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| **Section 1 –  Your company** | You must ensure that all information you give in this proposal form incorporates that for all subsidiaries; including income, business activities, and claims information. | | | |
| 1.1 Your company details | Name: | |  | |
|  |  | | | |
|  | Policy number: | |  | |
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| **Section 2 –  Risk information** |  | | | |
| 2.1 | a. | Are all payments to third parties authenticated before payment is released? | | Yes  No |
|  | b. | Are unique passwords used to give various levels of entry to the computer system depending on the users authorisation and automatically withdrawn when people leave? | | Yes  No |
|  | c. | Do you use multi-factor authentication for administrator account logins and remote access? | | Yes  No |
|  | d. | Do you always make independent checks into prospective employees’ employment history, check their suitability for the position and obtain satisfactory references? | | Yes  No |
|  | e. | Do you have a process of checking an employee’s suitability to a  new position of trust involving the handling of money, financial or treasury functions? | | Yes  No |
|  | f. | Do you have dual controls in place to ensure strict compliance with  the dual controls so that at least two people are required to process financial transactions, including but not limited to the drawing and signing of cheques, electronic fund transfers, opening new bank accounts or amending signatory details? | | Yes  No |
|  | g. | Do you have procedures in place that prevent one individual from appointing suppliers or awarding contracts without referral to others? | | Yes  No |
|  | h. | Are bank statements independently reconciled by those not permitted to make payments, including the drawing and signing of cheques and use of electronic funds transfers, at least every 30 days? | | Yes  No |
|  | i. | Are monthly management reports examined for variances against budget forecasts with any variances investigated? | | Yes  No |
|  | j. | Are wages/salaries independently checked against personnel records for unusual or excessive payments? | | Yes  No |
|  | k. | Are passwords automatically withdrawn when people leave? | | Yes  No |
|  | l. | Can payment instructions only be made to accounts which are  pre-determined as an approved beneficiary? | | Yes  No |
|  | m. | In the last five years, if you have suffered any employee theft, forgery, computer fraud or any other type of crime or deception losses, have you put controls in place to prevent losses of this nature, or using the same method, taking place again? | | Yes  No  N/A |
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| 2.2 Further information,  if applicable | Please provide further information for any questions that you answered ‘No’ to: | | | |
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| **Section 3 – Statement of fact** |  | | | | |
| 3.1 | a. | Are you aware of any fraud or dishonesty, at any time, of any present  or former employee? | | | Yes  No |
|  | b. | Are any of your directors, partners or members, after enquiry, aware  of any circumstance which may give rise to a fraud against you or your predecessors in business whether insured or not? | | | Yes  No |
|  | c. | Are you aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present director, partner, member  or employee? | | | Yes  No |
|  | d. | In the last five years, have you suffered any employee theft, forgery, computer fraud or any other crime or deception losses? | | | Yes  No |
|  |  | | | | |
| 3.2 Further information,  if applicable | Please provide further information for any questions that you answered ‘Yes’ to: | | | | |
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| **Section 4 – Declaration** | Please read the declaration carefully and sign at the bottom. | | | | |
| 4.1 Material information | Please provide us with any information which may be relevant to our consideration of your proposal for insurance. If you have doubt over whether something is relevant, please let us have details. | | | | |
|  | Is there anything else that you would like to tell us about you or your business? | | | | Yes  No |
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| 4.2 Using your personal information | Hiscox is a trading name of a number of Hiscox companies. The specific company acting as  a data controller of your personal information will be listed in the documentation we provide  to you. If you are unsure you can also contact us at any time by telephoning 01904 681198  or by emailing us at dataprotectionofficer@hiscox.com.  We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.  We may record telephone calls to help us monitor and improve the service we provide.  For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy. | | | | |
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| 4.3 Declaration | I/we confirm that the information given in this questionnaire and any supplemental information provided, is true, accurate and complete.  I/we have made a fair presentation of the risk and have disclosed all facts and circumstances which would be material to your acceptance or assessment of the risk in a reasonably clear and accessible manner, whether or not those facts or circumstances were the subject of a specific question in this proposal form. I/we confirm that I/we have conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. If there are any material facts or circumstances not covered by a specific question on this proposal form, I/we have listed these on a separate sheet of paper which is signed and dated and attached to this proposal form.  I/we understand that if I/we deliberately or recklessly failed to present the risk to you fairly, you may treat this insurance as if it never existed and refuse to make any payment under it. I/we understand that I/we must reimburse all payments already made by you and that you will  also be entitled to retain all premiums paid.  I/we understand that if I/we failed to present the risk to you fairly but that failure was not deliberate or reckless, the remedy available to you will depend upon what you would have done if I/we had made a fair presentation of the risk. I/we understand that you may: | | | | |
|  |  | treat this insurance as if it never existed and refuse to make any payment under it.  I/we must reimburse all payments already made by you. You will refund any premium  I/we have paid; or | | | |
|  |  | amend the terms and conditions of this insurance and apply those amended terms and conditions from the start of the period of insurance. I/we understand that this may result  in a particular claim or loss not being paid. I/we will reimburse you for any payment already made that would not have been paid if such terms had been in effect; and/or | | | |
|  |  | reduce the amount of any claim in proportion to the premium that you would have charged if I/we had fairly presented the risk to you. I/we understand that this remedy  may apply in addition to those shown in b. above. | | | |
|  | Please note that the signing of this proposal form does not bind you to complete or us to accept this insurance.  The person signing this proposal form is duly authorised to do so on behalf of the proposer. | | | | |
|  |  | | | | |
|  | Name of Chairman/Chief Executive (or equivalent) | | | | |
|  |  | |  |  | |
|  | |
| /  / | |
|  | Signature | |  | Date | |
|  |  | |  |  | |
|  | **A copy of this proposal should be retained for your records.** | | | | |
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| 4.4 Complaints | Hiscox aims to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times Hiscox are committed to providing you with the highest standard of service.  If you have any concerns about your policy or you are dissatisfied about the handling of a claim and wish to complain you should, in the first instance, contact Hiscox Customer Relations in writing at:  Hiscox Customer Relations The Hiscox Building Peasholme Green York YO1 7PR  or by telephone on 0800 116 4627 or 01904 681 198 or by email at customer.relations@hiscox.com.  Where you are not satisfied with the final response from Hiscox you also have the right to  refer your complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk. | | | | |