|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | The Hiscox Professional Insurance portfolio is designed to meet all the insurance needs of SME financial services companies. | | | |
| **Which sections should you complete?** | Section | | Title | Should you complete it? |
| 1. | | You and your business | **All businesses must complete this section** |
| 2. | | Claims and losses | **All businesses must complete this section** |
|  | 3. | | Your activities | **All businesses must complete this section** |
|  | 4. | | Professional indemnity | Please complete this section if you require this cover |
|  | 5. | | Directors and officers’ liability | Please complete this section if you require this cover |
|  | 6. | | Crime | Please complete this section if you require this cover |
|  | 7 . | | CyberClear | Please complete this section if you require this cover |
|  | 8. | | Crisis containment | Please complete this section if you require this cover |
|  | 9. | | Contents and money | Please complete this section if you require this cover |
|  | 10 | | Property away and in transit | Please complete this section if you require this cover |
|  | 11. | | Public and products liability | Please complete this section if you require this cover |
|  | 12. | | Employers’ liability | Please complete this section if you require this cover |
|  | 13. | | Material information | **All businesses must complete this section** |
|  | 14. | | Declaration | **All businesses must complete this section** |
|  |  | |  |  |
| **This proposal form** | In deciding whether to accept the insurance and in setting the terms and premium, we  have relied on the information you have given us.  You must: | | | |
|  |  | give a fair presentation of the risk to be insured (a fair presentation is one which  clearly discloses in a reasonably clear and accessible manner all material facts  which you,including your senior management and those responsible for arranging  this insurance, know or ought to know following a reasonable search); | | |
|  |  | take care when answering any questions we ask by ensuring that all information  provided is accurate and complete; and | | |
|  |  | conduct a reasonable search of information available (including information held by  third parties) and disclose all material facts and circumstances in a reasonably clear  and accessible manner, whether or not those facts and circumstances are the subject  of a specific question in this proposal form. | | |
|  | **A material fact or circumstance is one which is likely to influence our acceptance or assessment of this proposal. If you are in any doubt as to what constitutes a material  fact or circumstance you should consult your insurance broker.** | | | |
|  | Your answers must be clear. You must answer all questions fully and tick all relevant boxes. | | | |
|  | If: | | | |
|  |  | there is insufficient space provided for you to answer questions fully; or | | |
|  |  | there are any facts or circumstances that are not covered by a specific question but which are material to the risk; | | |
|  | please list these on a separate sheet of paper which must be signed, dated and attached.  For further details, including the definition of any particular terms used in this proposal form or the policy, or if you are in any doubt about what facts and circumstances should be disclosed, please contact your insurance broker.  You and we are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary this insurance shall be subject to English law. If you have any other preference, please state the law and court which you believe should apply, together with your reasons and we will consider the possibility of applying that law and court. | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 –  You and  your business** | **You must complete this section.**  You must ensure that all information you give in this proposal form incorporates that for all subsidiaries; including income, business activitiesn and claims information | | | | | | | | | |
| **1.1 Your business** | a. | Company name: | | |  | | | | | |
|  |  | | | | | | | | | |
|  | b. | Address: | | |  | | | | | |
|  |  | | | | | | | | | |
|  | c. | Postcode: | | |  | |  | | | |
|  |  | | | | | | | | | |
|  | d. | Website: | | |  | | | | | |
|  |  | | | | | | | | | |
|  | e. | Business description: | | |  | | | | | |
|  |  | | | | | | | | | |
|  | f. | When was the company established? | | | | | | | | /  / |
|  |  | | | | | | | | | |
|  | g. | What is the legal structure of your company? | | | | | | | |  |
|  |  | | | | | | | | | |
|  | h. | Is your business registered and domiciled in the United Kingdom of Great Britain and Northern Ireland, Isle of Man, Channel Islands or Gibraltar, including all subsidiaries? | | | | | | | | Yes  No |
|  | If No, please provide details of foreign subsidiaries below. | | | | | | | | |  |
|  | Name | | | Address  (including country) | | Percentage of total group turnover | | | Business activity | |
|  |  | | |  | |  | | |  | |
|  |  | | |  | |  | | |  | |
|  |  | | |  | |  | | |  | |
|  |  |  | | | | | |  | | |
|  | i. | Has your company changed majority ownership or control in the last 12 months? | | | | | | Yes  No | | |
|  | j. | Is your company expected to change majority ownership or control in the next 12 months? | | | | | | Yes  No | | |
|  | k. | Do you have positive working capital to enable you to meet all  of your liabilities as they fall due? | | | | | | Yes  No | | |
|  | l. | Have you made a profit after tax in the last 12 months? | | | | | | Yes  No  N/A | | |
|  | m. | Do you expect to make a profit after tax in the next 12 months? | | | | | | Yes  No | | |
|  | n. | If you were established within the past 24 months, do you forecast to be generating a profit after tax within three years  of commencing business activities? | | | | | | Yes  No  N/A | | |
|  |  | | | | | | |  | | |
| **1.2 Risk management** | a. | Is every financial transaction and investment or lending decision checked and approved by at least two appropriately qualified directors and/or employees? | | | | | | Yes  No | | |
|  | b. | Do you ensure regulatory compliance via the on-going advice and support of either or both of the following: | | | | | |  | | |
|  |  |  | an internal compliance department headed by a senior employee who is a SMF16; | | | | |  | | |
|  |  |  | an outsourced compliance specialist? | | | | | Yes  No | | |
|  | c. | Prior to its use, is all of your advertising and promotional material checked by a compliance expert for its compliance with FCA rules relating to financial promotions? | | | | | | Yes  No | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | d. | If you undertake unregulated activities, do you ensure that the promotion of your unregulated business does not imply that this activity is regulated by the FCA/ PRA or similar or successor regulatory body? | Yes  No  N/A |
|  |  |  |  |
| **1.3 Your staff** | * a. | * What is the current total number of directors, partners, members and employees within your business? |  |
|  |
|  |  |  |  |
|  | b. | Do you perform independent pre-employment checks into every prospective employee’s (including directors, partners and members) employment history, check their suitability for the position and obtain satisfactory references? | Yes  No |
|  | c. | Have all of your directors, partners and members spent at least the last five years working in the relevant industry to gain experience specific to their roles? | Yes  No |
|  |  |  |  |
| **1.4 Territories** | a. | * Are the majority of your customers domiciled in the UK or Europe with no more than 25% of your total revenue relating  to customers domiciled in the USA and Canada? | Yes  No |
|  | b. | * Do you enter into agreements which are subject to the jurisdiction of the US or Canadian courts? | Yes  No |
|  | c. | Do you have any customers domiciled in the European Economic Area (excluding the UK) or do you conduct any activities within the European Economic Area (excluding the UK)? | Yes  No |
|  | d. | Do you have appropriate regulatory permission to work with these customers and conduct these activities post Brexit? | Yes  No  N/A |
|  | e. | Have you sought and followed legal advice to ensure compliance with post Brexit amendments to regulation? | Yes  No  N/A |
|  |  |  |  |
| **1.5 Your turnover** | * a. | Please enter your business turnover for the last complete financial year (if your business is a new start-up, please enter your estimated business turnover for your first trading year). |  |
| £ |
|  |  |  |  |
|  | * b. | Please enter your estimated business turnover for the current financial year (if your business is a new start-up, please enter your estimated business for your second trading year). |  |
| £ |
|  |  |  |  |
|  | * c. | Please enter your estimated business turnover for the next  financial year. |  |
| £ |
|  |  |  |  |
| **1.6 FCA status** | a. | What is your current status with the Financial Conduct Authority? | |
|  |  | Authorised |  |
|  |  | PSD (small or authorised payment institution) |  |
|  |  | Authorised and PSD (small or authorised payment institution) |  |
|  |  | Appointed representative |  |
|  |  | Small or authorised electronic money institution |  |
|  |  | EEA authorised |  |
|  |  | No longer registered |  |
|  |  | Not registered |  |
|  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| **1.7 Business activities** | a. | Please enter the percentage of your total revenueagainst each of the following activities **for which you require cover** (must total 100%). NB: The FCA regulated activities for which you require cover may not include all of the FCA regulated activities that have been granted to you. | | | | |
|  |  | **FCA regulated activities** | | | | **Percentage** |
|  |  | Consumer credit | | | | % |
|  |  | Designated investment business | | | | % |
|  |  | FCA regulated home finance | | | | % |
|  |  | Small/authorised electronic money institution | | | | % |
|  |  | PSD: small/authorised payment institution | | | | % |
|  |  | Deposit-taker | | | | % |
|  |  | **Unregulated activities** (If so, please provide full details of your unregulated activities in the box below) | | | | % |
|  |  | **Total** | | | | **100%** |
|  |  |  | | | | |
|  |  | Please provide a detailed description of your unregulated activities: | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  | b. | **We will only cover you for your regulated business activities associated with the FCA permissions listed below.**  **Please select only those FCA permissions that you are authorised to use and for which you require cover. NB:**  **The FCA permissions for which you require cover may not include all of the**  **FCA permissions that have been granted to you.** | | | | |
|  |  |  | | | | |
|  |  | **Consumer credit activities** | | | |  |
|  |  | Entering into an FCA regulated credit agreement as lender | | | |  |
|  |  | Exercising, or having the right to exercise, the lender’s rights and duties under an FCA regulated credit agreement | | | |  |
|  |  | Credit broking | | | |  |
|  |  | Debt adjusting | | | |  |
|  |  | Debt counselling | | | |  |
|  |  | Debt collecting | | | |  |
|  |  | Debt administration | | | |  |
|  |  | Entering into an FCA regulated consumer hire agreement as owner | | | |  |
|  |  | Exercising, or having the right to exercise, the owner’s rights and duties under an FCA regulated consumer hire agreement | | | |  |
|  |  | Providing credit information services | | | |  |
|  |  | Providing credit references | | | |  |
|  |  | Operating an electronic system in relation to lending | | | |  |
|  |  | **Designated investment business** | | | |  |
|  |  | Advising on investments (except pension transfers/opt outs) | | | |  |
|  |  | Advising on P2P (peer-to-peer) agreements | | | |  |
|  |  | Arranging (bringing about) deals in investments | | | |  |
|  |  | Making arrangements with a view to transactions in investments | | | |  |
|  |  | Dealing in investments as agent | | | |  |
|  |  | Dealing in investments as principal | | | |  |
|  |  | Managing investments | | | |  |
|  |  | Arranging safeguarding and administration of assets | | | |  |
|  |  | Safeguarding and administration of assets (without arranging) | | | |  |
|  |  | Sending dematerialised instructions | | | |  |
|  |  | Causing dematerialised instructions to be sent | | | |  |
|  |  | Managing a UCITS (undertakings for collective investment in transferable securities) | | | |  |
|  |  | Managing an AIF (alternative investment fund) | | | |  |
|  |  | Managing an unauthorised AIF | | | |  |
|  |  | Establishing, operating or winding-up a collective investment scheme | | | |  |
|  |  | Operating a multilateral trading facility | | | |  |
|  |  | Operating an organised trading facility | | | |  |
|  |  | **FCA regulated home finance** | | | |  |
|  |  | Advising on FCA regulated mortgage contracts | | | |  |
|  |  | Arranging (bringing about) FCA regulated mortgage contracts | | | |  |
|  |  | Making arrangements with a view to FCA regulated mortgage contracts | | | |  |
|  |  | Entering into a FCA regulated mortgage contract | | | |  |
|  |  | Administering a FCA regulated mortgage contract | | | |  |
|  |  | **Small/authorised electronic money institution** | | | |  |
|  |  | Services enabling cash placement on a payment account | | | |  |
|  |  | Services enabling cash withdrawals from a payment account | | | |  |
|  |  | Execution of payment transactions (not covered by a credit line) | | | |  |
|  |  | Execution of payment transactions (covered by a credit line) | | | |  |
|  |  | Issuing payment instruments or acquiring payment transactions | | | |  |
|  |  | Money remittance | | | |  |
|  |  | Execution of payment transactions via telecoms, IT system or  network operator | | | |  |
|  |  | Issuing electronic money | | | |  |
|  |  | **PSD: small/authorised payment institution** | | | |  |
|  |  | Services enabling cash to be placed on a payment account as well  as all the operations required for operating a payment account | | | |  |
|  |  | Services enabling cash withdrawals from a payment account as well  as all the operations required for operating a payment account | | | |  |
|  |  | Issuing and/or acquiring of payment instruments | | | |  |
|  |  | Money remittance (permission to provide payment services) | | | |  |
|  |  | Executing payment transactions (credit line) | | | |  |
|  |  | Executing payment transactions (no credit line) | | | |  |
|  |  | Account information services provider | | | |  |
|  |  | Payment initiation services provider | | | |  |
|  |  | **Deposit-taker** | | | |  |
|  |  | Accepting deposits | | | |  |
|  |  |  | | | |  |
|  |  |  | | | |  |
|  | c. | Do your activities include the provision of advice to your customers or third-party capital providers? | | | | Yes  No |
|  | d. | Do you expect any significant changes to the business activities you have declared above, in the next 12 months? | | | | Yes  No |
|  |  |  | | | |  |
| **Section 2 –  Claims and losses** | **You must complete this section.** | | | | | |
| a. | Have you, or any of your directors or partners, or any business in which they have been involved or connected with, ever been declared bankrupt, become insolvent, been the subject of bankruptcy or insolvency proceedings, made any voluntary arrangement with creditors or  been subject to enforcement of a judgment debt, either in a  personal capacity or in connection with a business liability? | | | | Yes  No |
|  | b. | Have you or any of your directors or partners, or any business in which they have been involved or connected with, ever been convicted, charged or investigated in relation to any actual, potential or alleged offence (including a civil penalty from the UK Border Agency), other than a motoring offence or conviction spent under the Rehabilitation  of Offenders Act 1974? | | | | Yes  No |
|  | c. | Has any regulatory authority ever: | | | |  |
|  |  |  | refused an application by you for authorisation or a permission  to carry on any particular type of specified activity; | | |  |
|  |  |  | withdrawn your authorisation; | | |  |
|  |  |  | withdrawn or varied your permissions; orexpressed any criticisms or concerns in relation to the conduct of your business or your compliance with your regulatory permissions? | | |  |
|  |  |  | expressed any criticisms or concerns in relation to the conduct of your business or your compliance with your regulatory permissions? | | | Yes  No |
|  | d. | Have you ever had insurance or a proposal cancelled, withdrawn, declined or made subject to special terms? | | | | Yes  No |
|  | e. | In the last ten years, have there been any claims or investigations made against you, your directors, partners, members or employees, which may have been covered by this insurance had it been in force? | | | | Yes  No |
|  | f. | In the last ten years, have there been any losses sustained by you,  your directors, partners or members which, may have been covered  by this insurance had it been in force? | | | | Yes  No |
|  | g. | Are you aware of any fact, circumstance, incident or complaint that  could give rise to a claim, loss or investigation that may be covered  under this policy? | | | | Yes  No |
|  | Please provide further information for any questions you have answered Yes to: | | | | | |
|  |  | | | | | |
|  |  |  | | |  | |
| **Section 3 –  Your activities** | **You must complete this section.** | | | | | |
|  | a. | * If your current status with the Financial Conduct Authority is ‘appointed representative’, has your business plan been approved by your principal, who has checked all of the following: | | |  | |
|  |  |  | experience of the senior management; |  | | |
|  |  |  | adequacy of resources; |  | | |
|  |  |  | the nature of the business activities; |  | | |
|  |  |  | the identity of the clients; |  | | |
|  |  |  | the regulatory permissions needed; |  | | |
|  |  |  | adherence to regulatory compliance; |  | | |
|  |  |  | marketing and/or distribution of services; and |  | | |
|  |  |  | financial projections? | Yes  No  N/A | | |
|  | b. | Do you act as principal to any appointed representatives for  regulatory purposes? | | Yes  No | | |
|  | c. | Do you want to extend your cover to include work within the USA  and Canada? | | Yes  No | | |
|  | d. | Do you give any tax or legal advice to your customers? | | Yes  No | | |
|  | e. | Do you have any retail (investment) customers who do not fall into one of the following FCA handbook COBS definitions: | |  | | |
|  |  |  | certified restricted investors; |  | | |
|  |  |  | certified high-net-worth investors; |  | | |
|  |  |  | certified sophisticated investors; |  | | |
|  |  |  | self-certified sophisticated investors; or |  | | |
|  |  |  | elective professional clients? | Yes  No | | |
|  | f. | Do you give advice to retail (investment) customers? | | Yes  No | | |
|  | g. | Do you undertake any insurance work, including non-investment insurance or life policy work? | | Yes  No | | |
|  | h. | Does any of your work relate to blockchain technology, including cryptocurrencies or initial coin offerings (ICOs)? | | Yes  No | | |
|  | i. | Do you advertise to your retail investors the opportunity to make  more than a 15% per annum return on their capital invested? | | Yes  No  N/A | | |
|  | j. | In the last five years (or since establishment if less than five years old), did all of your funds and portfolios of investments, including those you advised upon or introduced investors to, return at least the invested capital? | | Yes  No  N/A | | |
|  | k. | In the next five years, are all of your funds and portfolios of investments, including those you advise upon or introduce investors to, forecast to return at least the invested capital? | | Yes  No  N/A | | |
|  | l. | In the last five years (or since establishment if less than five years old), have any of your funds or portfolios of investments including those you advised upon or introduced investors to, underperformed from initial expectations? | | Yes  No  N/A | | |
|  | m. | Do you pay commissions or fees to those who market or introduce customers to your investments of greater than  3.5% of funds invested? | | Yes  No | | |
|  | n. | Do you receive commissions or fees of greater than 3.5% of funds invested for introducing your customers to investment products? | | Yes  No | | |
|  | o. | Does any of your work involve the creation, design, sale, marketing or distribution of instruments created through securitisation? | | Yes  No | | |
|  | p. | Do you undertake any capital raising activities for any publicly quoted company or any company endeavouring to become publicly quoted? | | Yes  No | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | q. | Are your equity raising activities only via private placements and limited to SME companies with a capitalisation not exceeding £50 million? | Yes  No  N/A |
|  | r. | Are your dealing limits clearly defined in an internal  procedures manual? | Yes  No  N/A |
|  | s. | Do your underlying investments or any investments that you advise upon, or introduce customers to have more than a 10% allocation to property? | Yes  No  N/A |
|  | t. | Are you independent from any issuer of the investments that  you market or distribute? | Yes  No  N/A |
|  | u. | Do you undertake any structured finance work for your customers, other than where acting as an intermediary between either eligible counterparties or professional customers? | Yes  No |
|  | v. | Do you undertake any underwriting of investments? | Yes  No |
|  | w. | Are you responsible for the clerical accuracy, verification or ultimate realisation of your customers’ financial forecasts, budgets or projections? | Yes  No |
|  | x. | Are you responsible for the clerical accuracy or verification  of your customers’ financial accounts? | Yes  No |
|  | y. | If you provide any of your business activities via the web or via an app and such platform’s technology were to fail or become unavailable, is this more likely to result in: |  |
|  |  | an insignificant loss (more of a nuisance); |  |
|  |  | an immediate and significant financial loss; |  |
|  |  | a cumulative and significant financial loss; or |  |
|  |  | N/A (i.e. do not provide any business activities via the web/ an app). |  |
|  | z. | Do you design or sell your software products or services to any  third-party financial services companies? | Yes  No |
|  | aa. | Do you waive your ability to subrogate from your outsourced service providers employed by you to facilitate your  business activities? | Yes  No |
|  | bb. | Have you written off more than 2.5% of your loans in the past  12 months? | Yes  No  N/A |
|  | cc. | Do you expect to write off more than 2.5% of your loans over the next 12 months? | Yes  No  N/A |
|  | dd. | Do you ensure any loan you intermediate or are a party to is secured on assets verified by an appropriate professional third party, with a maximum unencumbered loan to value ratio of 75% or less? | Yes  No  N/A |
|  | ee. | Do you provide or introduce customers to loans with an interest rate higher than 25% APR? | Yes  No |
|  | ff. | Have you ever been, or do you expect to be involved in the selling, marketing or managing of any debt instrument which is or is intended to be issued to any consumer, where such instrument is not traded on an FCA-recognised investment exchange?  (‘debt instrument’ includes any security which you know the consumer has held or sought to hold in an IFISA, or any ‘mini-bond’, but excludes any debt owed by the consumer; ‘consumer’ means any natural person acting for purposes outside his trade, business or profession). | Yes  No |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4 – Professional indemnity** | **Please complete this section if you would like your quotation to include cover for professional indemnity.** | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Please select the limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | £500,000 | | | | | | | | £1,000,000 | | | | | £1,500,000 | | | | | | | | |
|  |  | | £2,000,000 | | | | | | | | £3,000,000 | | | | | £5,000,000 | | | | | | | | |
|  | b. | | Have you ever bought professional indemnity or professional liability insurance in the past? | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | c. | | Retroactive date of existing policy (if applicable): | | | | | | | | | | | | | | | | | | | /  / | | |
|  |  | |  | | | | | | | | | | | | | | | | | | |  | | |
| **Section 5 –  Directors and officers’ liability** | **Please complete this section if you would like your quotation to include cover for directors and officers’ liability.** | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Please select the limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | |
|  | | £500,000 | | | | | | | | £1,000,000 | | | | | £1,500,000 | | | | | | | | |
|  |  | | £2,000,000 | | | | | | | | £3,000,000 | | | | | £5,000,000 | | | | | | | | |
|  | b. | | Are your shares or debt traded on any regulated exchange? | | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | c. | | Have you ever bought directors and officers’ liability insurance  in the past? | | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | d. | | Do your total assets exceed your total liabilities in your latest  annual accounts? | | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
|  | e. | | Have your accounts ever been subject to a ‘qualified opinion’  from your auditor? | | | | | | | | | | | | | | | Yes  No | | | | | | |
|  |  | |  | | | | | | | | | | | | | | |  | | | | | | |
| **Section 6 – Crime** | **Crime cover may only be purchased with professional indemnity and/or directors and officers’ liability cover. Please complete this section if you would like your quotation  to include cover for crime. Please note, for some risks we may also require you to complete a supplementary questionnaire.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | Please select the limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | £500,000 | | | | | | | | | £1,000,000 | | | | | £1,500,000 | | | | | | | |
|  |  | | £2,000,000 | | | | | | | | | £3,000,000 | | | | | £5,000,000 | | | | | | | |
|  | b. | | Do you enforce the use of unique passwords to give various levels of entry to your computer system depending on the users authorisation and is access automatically withdrawn when people leave? | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | c. | | After enquiry, are you aware of any actual or alleged fraud or dishonesty of any present or former employee (including directors, partners and members) at any time? | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | d. | | Have you ever bought crime insurance in the past? | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | Retroactive date of existing policy (if applicable): | | | | | | | | | | | | | | | | | | | /  / | | |
|  |  | |  | | | | | | | | | | | | | | | | | | |  | | |
| **Section 7 – CyberClear** | **Optional – only complete this section if this insurance cover is required.**  **Please note that if you are unable to answer no to any of the below questions, or require a limit of indemnity greater than £100,000, we will require you to complete  the standard Hiscox CyberClear proposal form for our further consideration.  Please speak to your broker for further information.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | Please select the limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | £50,000 | | | | | | £100,000 | | | | £250,000 | | | | | | £500,000 | | | | | |
|  |  | | (Higher limits available on request) | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | Do you hold or process more than 20,000 customer records? | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | c. | | Where customer records are held, do you hold any customer records which include payment card data? | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | d. | | Do you have any customer records with sensitive data that are not encrypted, including but not limited to those held on your network,  in transit, outside of your network (including any service providers), mobile computing devices and portable storage devices? | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | e. | | Do you require cover for any US incorporated companies? | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  |  | |  | | | | | | | | | | | | | | | | | | | |  | |
| **Section 8 –  Crisis containment** | **Optional – only complete this section if this insurance cover is required.** | | | | | | | | | | | | | | | | | | | | | | | |
| Would you like your quotation to include a £25,000 limit for crisis containment cover? | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  |  | |  | | | | | | | | | | | | | | | | | | | |  | |
| **Section 9 –  Contents and money** | **Optional – only complete this section if this insurance cover is required.** | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Please provide the value of general contents within the premises to  be insured: | | | | | | | | | | | | | | | | | | | | £ | | |
|  | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | b. | | Please provide the value of computers and ancillary equipment within the premises to be insured: | | | | | | | | | | | | | | | | | | | | £ | | |
|  | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | c. | | Second address (if applicable) including postcode: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | d. | | Is the building built of brick, stone or concrete and roofed with slate, tiles, concrete or metal? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | e. | | Is the building occupied solely as an office? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | f. | | Do you share your working space with anyone else, without security provisions between you? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | g. | | * Does your working space meet the following requirements: | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | * 1. | | all doors, other than any designated fire exit, providing a final point of entrance to or exit from the insured premises are secured by a key operated lock which engages with the door frame and can be engaged from both sides; | | | | | | | | | | | | | | | | | |  | | |
|  |  | | * 2. | | all designated fire exits are secured by: | | | | | | | | | | | | | | | | | |  | | |
|  |  | |  | | a | | a panic bar locking system incorporating bolts which engage both the head and sill of the door frame; or | | | | | | | | | | | | | | | |  | | |
|  |  | |  | | * b. | | a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle or thumb turn mechanism; | | | | | | | | | | | | | | | |  | | |
|  |  | | * 3. | | all windows and skylights which are accessible from the ground or easily reached by climbing are: | | | | | | | | | | | | | | | | | |  | | |
|  |  | |  | | a | | secured by means of a key-operated locking device; | | | | | | | | | | | | | | | |  | | |
|  |  | |  | | * b. | | permanently screwed shut; or | | | | | | | | | | | | | | | |  | | |
|  |  | |  | | * c. | | protected by solid steel bars, not more than 10cm apart, or metal grilles? | | | | | | | | | | | | | | | | Yes  No | | |
|  | h. | | Does the property have a BT Redcare or Dual Communication intruder alarm that is maintained under an annual service contract? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | i. | | Is the electrical installation inspected at least every five years by a suitably qualified electrician and any defect(s) remedied? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | j. | | Does the total value of all claims and losses relating to property to be insured under this policy exceed £2,500 in the last five years? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| **Section 10 –  Property away  and in transit** | | **Optional – only complete this section if this insurance cover is required.** | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Please provide the value of laptops and portable equipment to be covered away from the premises, within: | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | UK: | | | | | | | | | | | | | | | | | | £ | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | Europe (excluding the UK): | | | | | | | | | | | | | | | | | | £ | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | Worldwide (excluding Europe and the UK) | | | | | | | | | | | | | | | | | | £ | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
| **Section 11 – Public and products liability** | | **Optional – only complete this section if this insurance cover is required.** | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Please select the limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | £500,000 | | | | | | £1,000,000 | | | | £1,500,000 | | | | | | £500,000 | | | | | | |
|  | |  | | £2,000,000 | | | | | | £3,000,000 | | | | £5,000,000 | | | | | | £2,000,000 | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
| **Section 12 – Employers’ liability** | | **Optional – only complete this section if this insurance cover is required.** | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | Please enter your annual wage role (assumed 100% clerical): | | | | | | | | | | | | | | | | | | | | £ | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | b. | | Are all of your employees and volunteers normally resident in the United Kingdom of Great Britain and Northern Ireland, the Channel Islands or the Isle of Man? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | c. | | Do you or any of your employees, in the course of their employment, visit the following countries or regions: Afghanistan, Central African Republic, Chad, Democratic Republic of Congo, Iran, Iraq, Israel, Ivory Coast, Libya, Niger, Somalia, South Sudan, Sudan, Syria or Yemen? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | d. | | Do you have an HMRC employer referencenumber (ERN)? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | e. | | Please provide your ERN here? | | | | | | | | | | | | | | | | | | | | £ | | |
|  | | f. | | * If you do not have an ERN, please explain why: | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | You do not have any employees. | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | All employees earn below the current PAYE threshold. | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | Your business is registered outside England, Scotland, Wales  or Northern Ireland. | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
| **Section 13 –  Material information** | | a. | | Please provide us with details of any other information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details: | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | b. | | Is there anything else that you would like to tell us about you or  your business? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Section 14 – Declaration** | | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.1 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. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.2 Declaration** | | I/we confirm that the information given in this proposal form and any supplementary information is correct, 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 | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **We require a signature in ink or a verified electronic signature.** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | On behalf of: | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | Position: | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | Signature: | | | | | |  | | | | | | | Date: | | | | | | /  / | | | | | |
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|  | |  | | | | | |  | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Please check that you have completed all relevant sections then return the signed and dated form(s) to your broker.** | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
|  | You should keep a copy of this form(s) for your records. |
|  |  |
| **14.3 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:  0800 116 4627  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. |