Directors & Officers liability insurance

Protect your position

Working alongside Allianz, we have a specifically created policy designed to protect you and your fellow directors against claims arising from decisions and actions taken in role as Director or Officer of the company.

Annual premiums per Management Company or Residents' Association (including 12% Insurance Premium Tax and a £10 policy fee).

Number of Flats	Limit of Indemnity				
	£100,000	£250,000	£500,000	£1,000,000	£2,000,000
1-25	£110.00	£130.92	£158.36	£229.79	£273.74
26-50	£130.92	£163.87	£185.84	£279.24	£414.38
51-75	£163.87	£207.81	£284.72	£408.90	£511.08

Main points of cover

- Entity cover
- Contractual liability - £50,000 inner limit
- Legal representation
- Manslaughter proceedings
- Employment related claims
- Innocent non-disclosure
- Retired directors
- Nil excess
- Employee dishonesty

Contact us for a quote on **0800 652 2638**
or email **enquiries@lansdowninsurance.com**

Lansdown Insurance Brokers

Proudly part of the BENEFACT GROUP

Lansdown Insurance Brokers is a trading name of SEIB Insurance Brokers Limited Authorised and Regulated by the Financial Conduct Authority. Registration number: 479477. Registered address: Benefact House, 2000, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom. Company registration number: 6317314. Registered in England.

Proposal Form – Directors and Officers Liability Insurance

Cover does not attach until this proposal has been accepted by Lansdown Insurance Brokers on Behalf of Allianz Insurance plc
(Please use BLOCK CAPITALS and tick boxes where appropriate)

Limited or Association?	Limited ☐ Association ☐
Name of Management Company or Residents Association	
Risk Address	
Postal Address	
Contact Number(s)	
E-Mail Address	
Company Registration Number	
Please state the Limit of Indemnity Required:	£100,000 ☐ £250,000 ☐ £500,000 ☐ £1,000,000 ☐ £2,000,000 ☐
DATE COVER REQUIRED FROM:	
From what date have you purchased uninterrupted Directors and Officers Liability cover? (If you do not provide this, the Retroactive Date will be set to Inception Date).	
1. Please state the total number of Units seeking this insurance.	Flats: Houses: Commercial Units:
2. Has the business to be insured been established for more than 2 years? If No, does the Company/Association include at least one person with suitable knowledge (by profession or experience) of running a Company/Association?	Yes ☐ No ☐ Yes ☐ No ☐
3. In the last 5 years, have there been any claims or investigations made against you, or against any directors, trustees, officers, committee member or employees, that this policy might have covered if it had been in force?	Yes ☐ No ☐
4. After full enquiry, are you or any of your directors, trustees, officers, committee member or employees aware of any fact or circumstance that may lead to a claim under the proposed policy?	Yes ☐ No ☐
5. Is the Business solvent?	Yes ☐ No ☐
6. Has any Insurer in respect of risks to which this proposal relates ever declined a proposal, refused renewal or terminated an insurance? If Yes, please give details:	Yes ☐ No ☐

DECLARATION: I declare

a. on behalf of the Company
b. for myself and after enquiry of and with the express consent of each of the Directors of the Company
   i. that the above statements are true and complete.
   ii. that the Proposers agree that this proposal shall be incorporated in the contract between them and the Insurer.
   iii. that the Proposers agree to accept a Policy in the Insurer's usual form for this class of insurance.

I undertake to inform the Insurer of any material alteration to these facts occurring before completion of the contract of insurance.
I/We agree that no Director or Partner has been convicted of or charged (but not yet tried) with a criminal offence other than (road traffic) motor offences.
I/We agree that no Director or Partner has received an official caution for a criminal offence within the last three years other than a (road traffic) motoring offence.

Signature:		Date:	
Name:		Position/Title:	

For Lansdown use only

Proposal/Co House checked	Signature:		Date:		Premium:

Insurance Act: Where we arrange insurance wholly or mainly for purposes related to your trade, business or profession, you have a duty under The Insurance Act 2015 to make a fair representation of the risk. This means that you must disclose every material circumstance which you and/or your senior management and/or anyone responsible for arranging your insurance know or ought to know. Alternatively, you must disclose sufficient information which would put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances. You are expected to carry out a reasonable search in order to make a fair representation of the risk and will be deemed to know what should reasonably have been revealed by the search. Your duty of fair representation applies at the start of the policy, at renewal and when any variation of the policy is arranged. If you fail to make a fair representation, the insurer may refuse to pay your claim or reduce the settlement amount, depending on the circumstances.

Postal address for form: Lansdown Insurance Brokers, Lansdown House, Pittville Circus Road, Cheltenham, GL52 2QE

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