Professional and Financial Liabilities Insurance
Proposal Form

Important Notice

1. This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
2. This proposal must be completed, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or the insurer to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence the insurer's assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should consult your broker.
4. You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

Section A: General Information

1. (a) Name of company or entity (insured)

   (b) Address of registered or principal office

   (c) Date of establishment

2. (a) Please give the full names of all directors, partners or principals

Name	Qualifications in full	Date qualified	Year of appointment as a director, partner or principal of this company

If possible please attach CVs

(b) Is the company authorised and regulated by the Financial Services Authority Yes ☐ No ☐

MARKEL®

(c) Is the company authorised and regulated by any other regulator? Yes ☐ No ☐

If YES, please name the regulator

(d) Please state the name(s)of any professional associations of which the company is a member of or is affiliated to.

(e) Are you in any way associated with any other firm, company or organisation? Yes ☐ No ☐

If YES, please provide full details

(f) Please confirm the number of:

(i) Directors, partners or principals

(ii) Qualified staff

(iii) Other staff (ex admin)

(iv) Administration staff (typist etc)

(v) Other personnel employed on a consultancy basis

(g) Please provide a full description of your business activities

Section B: Business Activities

1. Please provide details of the fee income for the last 4 years including the current year and the projected income for the coming financial year.

Fee	20	20	20	Coming financial year	Approximate %
(i)					
(ii)					
(iii)					
(iv)					
					100%

2. Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes ☐ No ☐

*If YES, please supply details:

3. Please confirm the percentage of the business's income by way of fees and commissions derived from the following activities:

	As principal	As agent	As manager
Institutional fund management	%	%	%
Private client portfolio management	%	%	%
i. Discretionary	%	%	%
ii. Non discretionary	%	%	%
Dealing in listed UK securities	%	%	%
Dealing in unlisted UK securities	%	%	%
Dealing in foreign securities/investments	%	%	%
Dealing in bonds (e.g. Eurodollar)	%	%	%
i. UK	%	%	%
ii. Offshore including Channel Islands and Isle of Man	%	%	%
Investments in unit trusts	%	%	%
i. UK	%	%	%
ii. Offshore including Channel Islands and Isle of Man	%	%	%
Dealing in commodities (future or physicals)	%	%	%
Corporate finance	%	%	%
Mergers and acquisitions	%	%	%

4. Do you impose a standard form of contract, agreement or letter of appointment? Yes ☐ No ☐

If YES, please supply copy details

5. Do you wish to insure USA/Canadian activities? Yes ☐ No ☐

If YES, please supply details of business operations in USA/Canada

6. In any circumstance is liability accepted other than under the jurisdiction of the UK Courts? Yes ☐ No ☐

If YES, please give details

7. Please confirm geographical split of gross income/fees

	Past financial year	Current financial year	Estimate for coming financial year
United Kingdom	%	%	%
Europe	%	%	%
USA/Canada	%	%	%
Rest of the World	%	%	%

8. Please confirm

(a) Largest fee to any one client

(b) Average fee any one client

9. Please state date of your financial year end

10. Please state how the company's products are distributed

11. (a) Please provide details of current insurance programme

(i) Name of insurer

(ii) Indemnity limit

(iii) Excess

(iv) Date of expiry

(b) (i) Have any claims been made against you, your predecessors in business, or any present or past partners or principals or directors Yes ☐ No ☐

(ii) Have you at any time been refused similar insurance, or quoted increased premiums or had special terms imposed? Yes ☐ No ☐

(iii) After full enquiry are you or any of the directors, partners or principals aware of any circumstances which may give rise to a claim against you, your predecessors in business, or any past or present partner, director, principal or employee? Yes ☐ No ☐

(iv) Or in receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? Yes ☐ No ☐

If you have answered Yes to any of the above please give full details

(c) What limit of indemnity is required?

£500,000 ☐ £1 million ☐ £2 million ☐ Other

(d) What is the maximum excess per claim you are prepared to accept (including costs and expenses)?

£5,000 ☐ £10,000 ☐ £20,000 ☐ Other

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to the insurer) shall be the basis of such contract.

Signed*

Name

Company position

Date

*the signatory should be a director or senior officer of, or a partner of, the company.

Section C: Fidelity

1. (a) Has any insurer previously refused to accept or continue any fidelity guarantee in respect of the proposer or any employees — Yes ☐ No ☐

   (b) Has any insurer previously cancelled cover? — Yes ☐ No ☐

   (c) Have any losses been sustained by the proposer through fraud or dishonesty of any employee? — Yes ☐ No ☐

   (d) Are references always taken when appointing employees? — Yes ☐ No ☐

   (e) Are any employees authorised as sole signatories on cheques? — Yes ☐ No ☐

      (i) If YES, please confirm maximum amount

      (ii) Does the proposer operate facsimile cheque-signing machine? — Yes ☐ No ☐

   (f) Please confirm methods of check and independent reconciliation

   (g) Please confirm frequency of audit conducted by professional accountants

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to the insurer) shall be the basis of such contract.

Signed*

Name

Company position

Date

*the signatory should be a director or senior officer of, or a partner of, the company.

(delete one full stop)

Section D: Directors & Officers Liability And Company Reimbursement Insurance

1. (a) Type of company (e.g. public, private, close, mutual etc.)

   (b) Nature of business

   (c) Date since the company has continuously carried on business

2. (a) Detail any changes to the board of the company since the company's last annual report and accounts

   (b) Is cover required under this policy for directors or officers of the company or of its subsidiary companies whilst holding positions in any associated company? Yes ☐ No ☐

   If YES, please provide in respect of each appointment the following:

Company in which position held	Country of incorporation	Activity	Net profit	Net worth

   (c) How many shareholders does the company have?

   (d) Are there any shareholders who are not directors who own 5% or more of the issued shares? Yes ☐ No ☐

   If YES, detail the shareholders and percentages owned

   (e) Is the company

   (i). Listed on any stock exchange or any other form of securities market? Yes ☐ No ☐

   If YES, please state the name, country of exchange and date of first listing

   (ii). Are the shares traded in any other way? Yes ☐ No ☐

   If YES, please specify

3. (a) Please detail the total gross assets of the company and its subsidiary companies together with the number of employees in:

		Assets	Employees
(i)	The United States of America		
(ii)	Canada		

(b) In respect of any subsidiary company in the United States of America which is not wholly owned please advise:

(i). The name of the subsidiary

(ii) The company's percentage interest
(where not 100% owned please state who owns the minority stock)

(c) Does the company or any of its subsidiaries have any of their stock, shares, debentures, bonds or any other debt or equity instruments issued in the United States of America or Canada? Yes ☐ No ☐

(d) Has the company made any acquisitions or disposals during the past eighteen months? Yes ☐ No ☐

If YES, please provide details

4. (a) Has the company, within the past eighteen months

(i) Filed any registration statement for a public offering? Yes ☐ No ☐

(ii) Issued any shares (common or otherwise)? Yes ☐ No ☐

(b) Is the company contemplating any such offering or share issue in the next 12 months? Yes ☐ No ☐

If YES, please provide details

5. (a) If directors and officers liability insurance has been carried during the past 3 years, please state:

(i) Name of the insurers

(ii) Indemnity limit

(ii) Date of expiry

(b) (i) As far as is known, have the proposers ever been refused this type of insurance or had a similar insurance cancelled? Yes ☐ No ☐

(ii) If an insurance similar to that now proposed has been or were now in effect would any claim which has been made or which is now against any persons proposed for insurance have fallen within the scope of such insurance? Yes ☐ No ☐

(iii) Is any person proposed for insurance aware, after enquiry, of any circumstances or incident which he/she has reason to suppose might afford grounds for any future claims such as would fall within the scope of the proposed insurance? Yes ☐ No ☐

If you have answered Yes to any of the above please give full details

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(c) Amount of indemnity required

Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to the insurer) shall be the basis of such contract.

Signed*

Name

Company position

Date

*the signatory should be a director or senior officer of, or a partner of, the company.

Section E: Outside Board Directorships

Please complete copy in respect of each directorship held

1. (a) Name of director

   (b) Company

   (c) Country of incorporation

   (d) Business

   (e) Net worth

   (f) Net profit

   (g) Type of company: eg public, private, charity etc

   (h) Are you aware of any person or entity holding beneficially or otherwise 15% or more of the shares?

   Yes ☐ No ☐

   If YES, please elaborate: i.e. name of shareholders/shareholding

Declaration

I declare that after full enquiry I am not aware of any circumstance or claim that has or could be the subject of this insurance (Note: full disclosure is essential)

Signed*

Name

Date

Section F: Pension Fund Trustee Liability

1. The trust/employer company

(a) Name of the trust(s) and date(s) established (in brackets)

(b) Name and address of employer company(ies) contributing to the trust(s)

(c) Name and address of employer company(ies) contributing to the trust(s)

(d) Type of pension scheme(s) provided

(i). Final salary Yes ☐ No ☐

(ii) Money purchase Yes ☐ No ☐

(iii) Other (provide details)

(e) Are you able to confirm the following?

(i) The trust is not a subsidiary of an employer company Yes ☐ No ☐

(ii) The scheme is "tax approved" Yes ☐ No ☐

(iii) The rules governing the operation of the trust(s) are written in a definitive trust deed Yes ☐ No ☐

(iv) Solicitors are consulted when changes to the trust deed are being considered or effected Yes ☐ No ☐

(v) No more than 5% of any trust(s) assets are invested in any employer, company its subsidiaries or financially associated companies Yes ☐ No ☐

(vi) None of the employer company(ies) are:

– Insolvent (liabilities exceed assets)? Yes ☐ No ☐

– Unable to pay its debts as they fall due? Yes ☐ No ☐

– In liquidation, the subject of an outstanding winding-up petition or have issued notices of a meeting to consider a resolution for its liquidation? Yes ☐ No ☐

– the subject of an administration order or an application for an administration order Yes ☐ No ☐

(vii). No part of the trust(s) are in "run-off", i.e. no active members Yes ☐ No ☐

If you have answered NO to any of the above please provide details

(f) Please provide approximate figures in respect of

(i) The number of active members

(ii) The number of deferred members (ex employees not yet retired)

(iii) The number of retired members (now receiving payment)

(iv) Total

Comment on any significant changes in these figures during the last year giving reasons

Section G: The Fund / Third Party Service Providers

1. Valuation/Actuary

(a) Provide the name and address of those who provided the last actuarial valuation of the fund

(b) When was the last actuarial valuation

(c) What was the last actuarial valuation

(d) When is the next actuarial valuation to be carried out

(e) What is the current estimated value of the fund

(f) Is this considered adequate to meet future obligations Yes ☐ No ☐

(g) Detail any surplus

(h) Provide details of any deficit and any suggestions made by the actuary, advising whether these have been acted upon

2. Investment Manager

(a) Provide the name and address of the investment manager (if any)

(b) Does the investment manager control all investments? Yes ☐ No ☐

If NO, provide details of percentage handled by trustees and give reasons why the trustees retain such control

3. Pension Consultant

(a) Provide the name and address of the pension consultant (if any)

(b) Detail any change of Third Party Service Provider during the last 3 years giving reason(s) for change

(c) Can you confirm that you maintain your full legal rights against Third Party Service Providers Yes ☐ No ☐

If NO, please provide details

4. The Trustees

(a) In respect of personal trustees

(i) Provide their names together with details of the position each one holds either with the employer company(ies) or otherwise

(ii) Are there any trustees who are not appointed in accordance with the trust deed? Yes ☐ No ☐

(iii) Are any trustees remunerated? Yes ☐ No ☐

(b) In respect of a corporate trustee

(i) Provide its name

(ii) Does it act generally as a corporate trustee or only for the trust(s) detailed in Question 5a?

(iii) Name the directors of the corporate trustee and detail their position with any employer company(ies)

(iv) Who performs the day to day administrative functions on behalf of the trust?

(v) Is this party a full time employee, director or partner of the employer company? Yes ☐ No ☐

(vi) Are the administrators (including corporate trustees) able to meet their costs from the fees they charge? Yes ☐ No ☐

Section H: Procedures, Controls and Security

1. (a) Are you able to confirm the following?

   (i) The trust's accountant conducts a full audit of all the trust(s) at least once per annum — Yes ☐ No ☐

   (ii) The Trust's accountant or other party regularly review the procedures and controls for ensuring the safe keeping of the trust(s) property — Yes ☐ No ☐

   (iii) All recommendations made by the trust's accountant or other party with regard to procedures and controls are implemented — Yes ☐ No ☐

   (iv) The trust does not provide loans — Yes ☐ No ☐

   If you have answered NO to any of the above questions, please provide details

   (b) Does the trust property remain in the day to day custody and control of the trustees? — Yes ☐ No ☐

   If you have answered YES please provide the following information in the lines below

   (i) Describe the property

   (ii) The purpose for which it is retained by the trustees

   (iii) How the property is kept secure both on premises and whilst in transit

   (iv) The maximum values held at any one location and in transit at any one time

   (v) The mode of transport used to effect the transit of such property

   (vi) If the property is at risk of theft by electronic means provide details of security controls implemented to prevent fraudulent manipulation of the computer systems

Section I: Client Account Management Questionnaire

1. Client records

   Keeping correct details and protecting them from theft or amendment by fraudsters is essential.

   (a) Can you confirm that:

   (i) ALL clients are required to confirm and validate the accuracy of contact and bank account details when entering into a retainer/agreement with you? — Yes ☐ No ☐

   (ii) ALL changes to such contact and/or bank account details are agreed in writing, confirmed and validated over the phone with the client? — Yes ☐ No ☐

If NO, please provide full details on how and why your processes differ:

2. Contractual Disclaimers

Please provide details as to how your company's client engagement letters disclaim, limit or exempt it from liability for incorrect and/or fraudulent request for invoice payments and bank account transfers:

Please provide a copy of your standard client engagement letter.

3. Risk Management Procedures

PRIOR to processing any payment or transfer, the following procedures should be performed by you for ALL invoice payments and bank transfer requests: Can you confirm that:

(a) The administrator or account manager has completed a form that ensures that:

(i) he/she is aware of the reason for the requested payment and that such payment is expected? Yes ☐ No ☐

(ii) all names and addresses on invoices are correct and as per those validated by the client and held on your company's internal records? Yes ☐ No ☐

(iii) all sort codes, account names and bank account numbers are as per those validated by the client and held on your company's internal records? Yes ☐ No ☐

(b) After the form has been completed, signed and dated by the administrator or account manager; it is then double-checked, signed and dated by a supervisor? Yes ☐ No ☐

(c) Prior to allowing such payment or bank transfer, the supervisor or his manager obtains secondary confirmation. Yes ☐ No ☐

Secondary confirmation shall mean: Written or verbal confirmation from the client or his agent that the payment or fund transfer is genuine and correct

This confirmation must be sought by using:

1. The contact details of the client or agent as confirmed and validated by the client when entering into the retainer with your company, or as formally amended by the client from time to time; and

2. A different means of communication to the original payment request or fund transfer demand.

If NO to any of the above please provide full details on how and why your processes differ:

Section J: Cyber

1. Do you require coverage for cyber? Yes ☐ No ☐

   If YES, please complete the following questions. If NO, please skip to Section K: Claims History

2. (a) How many personally identifiable information (PII) records or unique consumer records do you currently hold?

   (b) Do you hold or process any of the following types of sensitive data?

   ☐ Financial information (including credit/debit card records) ☐ Medical information

   ☐ Identity information (including NI number or passport details)

   ☐ Names, addresses, telephone numbers

   (c) Do you anticipate any significant changes over the next 12 months for the above? Yes ☐ No ☐

   If YES, please provide full details……

3. (a) What percentage of your turnover emanates from online or e-commerce activities? %

   (b) What is the size of your dedicated IT budget annually?

4. Can you confirm you adhere to the following best practices?

   (a) Have a dedicated individual responsible for information security and privacy Yes ☐ No ☐

   (b) Have a written incident management response plan Yes ☐ No ☐

   (c) Perform background checks on all employees and contractors with access to sensitive data Yes ☐ No ☐

   (d) Have restricted access to sensitive data (including physical records) Yes ☐ No ☐

   (e) Have a process to delete systems access within 48 hours after employee termination Yes ☐ No ☐

   (f) Have written information security policies and procedures that are reviewed annually and communicated to all employees including information security awareness training Yes ☐ No ☐

   (g) Ensure all remote access to IT systems is secure Yes ☐ No ☐

   (h) Only use operating systems that continue to be supported by the original provider Yes ☐ No ☐

   If NO to any of the above, please detail below along with mitigating comments

5. Are annual or more frequent internal/external audit reviews (including penetration testing) performed on your IT network and your procedures? Yes ☐ No ☐

   If YES, **please provide a copy of the latest report from any examination/audit**

6. Can you confirm you comply with the following minimum security standards?

   (a) You use anti-virus, anti spyware and anti-malware software and update them regularly Yes ☐ No ☐

   (b) You use firewalls and other security appliances between the internet and sensitive data Yes ☐ No ☐

   (c) You use intrusion detection or intrusion prevention systems (IDS/IPS) and these are monitored Yes ☐ No ☐

(d) You ensure all sensitive data on your system is encrypted Yes ☐ No ☐

(e) You ensure all sensitive data on all removable media is encrypted Yes ☐ No ☐

(f) You ensure sensitive data is permanently removed (e.g. physical destruction not merely deleting) from hard drives and other storage media or sold and from paper records prior to disposal Yes ☐ No ☐

(g) You perform regular backups and periodically monitor the quality of the backups Yes ☐ No ☐

If NO to any of the above, please detail below along with mitigating comments

7. (a) Do you have a disaster recovery plan (DRP) and/or business continuity plan (BCP) in place? Yes ☐ No ☐

(b) In your DRP / BCP, how long would it take for you to be fully operational again following an incident?

(c) How often do you test your DRP / BCP?

8. Please provide details of the vendors for the following services (or check box if it is managed and operated in house)

		Vendor	In-house
(a)	Internet service provider		☐
(b)	Cloud / Hosting / Data centre provider		☐
(c)	Payment processing		☐
(d)	Data or information processing (such as marketing or payroll)		☐
(e)	Offsite archiving, backup and storage		☐

Section K: Claims History

1. Regarding all the types of insurance covers to which this proposal form relates, are you or any of the partners, principals, or directors, after having made full enquiries, including of all staff, aware of any of the following matters in the past 6 years?

(a) Any claims (successful or otherwise) or cease and desist orders been made against the company, its predecessor, or present or past partners, principals, or directors Yes ☐ No ☐

(b) Any circumstances which may give rise to a claim against the company, its predecessor or any past or present partner, director, principal or employee Yes ☐ No ☐

(c) The receipt of any complaints, whether oral or in writing, regarding services performed, products or solutions sold or provided, or advice given by you Yes ☐ No ☐

(d) Any loss or damage that has occurred to the company or its predecessor Yes ☐ No ☐

(e) Any privacy breach, virus, DDOS, or hacking incident which has, or could, adversely impact(ed) your business Yes ☐ No ☐

(f) Any unforeseen down time to your website or IT network of more than 3 hours? Yes ☐ No ☐

(g) Any allegation of loss or loss sustained as a result of the fraud or dishonesty of any person employed by the business? Yes ☐ No ☐

If YES to any of the above, please provide full details:

Section L: Insurance Details

1. In the event your previous policy is not insured with Markel please give us the following details:

   (a) Name of insurers

   (b) Retroactive date

   (c) Limit of indemnity

   (d) Excess

   (e) Premium

2. Quote Request

   (a) What limit of indemnity is required:

      (i)

      (ii)

      (iii)

   (b) What amount of excess would you be prepared to carry in respect of each and every claim:

      (i)

      (ii)

      (iii)

Data Protection Act 1998 – Consent to use of information

The insurer will use the information provided herein to manage the insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, regulatory authorities or to the insurer's agents providing services on their behalf.

In order to detect and prevent fraud, the insurer may at any time:

1. Share information about the proposer and/or its partners, principals, directors, officers and/or employees with other organisations and public bodies including the Police;
2. Check and/or file the proposer's and/or its partner's, principals', directors' and/or officers' details with fraud prevention agencies and databases and if the insurer suspects fraud, the insurer will record this.

   The insurer and other organisations may also search these agencies and databases to:

   (a) Help make decisions about the provision and administration of insurance, credit and related services for the proposer, its partners, principals, directors and officers;

   (b) Trace debtors or beneficiaries, recover debt, prevent fraud and to manage the proposer's accounts and insurance policies;

   (c) Check identities to prevent money laundering;
3. Undertake credit searches and additional fraud searches.

The insurer can supply on request further details of the databases that they access or contribute to.

Declaration

I the undersigned hereby confirm that I am duly authorised and do give consent to the use of information as set out above.

I also hereby declare that I am authorised to complete this proposal on behalf of the proposer. I undertake to inform the insurer of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms conditions limitations and exclusions of the policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. Signing of this proposal does not bind the insurer to offer nor the applicant to accept insurance.

Signed*	
Name	
Company position	
Date	

*the signatory should be a director or senior officer of, or a partner of, the company.

NOTICE TO THE PROPOSER

The Insurer
The insurer will be either Markel International Insurance Company Limited or Markel Syndicate 3000 at Lloyd's together with any other subscribing insurer(s).

Prior to any placement being concluded, the proposer will be advised which insurer(s) is/are to write this contract of insurance.

The Law of the Insurance Contract
The parties to this proposed insurance are free to choose the law applicable to the insurance contract. Unless specifically agreed otherwise with the insurer, the proposed contract will be governed by English law.

General Enquiries
If at any time you have any questions or concerns about your policy or the handling of a claim you should, in the first instance, contact Claims Manager, Professional Liability Division, 20 Fenchurch Street, London EC3M 3AZ.

Complaints Procedures

Markel Syndicate 3000
If you are insured by Markel Syndicate 3000 and in the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to the Compliance Officer, Markel Syndicate Management Limited (Lloyd's Managing Agent for Syndicate 3000), 20 Fenchurch Street, London EC3M 3AZ or the Policyholder and Market Assistance Team at Lloyd's.

Their address is:
Policyholder and Market Assistance, Market Services, Lloyd's, One Lime Street, London, EC3M 7HA
Tel: 020 7327 5693 Fax: 020 7327 5225 e-mail: complaints@lloyds.com.

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and also available from the above address.

If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service.

Following this complaints procedure does not affect your right to take legal action or to any other remedy available to you.

The Financial Ombudsman Service's contact details are:
Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR
website: www.financial-ombudsman.org.uk email: complaint.info@financial-ombudsman.org.uk
phone: 0800 023 4567 or 0300 123 9123

Markel Syndicate 3000 at Lloyd's of London
Markel Syndicate 3000 is a syndicate at Lloyd's of London. The Lloyd's Managing Agent for Markel Syndicate 3000 is Markel Syndicate Management Limited, registered in England and Wales, with its registered office at 20 Fenchurch Street, London EC3M 3AZ. Markel Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Financial Services Register No.: 204953).

Markel International Insurance Company Limited
If you are insured by Markel International Insurance Company Limited and in the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to the Compliance Officer, Markel International Insurance Company Limited, 20 Fenchurch Street, London EC3M 3AZ.

If you are not satisfied with our final response to your complaint, you may have the right to refer the matter to the Financial Ombudsman Service without affecting your right to take legal action or to any other remedy available to you.

The Financial Ombudsman Service's contact details are:
Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR
website: www.financial-ombudsman.org.uk email: complaint.info@financial-ombudsman.org.uk
phone: 0800 023 4567 or 0300 123 9123

Markel International Insurance Company Limited
Markel International Insurance Company Limited, registered in England and Wales, with its registered office at 20 Fenchurch Street, London EC3M 3AZ. Markel International Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Financial Services Register No.: 202570).