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# Pension Trustee Liability Run-Off and Overlooked Beneficiary Insurance

## INDICATION FORM

### Notes on Completing this Form

*Please answer all the questions in this Indication Form. The information provided and received will be treated in confidence.*

*If you need more space to answer any question more fully, please attach a separate sheet.*

*Completion of this Indication Form does not in itself bind Universal Legal Protection Ltd, any Insurer or the Proposer to any contract. But in the event of an Insurance Policy being issued pursuant to this Indication Form, this Indication Form may constitute part of that Policy.*

*Please be aware that the Proposer must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015.*

# 1. SCHEME DETAILS

a)	Name of Pension Scheme:					
b)	Name & Address of Sponsoring Employer:					
c)	Please advise the type of Scheme:	Defined Benefit <i>(final salary)</i>		Defined Contribution <i>(money purchase)</i>		
		YES	NO	YES	NO	
d)	When was the Scheme established?					
e)	When did the Scheme close?					
f)	Please advise the date the Scheme will commence/ commenced wind-up:					
g)	What is the anticipated date for completion of wind-up?					
h)	Why is the Scheme being wound-up?					
i)	Please state the number of members in the Scheme:		Before Wind-Up Commenced	Today		
		Total				
		Current Active				
		Deferred Pensioners				
j)	What were the value of the Scheme Assets at their highest?	£				
k)	What were the value of the Scheme Assets at the date wind-up commenced?	£				
l)	Is the Scheme currently in:	Surplus		Deficit		
		YES	NO	YES	NO	
		If 'YES', please specify by how much:			£	
m)	Please provide any further commentary on the latest Funding position of the Scheme:					
n)	Please advise the total number of Trustees on the Scheme:	Professional Trustees	Member-Nominated	Employer-Nominated	Corporate Trustees	Other Trustees

## 2. INSURANCE DETAILS

a)	Is cover required for:	Run-Off		Overlooked Beneficiaries		
		YES	NO	YES	NO	
b)	Limit of Indemnity required:	Option 1		Option 2		
		£		£		
c)	Does the Scheme have a current Pension Trustee Liability Insurance policy in place?	YES		NO		
		If 'YES' please advise:	Insurer	Renewal Date		
d)	Do the Scheme Rules allow for the Premium to be paid from the Fund?	YES		NO		
e)	Have any other parties been approached for Run-Off or OBI Insurance?	YES		NO		
		If 'YES' Please advise to which Insurers:				

## 3. DECLARATION

I, the undersigned, hereby declare that to the best of my knowledge and belief the answers given and the information provided in this Form are true. I agree that, although the signing of this Form does not bind us to effect insurance, these particulars may be the basis of the contract should an Insurance Policy be issued and may be incorporated in that Policy.

<b>Signature</b>	<b>Name and Position</b>
	<b>Date</b>

## DATA PROTECTION

By signing this Indication Form, you consent to Universal Legal Protection Ltd ('ULP') using the information we hold about you for the purpose of sourcing indications of terms and conditions for Pension Trustee Liability Insurance, and to process sensitive personal data about you where this is necessary. This will mean passing on your details to third parties for the purposes of seeking such indications. The information provided by you will be treated by us in confidence and, where appropriate, in compliance with the relevant Data Protection legislation (ULP's Data Protection Registration Number is Z8243277). You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

***When completed, please forward this Indication Form together with any accompanying information to Universal Legal Protection Ltd (see front page for email, DX or postal address).***

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