

# Personal Guarantee Insurance

## Application form

Please send completed applications to:  
[contact@purbeckpgi.ca](mailto:contact@purbeckpgi.ca)



**Regulatory:**

Purbeck Insurance Services is underwritten by the Canadian Branch of Markel International Insurance Company Limited, which is authorized to carry on insurance business in Canada and supervised by the Office of the Superintendent of Financial Institutions (OSFI).

This means Purbeck Insurance Services do not provide advice or recommendations in respect of our products.

You should seek your own independent advice if you need to know whether our product meets your requirements.

**Fair presentation of risk:**

This is the information which we have based your policy terms and conditions upon.

For the purpose of this insurance this constitutes your fair presentation of risk.

*A fair presentation* of the risk is one which discloses to us every material circumstance which you know of or ought to know of, or gives us sufficient information to put us on notice that we will need to make further enquiries for the purpose of revealing those material circumstances, and which makes that disclosure in a manner which is reasonably clear and accessible to us, and in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith,

A material circumstance is one that would influence our decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in doubt as to whether a circumstance is material you should disclose it to us.

**You must notify us within 14 days of inception / renewal of any inaccuracies or changes required in respect of the assumptions below.**

Where corrections or changes are required we may recalculate the policy terms and conditions accordingly. Failure to advise us of corrections or changes or to make a fair presentation of the risk could prejudice, reduce or modify your rights under the policy.

## 1) Personal Details

### About you:

|                             |  |
|-----------------------------|--|
| Title                       |  |
| First name                  |  |
| Last name                   |  |
| Middle name (if applicable) |  |
| Date of Birth               |  |

### Your address:

|                      |  |
|----------------------|--|
| House name or number |  |
| Address line 1       |  |
| Address line 2       |  |
| Town                 |  |
| County               |  |
| Postcode             |  |

### Your contact details:

|                           |  |
|---------------------------|--|
| Telephone number (work)   |  |
| Telephone number (mobile) |  |
| Email address             |  |

☐

Please tick this box you confirm that you would like to receive information from Purbeck Insurance about our products and services.

You may withdraw consent at any time by contacting [contact@purbeckinsurance.co.uk](mailto:contact@purbeckinsurance.co.uk)

## 2) Company

### Company name:

|                                        |  |
|----------------------------------------|--|
| Company name (registered)              |  |
| Company number (registered) (optional) |  |

### Company address:

|          |  |
|----------|--|
| Postcode |  |
|----------|--|

### Company history:

|                                                          |                     |
|----------------------------------------------------------|---------------------|
| Company industry sector                                  |                     |
| Number of years in operation<br>Please select one option | More than two years |

### 3) Financing facility and cover details

|                                                                                                                                                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Has the Personal Guarantee been signed yet?                                                                                                    | Yes          |
| If "Yes", when was the Personal Guarantee signed?                                                                                              |              |
| Type of loan<br>Please select one option                                                                                                       | Other        |
| Name of lender                                                                                                                                 |              |
| Value of loan (£)<br>Please state to the nearest £1,000                                                                                        |              |
| What amount (£) of Personal Guarantee Insurance is required<br>Maximum of:<br>- \$800,000 for secured loans<br>- \$1,000,000 for secured loans |              |
| Are there additional guarantors for this Personal Guarantee?                                                                                   | I don't know |
| When do you want the Personal Guarantee Insurance to start?                                                                                    |              |
| What is the reason for taking out the finance?                                                                                                 |              |

#### 4) Declaration

(please select from drop-down)

|                                                                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| You confirm that the business maintains comprehensive business insurance cover relating to the loss or damage to all physical assets in respect of which the personal guarantee has been given?                                                                                                        |  |
| Have you ever been declared bankrupt?                                                                                                                                                                                                                                                                  |  |
| Have you ever been disqualified as a Director or been under investigation for disqualification as a Director?                                                                                                                                                                                          |  |
| Have you ever been a Director of a business that has gone through an insolvency process? Insolvency Processes can include but are not limited to: County Court Judgements (CCJ), Creditors Voluntary Arrangements (CVA), Creditors Voluntary Liquidation (CVL) Winding Up Petitions or Freezing Orders |  |
| Have you ever been a Director of a business that has been under investigation by Customs and Excise or the Inland Revenue                                                                                                                                                                              |  |
| In the last three months have you or the business become aware of any liability (whether actual, contingent or perceived) which cannot be met within 30 days of the due date from the businesses available cash resources?                                                                             |  |
| In the last three months have you or the business become aware of any one or more debts owed to the business that has become bad or doubtful and which is likely to have a materially adverse effect on the business and its ability to its debts as they fall due?                                    |  |
| Has the business experienced a loss of investor, significant customer or significant supplier in the last 6 months?                                                                                                                                                                                    |  |
| Are you aware of any material information that may have an adverse effect on the business and its ability to meet its obligations over the next 6 months?                                                                                                                                              |  |
| Can you confirm that the company is solvent at the time of this declaration?                                                                                                                                                                                                                           |  |
| After enquiry I confirm that the above statements and all other information are correct to the best of my knowledge and belief. If such statements and particulars are entered by any other person, such person shall be deemed to have been my/our agent for the purpose of filling in the same.      |  |

**Signature:** ☐ Please note: By ticking this box you are providing us with your electronic signature.

**Name:**

**Date:**

Please send completed applications to  
[contact@purbeckpgi.ca](mailto:contact@purbeckpgi.ca)

**Purbeck Insurance Services**

T. +1 (647)946-7816

E. [contact@purbeckpgi.ca](mailto:contact@purbeckpgi.ca)

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Please use the space below to provide further information in relation to the Declaration responses or your application:



Purbeck Insurance Services is a trading name of Purbeck Underwriting (Canada) Limited.

Personal Guarantee Insurance is underwritten by the Canadian Branch of Markel International Insurance Company Limited, which is authorized to carry on insurance business in Canada and supervised by the Office of the Superintendent of Financial Institutions (OSFI).

Please refer to your policy documentation for full terms, conditions, exclusions and eligibility requirements.