|  |  |
| --- | --- |
| **Section 1 –** **Your business** |  |
|  |
| 1.1 Your business | Business name: |       |
|  |
|  | Main address: |       |
|  |
|  | Postcode: |       |  |
|  |
|  | Date business established: |   /  /     |
|  |
|  | Type of organisation: |        |
|  |
|  | Website: |       |
|  |
| 1.2 Your employees | Your total number of employees (including subsidiaries)  |       |
|  |
|  1.3 Your experience | How many years of relevant experience do you have? |       |
| 1.4 Subsidiary companies | Do you require cover (under any section to be insured) for any subsidiary companies? | Yes [ ]  No [ ]  |
|  | If **yes**, you must ensure that all other information you give in this proposal form incorporates that for the subsidiary companies, including income and claims information.You must also complete **section 2** **– Subsidiary companies**. |
|  |
| 1.5 Business activities description | Please provide a description of your business activities in your own words including any specialisations: |
|  |       |
|  |
| 1.6 Your income | Your income for the last completed financial year or if you have not completed your first financial year, your expected annual income |       |
|  |
| Please provide a breakdown of your income according to the regions and legal jurisdiction of your contracts: |
|
| Region | Percentage split by location where the contracts are undertaken | Percentage split by the jurisdiction applying to your contracts |
| United Kingdom (UK)  |      % |      % |
| Republic of Ireland (IRE) |      % |      % |
| European Union (excluding UK/IRE)  |      % |      % |
| USA and Canada |      % |      % |
|  | Australia |      % |      % |
|  | Rest of the world |      % |      % |
|  | **Total** | 100% | 100% |
|  |
|  | 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, ☐ VenezuelaIf your income is expected to significantly change in your next financial year, please provide an estimate and any supporting details:  |
|  |       |
| 1.7 USA/Canada | a. | Would you like a quote for claims first brought in USA and Canada?’ | Yes [ ]  No [ ]  |
|  | b. | Do you have an incorporated company in the USA or Canada? | Yes [ ]  No [ ]  |
|  | c. | If **Yes**, how much income is booked under the subsidiaries in: |  |
|  |  | USA |       | Canada |       |  |  |
|  |  |  |  |  |  |  |  |
|  | d. | What are your three largest contracts under USA or Canada jurisdiction? |
|  |  | Customer name | Work undertaken | Length of contract | Value (£) |
|  |  |       |       |       | £      |
|  |  |       |       |       | £      |
|  |  |       |       |       | £      |
|  |  |  |  |  |  |
|  | e. | How much experience do you have of dealing with customers in USA or Canada? |
|  |  |       |
|  |  |  |
|  | f. | Have you engaged legal counsel in the USA or Canada to review the terms and conditions you operate under? | Yes [ ]  No [ ]  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Section 2 – Subsidiary companies** | Please complete this section if you require cover under any section of cover for subsidiary companies. |
| We can extend this insurance to include subsidiary companies for which you require cover provided that: |
| a. | a complete list of the companies is given below (or on a separate sheet if necessary); and |
|  | b. | the turnover and claims information declared on this proposal form incorporates that for the subsidiary companies; and |
|  | c. | all other information you give in this proposal form incorporates that for the subsidiary companies. |
|  |  |  |
| 2.1 Subsidiary companies | Subsidiary company means any company in which the company named in section 1, directly or indirectly, owns more than 50% of the book value of the assets or outstanding voting rights.Please provide the following details for all subsidiary companies to be insured. |
|  | Name | Main/registered address including postcode and country | Percentage share of income |
|       |       |       |
|       |       |       |
|       |       |       |
|  |  |  |  |

|  |  |
| --- | --- |
| **Section 3 – Professional indemnity – general** |  |
|  |  |
| 3.1 Your business activity | Your percentage of turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare: |
|  |  |  |
|  | a. | Creative of content for advertisements  |       % |
|  |
|  | b. | Creative consultancy including corporate identity and graphic design  |       % |
|  |
|  | c. | Database management and list broking **(please also complete section 4)**  |       % |
|  |
|  | d. | Design of printed literature and documents **(please also complete section 4)** |       % |
|  |
|  | e. | Digital marketing including programmatic marketing, SEO and PPC |       % |
|  |
|  | f. | Direct marketing and telemarketing **(please also complete section 4)** |       % |
|  |
|  | g. | Event organisation and management | 1      % |
|  |
|  | h. | Experiential marketing including exhibition, conference and shop design | 1      % |
|  |
|  | i. | Illustration and animation |       % |
|  |
|  | j. | Market research  |       % |
|  |
|  | k. | Marketing consultancy |       % |
|  |
|  | l. | Media buying  |      % |
|  |
|  | m. | Photography and videography |       % |
|  |
|  | n. | Public relations |       % |
|  |
|  | o. | Post-production  |       % |
|  |
|  | p. | Printing, postage and fulfilment **(please also complete section 4)** |       % |
|  |
|  | q. | Production of advertisements |       % |
|  |
|  | r. | Production of AR and VR |       % |
|  |
|  | s. | Sales promotion **(please also complete section 4)** |       % |
|  |
|  | t. | Social media management |       % |
|  |
|  | u. | Talent agent/manager |       % |
|  |  |  |
|  | v. | Web and app design and build |       % |
|  |  |  |  |
|  | w. | Web and app hosting |       % |
|  |  |
|  | x. | Others – please specify: |       % |
|  |  |  |  |
|  |
|  |       |
|  |  |  |
| 3.2 Future business activities | Do you expect any significant changes to the split of activities shown above in the coming 12 months? | Yes [ ]  No [ ]  |
|  |
|  | If Yes, please give details: |
|  |       |
|  |  |
| 3.3 Risk management | a. | Do you have a structured process or procedure in place to ensure that your work does not infringe a third party's intellectual property rights and that you obtain all appropriate licences or permissions from copyright holders when you use any photographs, pictures, film clips, music or any other content?  | Yes [ ]  No [ ]  |
|  |  | If you have standard written procedures please attach a copy. |
|  |  | If No, please explain: |
|  |  |       |
|  |  |  |  |
|  | b. | Do you use internal or external lawyers for clearance advice? | Yes [ ]  No [ ]  |
|  |  | If **internal**, please confirm qualifications and experience. If **external**, please confirm which firm: |
|  |  |        |
|  |  |
| 3.4 Consent  | a. | If you send marketing communications to consumers including post, email, telephone or SMS, do you always obtain or verify explicit consent (opting in) from each individual before these communications are sent? | Yes [ ]  No [ ]  NA [ ]  |
|  | If **No**, please explain: |
|  |       |
|  |  |  |  |
|  | b. | Does your business process, transact or store any personal data as defined under consumer data protection law, or any other legal protection for personal data? | Yes [ ]  No [ ]  |
|  | If **yes**, How many personal data records do you process, transact or store annually? |
|  | None  | [ ]  |  | 750,000 – 999,999 | [ ]  |
|  | Less than 100,000  | [ ]  |  | 1,000,000 – 1,999,999 | [ ]  |
|  | 100,000 – 249,000  | [ ]  |  | 2,000,000 – 2,999,999 | [ ]  |
|  | 250,000 – 499,999 | [ ]  |  | 3,000,000 – 5,000,000 | [ ]  |
|  | 500,000 – 749,999 | [ ]  |  | Over 5,000,000 | [ ]  |
|  |  |
|  |  |
| 3.5 Regulated activities | a. | Are you or do you have plans to be authorised by the FCA or local equivalent? | Yes [ ]  No [ ]  |
|  | b. | Are you or do you have plans to be regulated by the Gambling Commission or local equivalent? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 3.6 Client sign-off | Do you always get client sign-off before any broadcast, publication, print or distribution? | Yes [ ]  No [ ]  |
|  |  |  |
|  |  |  |  |
| 3.7 Your contractual management | a. | Do you always work to signed contracts or agreements? | Yes [ ]  No [ ]  |
|  |  | If No, please explain what arrangements are put in place. |  |
|  |  |       |  |
|  |  |  |  |
|  | b. | What percentage of contracts you enter in to are subject to: |  |
|  |  | i. | your terms and conditions |      % |
|  |  | ii. | your terms and conditions with negotiated amendments |      % |
|  |  | iii. | your clients’ terms and conditions |      % |
|  |  | iv. | bespoke terms and conditions |      % |
|  |  |  |  |
|  | c. | Do you seek legal advice for non-standard contracts? Please detail your internal sign-off process. |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | d. | When contracting do you always: |  |
|  |  | i. | exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? | Yes [ ]  No [ ]  |
|  |  | ii. | cap your overall liability? | Yes [ ]  No [ ]  |
|  |  | iii. | warrant a performance standard no greater than reasonable care and skill? | Yes [ ]  No [ ]  |
|  |  | iv. | only provide indemnities in respect of intellectual property rights, data protection, confidentiality, death, bodily injury or property damage? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If **no** to any of the above, please explain: |  |
|  |  |       |  |
|  |  |  |  |
|  | e. | Regarding liability: |  |
|  |  | i. | What is your standard liability cap? |  £       |
|  |  | ii. | What is your highest liability cap for a single contract? |  £       |
|  |  | iii. | When thinking about the contract that applies to your highest liability cap, what is the value of this contract? |  £       |
|  |  |  |  |
| 3.8 Sub-contractors and consultants | Do you use sub-contractors or consultants? | Yes [ ]  No [ ]  |
|  | If Yes, please provide details: |  |
|  |
|  |  | i. | How much have you paid to subcontractors in the last 12 months? | £      |
|  |  |  ii. | Do all subcontractors, consultants or third parties appointed on your behalf hold their own professional indemnity insurance? | Yes [ ]  No [ ]  |
|  |  |
| 3.9 Artificial intelligence  | Do you use artificial intelligence, including generative ratification intelligence Yes [ ]  No [ ]  (gen-AI) for content creation or other business activities for clients? |
|  |  |
|  | If yes: |
|  |  |  |
|  | a. | Please provide a description of what you use for this? |
|  |  |       |
|  |  |  |
|  | b. | Which platforms do you use? |
|  |  |       |
|  |  |  |  |
|  | c. | Do you always ensure that the platforms allow you to utilise the content on a commercial basis? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | d. | Do you ensure that a human always checks the produced material prior to use? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | e. | Do you ensure that you have the third party clients agreement for the use of AI prior to commencing work? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 3.10 Game developing | Do you develop or publish any games including on websites or mobile apps?  | Yes [ ]  No [ ]  |
|  | If Yes, please provide details: |  |
|  |       |
|  |  |  |
| 3.11 Hosting | Do you undertake any activities or contracts where you are directly responsible for: |  |
|  | a. | live trading platforms including financial trading systems; | Yes [ ]  No [ ]  |
|  | b. | payment card industry systems | Yes [ ]  No [ ]  |
|  | c. | payment processing | Yes [ ]  No [ ]  |
|  | d. | mission critical or safety critical systems, medical technology, military command and control systems or hardware, or systems or hardware for the aerospace or motor industries | Yes [ ]  No [ ]  |

|  |
| --- |
| 3.12 Your contractsPlease complete below for your five largest contracts in the last three years: |
| Name of client |       |       |       |       |       |
| Nature of your work undertaken by you |       |       |       |       |       |
| Duration of contract(weeks, months, years) |       |       |       |       |       |
| Overall value of contract |       |       |       |       |       |
| Income to you from contract |       |       |       |       |       |
|  |  |
|  | How many current customers do you have? |       |
|  |  |  |
|  | What is the value of your average contract?  | £      |
|  | . |  |
|  | What is the length of your average contract? |      months |

|  |  |
| --- | --- |
|  |  |
| 3.13 Cover required | Limit of indemnity required: |
|  | £250,000 [ ]  | £500,000 [ ]  | £1,000,000 [ ]  |  |  |
|  | £2,000,000 [ ]  | £5,000,000 [ ]  | £10,000,000 [ ]  | Other: | £      |
|  |  |
|  |  |  |  |
| **Section 4 – Direct mailing, printing and sales promotion** | **Please complete this section if you undertake any direct marketing, printing or sales promotion activities.** |
| 4.1 Mailings | Do you carry out any digital or physical mailings? | Yes [ ]  No [ ]  |
|  | If Yes: |
|  | a. | What is your largest mailing (by number of pieces mailed)? |       |
|  |  |  |  |
|  | b. | What is the total value of your largest mailing contract? | £      |
|  |  |  |  |
|  | c. | What is your average size mailing? |       |
|  |  |  |  |
|  |  |  |
| 4.2 Printing | Do you carry out any printing activities for third parties?  | Yes [ ]  No[ ]  |
|  | If yes: |
|  |  |
|  | a. | What is your largest print contract ((by number of pieces printed)? |       |
|  |  |  |  |
|  | b. | What is the total cost of your largest print contract? | £      |
|  |
| 4.3 Mailing and printing | a. | Does any of your mailing or printing involve any time critical material? | Yes [ ]  No[ ]  |
|  |  |  |  |
|  | b. | Does any of your mailing or printing contain sensitive information including medical and financial information? |  Yes [ ]  No[ ]  |
|  |  | If Yes to either please provide more details: |  |
|  |  |       |
|  |  |  |
| 4.4 List broking | Do you always ensure that explicit consent (opting in) has been obtained from any individual whose data you share with third parties?  | Yes [ ]  No[ ]  |
|  |  |  |
| 4.5 Sales promotion | Do you have any responsibility to source any promotional items for your clients’? |  Yes [ ]  No[ ]  |
|  | If Yes are these sourced from within the UK or EU and do you retail full rights of resource against suppliers? |  Yes [ ]  No [ ]   |
|  |  |  |
| **Section 5 - Claims** | **You must complete this section. Please complete the claims questions for any risk now to be insured.**  |
| 5.1 General | In relation to your professional business activities, are you or any of your senior management aware, after undertaking reasonable enquiry, of: |
|  | a. | 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 [ ]  |
|  | b. | any loss from the dishonesty or malice of any employee or self-employed freelancer. | Yes [ ]  No [ ]  |
|  | c. | any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. | Yes [ ]  No [ ]  |
|  | d. | any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee. | Yes [ ]  No [ ]  |
|  | Please note that the obligation to notify us of circumstances which ‘may’ give rise to claims in this proposal form, may differ from the claims notification obligations in your insurance policy. If you are in any doubt as to what you need to disclose to us, please contact your broker or Hiscox directly.If you answered **Yes** to any of the above, please provide full details: |
|  |       |
|  |  |
| 5.2 Your directors and partners | Have you or any of your directors or partners at any time either personally or in any business capacity: |
|  | a. | been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? | Yes [ ]  No [ ]  |
|  | b. | been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? | Yes [ ]  No [ ]  |
|  | If the answer to a. and/or b. above is **Yes**, please give full details on a separate sheet. |
|  |  |  |
| 5.3 Claims history | In respect of the following insurance covers:**Professional Indemnity** |
|  | Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? | Yes [ ]  No [ ]  |
|  | If **Yes**, please give full details below: |  |
|  | Date  | Details  | Amount  | Remedial action  |
|  |   /  /     |       | £      |       |
|  |  |  |
|  | Have you or anyone that works for your business ever been the subject of disciplinary proceedings by any professional organisation? |  Yes [ ]  No [ ]  |
|  |  |  |
|  | Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim? | Yes [ ]  No [ ]  |
|  | If **Yes**, please provide full details: |  |
|  |       |
|  |  |  |
|  | a. | In the last five years, have the company or any insured person been the subject of an investigation by any official body or institution? | Yes [ ]  No [ ]  |
|  | b. | In the last five years, have there been any claims and or investigations made against the company, its directors, officers or employees which may have been covered by this policy had it been in force? | Yes [ ]  No [ ]  |
|  | c. | After enquiry, is the company or its directors, officers or employees aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy?  | Yes [ ]  No [ ]  |
|  | d. | In the last five years you have not been the subject of any employment claim or investigation? | Yes [ ]  No [ ]  |
|  | If **Yes**, please provide full details: |  |
|  |       |
|  |  |  |
|  | Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? | Yes [ ]  No [ ]  |
|  | If **Yes**, please provide details: |  |
|  | Date | Details |
|  |       |       |
|  |  |
| **Section 6 –Declaration** | **You must complete this section.****Please read the declaration carefully and sign at the bottom.** |
| 6.1 Material information | Please provide us with details of any other material information which may be relevant to our consideration of your proposal for this insurance. If you have any doubt over whether something is relevant, please consult with your broker or Hiscox directly. |
|  |  |
|  | Is there anything else that you would like to tell us about you or your business? | Yes [ ]  No [ ]  |
|  |       |
|  |  |
|  |  |
| 6.2 Fair presentation | In deciding whether or not to offer you insurance cover and in setting the terms and premium, we have relied upon the information you have given us.By signing the Declaration below, you are confirming to us that you have:* given a fair presentation of the risk to be insured (a fair presentation is one which discloses in a 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); and
* have taken care to answer any questions we have asked and ensured that all information provided is true, accurate and complete.

A material fact is one which is likely to influence our acceptance or assessment of this proposal. If you are in any doubt as what constitutes a material fact, you should consult your insurance broker or Hiscox directly. |
| 6.3 Declaration | I/we confirm that the information given in this proposal form is correct, accurate and complete and I/we have made a fair presentation of the risk. |
|  |  |
|  |       |
|  | 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.** |

|  |  |
| --- | --- |
| **Your 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](http://www.hiscox.co.uk/cookies-privacy). |
|  |  |
| **Contact us** | If you need to contact us:Email: service@hiscox.com Telephone: 0808 3036 335If you wish to make a complaint please follow the process via: [www.hiscox.co.uk/existing-customers/contact-us/complaints](http://www.hiscox.co.uk/existing-customers/contact-us/complaints)  |