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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Your business** | |  | | | | | | | | | | | | | |
| 1.1 Your business | | Business name: | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | Main address: | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | Post code: | | | | |  | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | 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 region: | | | | | | | | | | | | | |
|  | | Region | | | | | | | Percentage split | | | |
|  | | United Kingdom (UK) | | | | | | | % | | | |
|  | | Republic of Ireland (IRE) | | | | | | | % | | | |
|  | | European Union (excluding UK/IRE) | | | | | | | % | | | |
|  | | USA and Canada | | | | | | | % | | | |
|  | | Australia | | | | | | | % | | | |
|  | | Rest of the world | | | | | | | % | | | |
|  | | **Total** | | | | | | | % | | | |
|  | |  | | --- | | 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 |   If your income is expected to significantly change in your next financial year, please provide an estimate and any supporting details: | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| 1.7 USA and 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 |  |  | | | | | | | | | |  | | | | |
|  | |  | | |  | | | | | | | | | | |
| **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 | | | | |
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| **Section 3 –**  **Publishing activities** | | | | | **Optional - please complete this section if you are a Publisher, if you are not a Publisher please move to section 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Your publishing activities | | | | | For all titles you publish please fill out the table below. Please continue on a separate sheet if necessary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of publication** | **Genre** | | | | | | | | **Years in operation** | | | | | | | | | **Turnover from title** | **Frequency of publication** | | **Approximate circulation**  **per issue** | | **Countries of circulation** | | | | | | | | | | | | | |
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| 3.2 Contract publishing | | | | | a. | | | | | | What percentage of your turnover comes from contract publishing? (Publications where you do not have any editorial input.) | | | | | | | | | | | | | | | | | | | | | | | | | % |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | b. | | | | | | Do you always get sign-off from the client before going to print? | | | | | | | | | | | | | | | | N/A  Yes  No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 Media content providers | | | | | a. | | | | | | How much of your content is produced by the following: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | i. | | | | | Freelancers | | | | | | | | | | | | | | | | | | | | % | |
|  | | | | | | | | | | ii. | | | | | In-house staff | | | | | | | | | | | | | | | | | | | | % | |
|  | | | | | | | | | | iii. | | | | | News or feature syndications; wire services | | | | | | | | | | | | | | | | | | | | % | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | b. | | | | | | Do freelance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | | c. | | | | | | Do you contractually require your freelancers to carry their own professional indemnity insurance? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
| |  |  | | --- | --- | | **Section 4 –  Broadcasting activities** | **Optional - please complete this section if you are a Broadcaster. If you are not a Broadcaster please move to section 5.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 Your broadcasting  business activities | | | | | | a. | | For all material you broadcast, please fill out the tables below, please continue on a separate sheet if necessary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Name of broadcast | Platform of broadcast | | Genre | | Peak audience figure | | Geographical market | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |  | | | | | | | | | |  | Type of programme | | Percentage split of total broadcasting time | | Programmes produced by you | | Programmes produced by others | | |  | Sport/comedy /  light entertainment | | % | | % | | % | | |  | Films | | % | | % | | % | | |  | News | | % | | % | | % | | |  | Investigative | | % | | % | | % | | |  | Documentaries  (non-investigative) | | % | | % | | % | | |  | Current affairs | | % | | % | | % | | |  | Music | | % | | % | | % | | |  | Discussion, phone-ins, live, unscripted | | % | | % | | % | | |  | Children’s | | % | | % | | % | | |  | Religious | | % | | % | | % | | |  | Reality | | % | | % | | % | | |  | True crime | | % | | % | | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | b. | | | | | | For all live broadcasts is there a time delay? | | | | | | | | | | | | | | | | | N/A  Yes  No | | | | | | | | |
|  | | | | |  | | | | | | If No, please provide details: | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | c. | | | | | | For all live broadcasts, are the areas for discussion/review  vetted by your lawyers for any potential legal problems prior  to broadcast? | | | | | | | | | | | | | | | | | N/A  Yes  No | | | | | | | | |
|  | | | | |  | | | | | | If No, please advise: | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 4.2 Distribution | | | | | a. | | | | | | Do you sell or supply your own programmes to third party distributors or broadcasters? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | |  | | | | | | If Yes, please specify to what countries/regions. | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | b. | | | | | | Are you also a distributor of third party content i.e. content that you do not produce? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | |  | | | | | | If Yes, please attach a copy of your standard acquisition and distribution agreement. | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| |  |  | | --- | --- | | **Section 5 – Risk Management** | **Optional - please complete this section if you are a Broadcaster. If you are not a Broadcaster please move to question 3.7** | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5.1 Clearance procedures | | | | | a. | | | | | | Do you consult with a qualified media lawyer for pre-publication/broadcast advice and implementation of appropriate editorial and complaint handling procedures? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | |  | | | | | | If Yes, please provide the name of the firm or the name and experience of your relevant in-house counsel. If No, please describe how you handle legal compliance pre-publication, including when you would refer material to lawyers for checking. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | | | | | If you have standard written procedures, please attach a copy. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | b. | | | | | | 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 No, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | c. | | | | | | Do you always include a disclaimer in any publication/broadcast where you provide advice or guidance of any kind? | | | | | | | | | | | | | | | | | Yes  No  NA | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | d. | | | | | | If you’re a publisher or broadcaster of biographical content prior to dissemination is this reviewed by a third party lawyer? | | | | | | | | | | | | | | | | | Yes  No  NA | | | | | | | | |
|  | | | | |  | | | | | | If No, please describe your internal processes: | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | e. | | | | | | | Do you have written complaint and retraction procedures? | | | | | | | | | | | | | | | Yes  No  NA | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | f. | | | | | | | Who is responsible for final sign-off of content prior to publication? Please give details of their position and relevant experience: | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5.2 Expose material | | | Do you publish or disseminate any exposé or true crime material? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | If Yes, will you be making any new allegations or revealing any new information? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| 5.3 Brought-in programming | | | Do you require an indemnity from suppliers for programmes or material which you buy in? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | If No, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5.4User generated content | | | a. | | | | | | | Do you have any facility for user generated content? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | | b. | | | | | | | Do you allow third parties to upload music or videos onto your website? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | | c. | | | | | | | Please describe the risk management procedures in place to deal with any user generated content, including any moderation: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5.5 Artificial intelligence | | | Do you use artificial intelligence, including generative ratification intelligence (gen-AI) for content creation or other business activities for clients? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | If Yes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. | | | | | | | Please provide a description of what you use for this? | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | b. | | | | | | | Which platforms do you use? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 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 | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Section 6 - 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | |
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|  | | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | | | 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 | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Is there anything else that you would like to tell us about you or your business? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Name of director/officer/board member/senior manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Signature of director/officer/board member/senior manager | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | | | | | |
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|  | | | | | **A copy of this proposal should be retained for your records.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **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). |
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| **Contact us** | If you need to contact us:  Email: [service@hiscox.com](mailto:service@hiscox.com)  Telephone: 0808 3036 335  If 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) |