

## Court of Protection/Deputy Bond - Proposal Form

**In signing this form you agree to a credit check by the insurers if you are acting in a non-professional capacity. Please complete as fully as possible in BLOCK CAPITALS.**

**Details of Bond**

Full name of the person for whom you are/are to be the deputy .....

Court Reference .....

Amount of Bond required by the Court £.....

**Details of the deputy(ies)**

**Deputy 1**

Full name (inc. title) .....

Full Postal Address .....

.....Postcode.....

Date of Birth ...../...../.....

Telephone number (inc. STD code) .....

Email address .....

Will you be acting in a professional capacity covered by Professional Indemnity insurance for your firm? Y/N

**Deputy 2 (If more than one Deputy to act. If more than two please give the same details for each additional deputy on a continuation sheet**

Full name (inc. title) .....

Full Postal Address .....

.....Postcode.....

Date of Birth ...../...../.....

Telephone number (inc. STD code) .....

Email address .....

Will you be acting in a professional capacity covered by Professional Indemnity insurance for your firm? Y/N

**Declaration**

I/We hereby declare and agree that to the best of my/our knowledge and belief the above particulars are true and that this and any other written statements made by me/us, or on my/our behalf for the purposes of the proposed insurance shall form the basis of and be incorporated in the contract between me/us and the insurer and I/we know of no reason why the Insurer should not grant the proposed guarantee.

Date: .....

Signature of **ALL** deputies): .....

Name(s) of Signatory(ies): .....