



ZURICH®

# Pension trustees' liability policy Proposal form

This proposal form must be completed fully and accurately and signed by an authorised representative of the board of trustees and a representative of the sponsoring employer.

## 1 Details of proposer

### 1 Name of the sponsoring employer

Address

Postcode

Country of incorporation

Nature of business of the sponsoring employer

### 2 Name of the pension scheme (if you have more than one scheme please complete separate forms for each)

Address

Postcode

When was the pension scheme established in its current form?

What is the purpose of the pension scheme?

Type of pension scheme (eg. final salary, money purchase etc.)

### 3 Please detail the number of beneficiaries by the following groups:

a) Active members included in the scheme

b) Paid up pensioners included in the scheme

c) Number of pensioners included in the scheme

### 4 What is the market value of the pension schemes' assets

£

Does the pension scheme have a surplus in excess of its actuarial obligation to pay benefits?

Yes

No



**Details of proposer** (continued)

**11 Names of professional advisers to the trustees and date of appointment**

a) Pension Consultants

Date

b) Actuary(ies)

Date

c) Accountant(s)

Date

d) Investment Manager(s)

Date

e) Solicitor(s)

Date

**12 Is the pension scheme in the process of or contemplating winding up?**  Yes  No

**13 Please indicate under which of the following investment procedures the pension**

a) with a financial institution possessing full investment discretion  Yes  No

b) with investment discretion possessed by financial institution and in-house trustees or the sponsoring employer  Yes  No

c) with investment discretion possessed only by in-house trustees or the sponsoring employer  Yes  No

d) other; please explain

  

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**14 When was the last actuarial valuation made?** Date

When were the last trust accounts prepared? Date

**15 Has there been or is there pending any claim or legal proceeding against any pension scheme administrator, any trustee, the sponsoring employer or any subsidiary arising out of this pension scheme?**  Yes  No

If yes, please give further details.

  

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**16 Is the pension scheme administrator or any trustee aware, after enquiry, of any circumstances or incident which may give rise to a claim?**  Yes  No

If yes, please give further details.

  

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### Details of proposer (continued)

17 Has any similar trustee insurance ever been refused, cancelled or non-renewed?  Yes  No

If yes, please give reasons.


18 What limit of indemnity is required?

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## 2 Declaration

The undersigned declare that, after enquiry, the statements and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry.

It is hereby agreed by the undersigned that they will inform Zurich Insurance plc of any material change(s) to the declarations already made to Zurich Insurance plc occurring before the inception date of this policy. In the absence of information to the contrary Zurich Insurance plc will assume that there is no additional pertinent information or change(s).

This proposal form does not bind the undersigned to accept or Zurich Insurance plc to provide the insurance applied for, but it is agreed that this proposal form shall be the basis of any contract of insurance based thereon. Zurich Insurance plc is hereby authorised to make any investigation and inquiry in connection with this proposal form it may deem necessary.

#### On behalf of the trustees

Name
Title
Signature

#### On behalf of the sponsoring employer

Name
Title
Signature

Date

Date

Please enclose the latest audited pension scheme accounts, investment portfolio and actuarial report of the scheme.



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#### Zurich Insurance plc

A public limited company incorporated in Ireland. Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland.

UK Branch registered in England and Wales Registration No. BR7985.

UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Authorised by the Irish Financial Regulator and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. FSA registration number 203093. These details can be checked on the FSA's register by visiting their website [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting them on 0845 606 1234.

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