**Hiscox FinTech Portfolio- Payment Services & E-money**

**Stay secure on the cutting edge – innovative flexible cover that evolves with you.**

**Hiscox FinTech Portfolio cover for regulated firms has been designed for FCA regulated businesses, appointed representatives, PSD agents, EMD agents, those operating within the FCA sandbox or those needing PSD2 cover.**

The Hiscox FinTech Portfolio provides:

|  |  |
| --- | --- |
|  | flexible package and pricing – from start-up to scale-up, we can tailor your cover to meet your insurance needs and those of your investors and partners; |
|  | fast and efficient service from our team of specialist underwriters; |
|  | no fees and interest-free Direct Debit option – pay monthly and make unlimited changes with absolutely no fees; |
|  | dedicated claims manager to provide proactive claims support; |
|  | crisis containment cover included as standard. |

**More than just market-leading cover and service**

When you take out the Hiscox FinTech Portfolio you also have access to a range of additional services to help your business succeed and save time and money in the process.

**Hiscox Risk Academy**

The Hiscox Risk Academy is a free risk management platform, providing a suite of e-learning courses, document templates, online risk assessment tools and a helpline giving access to professional advice. Visit <https://www.hiscox.co.uk/broker/commercial-insurance/risk-academy> for further information.

**Business support hub**

Access a handpicked range of free or significantly discounted services which will help your business thrive – including areas like finding new sources of finance, contract review service, hundreds of customisable document templates, marketing/sales support, HR and employment support, invoicing, cashflow management, government support and more. Visit [hiscox.co.uk/support-hub](https://www.hiscox.co.uk/business-blog/business-accelerator/) for more details.

**R&D credit and tax relief service**

GovGrant specialise in working with technology firms, FinTechs and other innovative businesses to get the correct level of R&D credits and tax relief from the government. Hiscox clients have access to a full range of R&D tax relief and IP services, delivered by GovGrant, at preferential rates. Visit [hiscox.co.uk/support-hub](https://www.hiscox.co.uk/business-blog/business-accelerator/) for more information.

**Hiscox Risk Academy CyberClear**

Our award-winning cyber cover includes free access for you and your employees to our GCHQ accredited online cyber security training. Hiscox Risk Academy CyberClear is included as standard for all clients with a turnover below £10 million. If your employees successfully complete the training your excess will be reduced by £2,500.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | The Hiscox FinTech Portfolio is designed to meet all the insurance needs of FinTech companies that are regulated by the FCA. | | | | |
| **Important notice** | If your business activities include investment activities, capital raising securitisation, structured finance or the provision or intermediation of loans then you must complete the FinTech Portfolio for regulated FinTech business proposal form instead of this FinTech payment- services & e-money proposal form. Please contact us or your broker for a copy. | | | | |
| **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. | | Material information | **All businesses must complete this section** | |
|  | 10. | | 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. | | | | |
|  | Please select the products you would like a quote for: | | | | |
|  | professional indemnity | | | | directors and officers’ liability |
|  | crime | | | | CyberClear |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 activities, and claims information. | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Your business** | | a. | | Company name: | | |  | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | | | | | | | | | | |
|  | | b. | | Address: | | |  | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | | | | | | | | | | |
|  | | c. | | Postcode: | | |  | | | | | |  | | | | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | | | | | | | | | | |
|  | | d. | | Website: | | |  | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | | | | | | | | | | |
|  | | e. | | Business description: | | |  | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | | | | | | | | | | | | | | | | | |
|  | | f. | | Are you providing technology solutions to either deliver financial services or enable others to deliver financial services? | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | g. | | When was the company established? | | | | | | | | | | | | | | | | | | /  / | | |
|  | |  | |  | | | | | | | | | | | | | | | | | |  | | |
|  | | h.  . | | What is the legal structure of your company? | | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | | | | | | | | | | | | | | | | | |  | | |
|  | | i. | | 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 | | | | | |
|  | |  | | | |  | | | | | | % | | | | | | |  | | | | | |
|  | |  | | | |  | | | | | | % | | | | | | |  | | | | | |
|  | |  | | | |  | | | | | | % | | | | | | |  | | | | | |
|  | |  | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | j. | | Has your company changed majority ownership or control in the last 12 months? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | k. | | Is your company expected to change majority ownership or control in the next 12 months? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | l. | | Do you have positive working capital to enable you to meet all  of your liabilities as they fall due? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | m. | | Have you made a profit after tax in the last 12 months? | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
|  | | n. | | Do you expect to make a profit after tax in the next financial year? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | o. | | 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 have written procedures in relation to the processing of every financial transaction, investment or lending decision or cancellation, and do you ensure compliance with these procedures by audits carried out at least monthly by those who have not performed the original transaction, decision or cancellation? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | c. | | Do you utilise multi-factor authentication for all remote, privileged, administrator and supplier access to your computer system? MFA is defined as a multi-step login process that requires users to enter more information than just a username and password to gain access to your computer system. Users are required to enter an additional factor to prove their identity by using a security key, one time password provided to them via text message (SMS) or an application, or biometric data? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | d. | | 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; | | | | | | | | | | | | | Yes  No | | | | | | |
|  | |  | |  | an outsourced compliance specialist? | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | e. | | 1. 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 | | | | | | |
|  | | f. | | 1. 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 a similar or successor regulatory body? | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
|  | | g. | | 1. Do you have written policies, and ensure ongoing compliance, in relation to health and safety, fraud, financial crime, ESG and corporate governance? | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | |  | | |
| **1.3 Your staff** | | 1. a. | | 1. What is the current total number of directors, partners, members  and employees within your business? | | | | | | | | | | | | | | | | | |  | | |
|  | | |
|  | |  | |  | | | | | | | | | | | | | | | | | |  | | |
|  | | b. | | 1. 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. | | 1. 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. | | AAre 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. | | 1. Do you enter into agreements which are subject to the jurisdiction of the US or Canadian courts? | | | | | | | | | | | | | | Yes  No | | | | | | |
| |  | | --- | | c. Location of business income & activities | | Have you ever or do you plan to: work or contract with; or make any payments to,  any person, entity or organisation that is domiciled in or operates in any way from; or travel to the following countries,  No ☐ ☐ Yes, please select,  ☐ Afghanistan, ☐ Belarus, ☐ Cuba, ☐ Iran, ☐ Myanmar, ☐ North Korea, ☐ Russia,  ☐ Syria, ☐ non-Government controlled areas of Ukraine, ☐ Venezuela | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.5 Your turnover** | | 1. 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). | | | | | | | | | | | | | | | | | |  | | |
| £ | | |
|  | |  | |  | | | | | | | | | | | | | | | | | |  | | |
|  | | 1. 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). | | | | | | | | | | | | | | | | | |  | | |
| £ | | |
|  | |  | |  | | | | | | | | | | | | | | | | | |  | | |
|  | | 1. 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 (“FCA”)? If your current FCA status is not included in this list please complete the FinTech Portfolio for regulated FinTech business proposal form instead of this FinTech payment services & e-money proposal form. | | | | | | | | | | | | | | | | | | | | |
|  | |  | | PSD (small or authorised payment institution) | | | | | | | | | | | | | |  | | | | | | |
|  | |  | | Small or authorised electronic money institution | | | | | | | | | | | | | |  | | | | | | |
|  | |  | | Appointed representative, PSD agent or EMD agent | | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | | | | | | | | | | | | | |  | | | | | | |
| **1.7 Business activities** | | a. | | Please enter the percentage of your total revenue against 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** | | |
|  | |  | | PSD: small/authorised payment institution | | | | | | | | | | | | | | | | | % | | |
|  | |  | | Small/authorised electronic money institution | | | | | | | | | | | | | | | | | % | | |
|  | |  | | **Unregulated activities** (If so, please provide full details of your unregulated activities  in the box below) | | | | | | | | | | | | | | | | | % | | |
|  | |  | | **Total** | | | | | | | | | | | | | | | | | **100%** | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | Please provide a detailed and comprehensive description of your unregulated activities: | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | | b. | | Please confirm whether your unregulated activities include any of the following:   |  |  | | --- | --- | | * Investment activities | Yes  No | | * Capital raising | Yes  No | | * Advisory | Yes  No | | * Structured Finance | Yes  No | | * Provision and/or intermediation of loans | Yes  No |     If your unregulated activities do include any of the above then you must complete the FinTech Portfolio for regulated FinTech business proposal form instead of this FinTech payment services & e-money proposal form. Please contact us or your broker for a copy. | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | | c. | | **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.** | | | | | | | | | | | | | | | | | | | |
|  | |  | | **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 | | | | | | | | | | | | | | | | | |  | |
|  | | d. | | Do your activities include the provision of advice to your customers  or third-party capital providers? | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | e. | | 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; or | | | | | | | | | | | | | | | | |  | | |
|  | |  | |  | 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’ ’PSD agent’ or ‘EMD agent’, 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, PSD agents or EMD agents 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. | | Does any of your work relate to: | | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | any non-fiat or virtual currency including but not limited to any crypto currency, asset, unit, coin, token or balance that exists only in or predominantly in digital or virtual form; or | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | any currency which is, itself, based on or utilises any blockchain technology; or | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | any initial coin offering or any other form of fundraising in respect of any new currency. | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | f. | | Are you responsible for the clerical accuracy, verification or ultimate realisation of your customers’ financial forecasts, budgets or projections? | | | | | | | | | | | | | | Yes  No | | | | | | | |
|  | | g. | | Are you responsible for the clerical accuracy or verification  of your customers’ financial accounts? | | | | | | | | | | | | | | Yes  No | | | | | | | |
|  | | h. | | Do you provide any of your business activities via the web and/or app? | | | | | | | | | | | | | | Yes  No | | | | | | | |
|  | | i. | | 1. When contracting do you always: | | | | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | exclude liability for consequential, special or indirect losses and loss of profit; | | | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | cap your overall liability; | | | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | warrant a performance standard no greater than reasonable care and skill; | | | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | retain your ability to subrogate from your outsourced service providers; | | | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | ensure your contracts include a dispute resolution procedure; and | | | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | only provide indemnities in respect of intellectual property rights, data protection, confidentiality, death, bodily injury  or property damage? | | | | | | | | | | | | | Yes  No | | | | | | | |
|  | | j. | | 1. Do you undertake any activities or contracts where you are involved with or directly responsible for: | | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | live trading platforms including financial trading systems; | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | automated trading undertaken by artificial intelligence  or algorithms; | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | payment card industry systems; or | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | payment processing? | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | k. | | Is the failure, or delay in implementation, of any product or service you provide likely to result in any of the following outcomes: | | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | loss of life or injury to a person; | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | destruction or damage to physical property; or | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | significant cumulative financial loss? | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | l. | | Do you provide or intermediate on any of the following: | | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | hosting services; | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | software as a service; | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | platform as a service; or | | | | | | | | | | | | |  | | | | | | |
|  | |  | |  | infrastructure as a service? | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | m. | | Would any of the hosted services that you provide be deemed ‘business critical’ to your clients? | | | | | | | | | | | | | | Yes  No | | | | | | | | |
|  | | n. | | Do you have procedures in place to identify when changes are made to recipient bank accounts within your own systems, regardless of who makes the changes, and, if so, is this flagged to persons not directly involved in the inputting of the bank details. | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | | o. | | Do you ensure that you safeguard all client funds in accordance with current FCA regulation and guidance? | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
| **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. | | Has any accountant ever qualified their opinion on your  annual accounts? | | | | | | | | | | | | | | 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: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | £100,000 | | | | | £250,000 | | | £500,000 | | | | | | | | | £1,000,000 | | | | | |
|  |  | | (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 | | |
|  | f. | | Do you outsource all of your payment card processing? | | | | | | | | | | | | | | | | | | | | 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 free of charge? | | | Yes  No |
|  |  | | |  |
|  |  | | |  |
| **Section 9 –  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 10 – Declaration** | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** | |
| **10.1 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. | |
|  |  | |
| **10.2 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: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | a. | 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 | | | |
|  | b. | 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 | | | |
|  | c. | 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. | | | | |
|  | **We require a signature in ink or a verified electronic signature.** | | | | |
|  | Name: | |  | | |
|  |  | |  | | |
|  | On behalf of: | |  | | |
|  |  | |  | | |
|  | Position: | |  | | |
|  |  | |  | | |
|  | Signature: | |  | Date: | /  / |
|  |  | |  |  |
|  |  | |  |  |
|  |  | | | | |
|  | **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. | | | | |
|  |  | | | | |
| **10.3 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. | | | | |