

Pension Trustee Liability Indication Request



Below is the information we require in order to provide an Indication of Premium. If you wish to obtain a full firm quotation, please complete a copy of our New Member Application Form or speak to a member of our team.

Name of Sponsoring Employer:			
Address:			
Business Description:			
Name of Pension Scheme/s:			
Scheme Assets:		Scheme Type: (DB/DC, Master Trust etc.)	
Is there a Sole Professional Trustee in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Level of Cover req (£500k - £40M):	
Please supply a copy of:	Latest Scheme Report & Accounts		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			
Position:			
Email:			
Date Completed:		Deadline for Indication:	

Please return your completed Request form to enquiries@opdu.com or your relevant point of contact in order to obtain a rough premium indication. Premium indications are valid for 30 days, after which point they will require revalidating.