | | |
| Administrator(s) | | |
| Custodian(s) | | |
| Banker(s) | | |

24. Are any of those specified above connected with the Employer Company/Companies or the Trustee(s) other than by a normal professional/client relationship? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If 'yes', please give details:

25. Who typically has day-to-day custody and control over the assets of the fund?



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26. Have any claims been made against the Trust during the last 5 years? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

Or against any past or present Trustee? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

27. Is the Trust or any present Trustee aware, after enquiry, of any circumstance or incident which it/he/she has reason to suppose, might result in any future claims which could fall within the scope of the proposed insurance? (please circle relevant answer)

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

28. Amount of indemnity required?

£ _____

29. Amount of excess required?

£ _____



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Important Notice Concerning Disclosure

It is your Duty to disclose all material facts to Underwriters. A material fact is one, which may influence an Underwriter’s judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it. Failure to disclose could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

Declaration:

I/We the undersigned hereby declare that after enquiry of all Trustees to the best of our knowledge and belief the Particulars set forth herein are true. We agree that if any of the said Particulars have been written by any other person, such person shall for that purpose be regarded as our agent and not the agent of any Insurer. I/We also agree that, although the signing of this Proposal Form does not bind us to effect Insurance, the said Proposal and Particulars shall be the basis of the Contract should a Certificate be issued and will be incorporated in the said Certificate.

| Name of each Trustee | Signature of each Trustee | Date |
|----------------------|---------------------------|-------|
| | | |
| | | |

(To be signed by any two trustees for and on behalf of all trustees no more than 1 month prior to cover incepting or renewing).

Completion of this Proposal Form does not bind AXIS Insurance/E&O Professionals to complete a Contract of Insurance. No Cover is applicable until confirmed by AXIS Insurance/E&O Professionals. A copy of this Proposal Form should be retained by you for your records.

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).