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| --- | --- | --- | --- | --- | --- |
|  | In deciding whether to accept the insurance and in setting the terms and premium, we have relied on the information that you have given us.  You must: | | | | |
|  |  | give a fair presentation of the risk to be insured by disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search; | | | |
|  |  | take care by ensuring that all information provided is correct, accurate and complete. | | | |
|  | Please read the following questions carefully and answer them all providing additional information where required. Please provide answers on a separate sheet of paper if you require more space. If you have any questions, please speak to your insurance broker.  Please use capital letters and black ink.  For the purposes of this questionnaire:  **Communicable disease** is defined as any communicable, infectious or contagious disease, including any related variation, strain, virus, complex or syndrome. | | | | |
| **Your details** | Insured name: | | |  | |
|  |  | | |  | |
|  | Policy number/quote reference: | | |  | |
|  |  | | |  | |
|  | 1. | What proportion of your overall turnover for both the past 12 months and the coming three months relates to the provision of advice regarding; | | | |
|  |  | i. | preventing the spread of communicable disease (including Covid-19); and/or | | |
|  |  | ii. | compliance with social distancing requirements? | | |
|  |  | Past 12 months | | | % |
|  |  |  | | |  |
|  |  | Coming three months | | | % |
|  |  |  | | | |
|  | 2. | Please outline the nature of any professional services provided to your clients in relation to communicable disease (including Covid-19): | | | |
|  |  |  | | | |
|  |  |  | | | |
|  | 3. | Are you involved in the supply of products designed to prevent the spread of communicable disease (including Covid-19), including but  not limited to personal protective equipment (PPE)? | | | Yes  No |
|  |  | If Yes, please complete the below additional questions: | | | |
|  |  | a. | Approximately how much of your turnover for both the past 12 months and the coming three months is expected to come from this work? | | |
|  |  |  | | | |
|  |  |  | Past 12 months | | % |
|  |  |  | | | |
|  |  |  | Coming three months | | % |
|  |  |  | | | |
|  |  | b. | Are all products sourced from third-party distributors or manufacturers in the UK, European Union, Japan, Australia,  New Zealand, USA or Canada? | | Yes  No |
|  |  |  | If No, please provide further details: | | |
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|  |  | | c. | | How do you ensure that the equipment supplied is of a good quality and is suitable for the purpose for which it is intended? | | | |
|  |  | |  | |  | | | |
|  |  | |  | | | | | |
|  |  | | d. | | Do you rebrand, repackage, test or alter any products manufactured by third parties? | | | Yes  No |
|  |  | |  | | If Yes, please provide further details: | | | |
|  |  | |  | |  | | | |
|  |  | |  | | | | | |
|  | 4. | | In respect of any advice given relating to communicable disease (including Covid-19), please provide a percentage split based on the industry sectors that your clients  operate in: | | | | | |
|  |  | | **Industry** | | | | | **%** |
| Construction | | | | |  |
| Food/drink manufacturing or production | | | | |  |
| Health and beauty | | | | |  |
| Healthcare (incl. hospices and care homes) | | | | |  |
| Industrial and manufacturing (excluding food/drink) | | | | |  |
| Mission-critical environments (e.g. production lines) | | | | |  |
| Offices | | | | |  |
| Overnight accommodation (e.g. hotels, guesthouses, B&Bs) | | | | |  |
| Retailers | | | | |  |
| Transport and logistics | | | | |  |
| Venues and visitor attractions | | | | |  |
| Warehousing | | | | |  |
| If other, please specify: | | | | | |
|  |  | |  | | | | | |
|  | 5. | | What percentage of your turnover is generated from clients where  your professional advice solely relates to communicable disease  (including Covid-19)? | | | | |  |
| % |
|  |  | |  | | | | | |
|  | 6. | | Do you ensure that advice given to your clients in respect  of communicable disease (including Covid-19) is tailored  to their specific circumstances? | | | | | Yes  No |
|  |  | | If No, please provide further details: | | | | | |
|  |  | |  | | | | | |
|  | |  | |  | | | | |
|  | | 7. | | What sources do you use as the basis of the advice provided to your clients in respect  of communicable disease (including Covid-19), and how frequently are these checked? | | | | |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
|  | | 8. | | Do you have an internal procedure to ensure that all advice or services provided in respect of communicable disease (including Covid-19)  is reviewed and signed off as compliant with the most up-to-date government guidelines? | | | | Yes  No |
|  | |  | | If No, please provide further details: | | | | |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
|  | | 9. | | a. | | Please provide details of any experience relevant to the provision of advice concerning communicable disease (including Covid-19) if applicable: | | |
|  | |  | |  | |  | | |
|  | |  | |  | | | | |
|  | |  | | b. | | Please provide a brief summary of any industry qualifications or accreditations that you currently hold: | | |
|  | |  | |  | |  | | |
|  | |  | |  | | | | |
|  | | 10. | | Do you anticipate any change to your business activities in the next  12 months as a result of the Covid-19 pandemic? | | | | Yes  No |
|  | |  | | If Yes, please provide further details: | | | | |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
|  | | 11. | | a. | | In relation to your professional business activities, are you after reasonable enquiry aware of any matter which may lead to a claim against you?  This includes: | | |
|  | |  | |  | | i. | a shortcoming or problem in your work known to you which you cannot reasonably put right; | Yes  No |
|  | |  | |  | | ii. | a complaint about your work or anything you have supplied which cannot be immediately resolved; | Yes  No |
|  | |  | |  | | iii. | an escalating level of complaint on a particular project; | Yes  No |
|  | |  | |  | | iv. | a client withholding payment due to you after any complaint; | Yes  No |
|  | |  | |  | | v. | any incidents which have led to serious injury or illness at one of your client’s premises; or | Yes  No |
|  | |  | |  | | vi. | any outbreaks or identified cases of a communicable disease (including Covid-19) occurring at premises where you have provided professional advice or services in respect of communicable disease. | Yes  No |
|  | |  | |  | | If Yes to any of the above, please provide details below: | | |
|  | |  | |  | |  | | |

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| **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. | | |
|  |  | | |
| **Declaration** | I/we confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair presentation of the risk. | | |
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|  |  | | |
|  | Name of director/officer/board member/senior manager | | |
|  |  | | |
|  |  |  |  |
|  |  |  |
| /  / |
|  | Signature of director/officer/board member/senior manager |  | Date |
|  |  | | |
|  | **A copy of this proposal should be retained for your records.** | | |
|  |  | | |
| **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 / 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. | | |