|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.** | | | |
| **Which sections should you complete?** | Section | | Title | Should you complete it? |
| 1. | | Your business | **All businesses must complete this section** |
| 2. | | Subsidiary and associated companies | Please complete this section if you require cover under any section of cover for subsidiary or associated companies |
|  | 3. | | Professional indemnity | Please complete this section if you require this cover |
|  | 4. | | Management liability | Please complete this section if you require this cover |
|  | 5. | | Public and products liability and employers’ liability | Please complete this section if you require this cover |
|  | 6. | | Property - buildings and contents | Please complete this section if you require this cover |
|  | 7. | | Business interruption | Please complete this section if you require this cover |
|  | 8. | | Cyber and data | Please complete this section if you require this cover |
|  | 9. | | Travel | Please complete this section if you require this cover |
|  | 10. | | Claims | **All businesses must complete this section** |
|  | 11. | | 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 by clearly disclosing all material facts  and circumstances (whether or not subject to a specific question) which you, yoursenior 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. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 - Your business** | | **You must complete this section.** | | | | | | | | | | | | | | |
| 1.1 Your business | | Business name | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | Main address | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | Post code | | | | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | Date business established | | | | | | | | | | | /  / | | | |
|  | | | | | | | | | | | | | | | | |
|  | | Type of organisation | | | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | |  | | | |
| 1.2 Your employees | | Your total number of employees (including subsidiaries) | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| 1.3 Subsidiary or associated companies | | Do you require cover (under any section to be insured) for any subsidiary or associated companies? | | | | | | | | | | | | | | Yes  No |
|  | | If **Yes**, you must ensure that all other information you give in this proposal form incorporates that for the subsidiary or associated companies, including income and claims information.  You must also complete **section 2** **– Subsidiary and associated companies**. | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  |
| 1.4 Additional liabilities | | Is cover required for anything other than work undertaken by the firm(s) identified on this proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere. | | | | | | | | | | | | | | Yes  No |
|  | | If **Yes**, please provide details: | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1.5 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 | | | | | | |  | | |  | | | | |
|  | | Rest of the world | | | | | | |  | | |  | | | | |
|  | | **Total** | | | | | | | 100% | | | 100% | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | If your income is expected to significantly change in your next financial year, please provide an estimate and any supporting details: | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| 1.6 Your experience | How many years of relevant experience do you have? | | | | | | | | | | | | | | |  |
| 1.7 Membership of  professional organisations | | | Is your business a member of any professional organisations or trade associations? | | | | | | | | | | | | | Yes  No |
|  | | | If **Yes**, please provide details: | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |
| 1.8 Education businesses | | | Is your business a nursery, school, college or university? | | | | | | | | | | | | | Yes  No |
|  | | |  | | | | | | | | | | | | |  |
| **Section 2 - Subsidiary or associated companies** | | | Please complete this section if you require cover under any section of cover for subsidiary or associated companies. | | | | | | | | | | | | | |
|  | | | We can extend this insurance to include subsidiary or associated 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 or associated companies; and | | | | | | | | | | |
|  | | | c. | | | all other information you give in this proposal form incorporates that for the subsidiary or associated 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 | | | HMRC Employer Reference Number^ | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
|  | | |  | | | | |  | | |  | | |  | | |
|  | | |  | | | | |  | | |  | | |  | | |
| 2.2 Associated companies | | | Please provide the following details for any associated companies to be insured below: | | | | | | | | | | | | | |
|  | | | Name | | | | | Main/registered address including postcode and country | | | Percentage share of income | | | HMRC Employer Reference Number^ | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
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|  | | |  | | | | | | | | | | | | | |
| 2.3 ERN information | | | ^The HMRC Employer Reference Number (ERN) is required if you wish to be insured for Employers’ liability (see section 5.6). The ERN is also referred to as the ‘Employer PAYE reference’ on HMRC documentation. It always starts with three digits, followed by a slash (‘/’), then a string of letters and numbers.  If the company or entity does not have an ERN, please enter the reason in the relevant box above, which should be one of the following: | | | | | | | | | | | | | |
|  | | | a. | | | the business does not have any employees | | | | | | | | | | |
|  | | | b. | | | the business is registered outside England, Scotland, Wales or Northern Ireland | | | | | | | | | | |
|  | | | c. | | | all employees earn below the current PAYE threshold | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Section 3 - Professional indemnity** | | **Optional – only complete this section if this insurance cover is required.** | | | | | | | | | | | | | | |
| 3.1 Your business activities | | Please split your last completed financial year’s income approximately between the following professional disciplines. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | a. | | Academic Publications | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | b. | | Corporate training courses | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | c. | | Exam writer or marker | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | d. | | Examination board | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | e. | | NVQ accreditor | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | f. | | NVQ trainer (classroom based) | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | g. | | NVQ trainer (manual training) | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | h. | | Professional bodies | | | | | | | | | | | % | |
|  | |  | |  | | | | | | | | | | |  | |
|  | | i. | | Professional training firm | | | | | | | | | | | % | |
|  | |  | |  | | | | | | | | | | |  | |
|  | | j. | | Teacher or lecturer | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | k.. | | Other – please give full details: | | | | | | | | | | | % | |
|  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 3.2 Business activities - your description | | Please provide a description of your business activities in your own words including any specialisations: | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.3 Future business activities | Do you expect any significant changes to the split of activities shown in section 3.1 in the next 12 months? | | | | | | | | Yes  No |
|  | | | | | | | | | |
|  | If **Yes**, please provide details: | | | | | | | | |
|  |  | | | | | | | | |
|  |  | | | | | | | |  |
| 3.4 Contracts | a. | Please give details of the three largest contracts you have carried out in the past three years: | | | | | | | |
|  |  | Name of client  and nature of their business | | Service provided by you | | Total contract value | | Income to you from the contract | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |
|  | | | | | | | | | |
|  | b. | Please give details of the largest contract you have lined up for the forthcoming year: | | | | | | | |
|  |  | Name of client  and nature of their business | Service provided by you | | Total contract value | | Income to you from the contract | | |
|  |  |  |  | |  | |  | | |
|  | | | | | | | | | |
| 3.5 Sub-contractors | Do you use sub-contractors or consultants? | | | | | | | | Yes  No |
|  | If **Yes**: | | | | | | | | |
|  | a. | How much have you paid to them in the last 12months? | | | | | | |  |
|  | | | | | | | | | |
|  | b. | For which work are they used? | | | | | | |  |
|  |  |  | | | | | | | |
|  | | | | | | | | | |
|  | c. | Do all subcontractors, consultants or third parties appointed on your behalf hold their own professional indemnity insurance?? | | | | | | | Yes  No |
|  | d. | Do you ensure they have qualifications and experience relevant to the work they undertake? | | | | | | | Yes  No |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.9 Previous insurance | | Have you ever bought professional indemnity insurance in the past? | | | | | | Yes  No | |
|  | | If **Yes**, please provide details of your most recent policy: | | | | | | | |
|  | | Name of insurer | Limit of indemnity | Excess | | Premium | Renewal date | | No. of years continuously held |
|  | |  |  |  | |  |  | |  |
|  | | | | | | | | | |
|  |  | | | | Retroactive date (if applicable): | | | | /    / |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| 3.8 Cover required | a. | | Please tick the limit of indemnity required: | | | | |
|  | £500,000 | | | £1,000,000 | £2,000,000 | Other: | £ |
|  | | | | | | | |
|  | | b. | Do you require cover for U.S.A and Canadian law contracts? | | | | Yes  No |
|  | |  |  | | | |  |
|  | | c. | Do you have an incorporated company in the USA or Canada? | | | | Yes  No |
|  | |  |  | | | |  |
|  | | d. | What are the value of your assets in the USA or Canada? | | | |  |
|  | |  |  | | | |  |
|  | | e. | What is your largest contract under USA or Canada jurisdiction? | | | |  |
|  | |  |  | | | |  |
|  | | If you have purchased cover for U.S.A and Canadian law contracts before, and this cover has continued without interruption since, please confirm the date you first purchased this cover | | | | |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 4 - Management liability** | **Optional – only complete this section if cover for directors and officers’ liability, corporate legal liability and employment practices liability is required.** | | | |
| 4.1 Directors and officers’ and corporate legal liability | Please provide confirmation that you and all of your subsidiaries: | | | |
| a. | are a UK registered, private limited company; | | Yes  No |
|  | b. | are **not**: | |  |
|  |  | i. | a firm offering professional legal advice; or |  |
|  |  | ii. | a firm directly regulated by the Financial Conduct Authority or Prudential Regulation Authority; or |  |
|  |  | iii. | a recruitment consultant or staffing agency. | Yes  No |
|  | c. | have made a profit in the last 12 months and expect to make a profit after tax in the next financial year? | | Yes  No |
|  | d. | has a positive net worth? | | Yes  No |
|  | e. | have not had your accountants qualify their opinion in your latest annual accounts; | | Yes  No |
|  | f. | have no assets or any incorporated companies in the USA? | | Yes  No |
|  | g. | have reviewed and updated your health and safety policies and procedures in the last 12 months; | | Yes  No |
|  | h. | segregate duties so that at least dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures or investments for amounts in excess of £2,500. | | Yes  No |
|  | i. | do not have loans of more than £25,000 from any third party investors other than a bank or building society? | | Yes  No |
|  | j. | has the company changed ownership or control in the last 12 months, or is it expected to do so in the next 12 months? | | Yes  No |
|  |  |  | |  |
| 4.2 Employment practices liability | **Employment practices liability can only be taken with directors and officers’ liability and corporate legal liability, it cannot be taken standalone.**  Please confirm that you and all of your subsidiaries: | | | |
|  | a. | have not made any redundancies in the last 12 months; | | Yes  No |
|  | b. | do not anticipate any redundancies in the next 12 months; | | Yes  No |
|  | c. | have written employment and grievance policies which are communicated to all new and existing employees; | | Yes  No |
|  | d. | review and gain approval from external legal or human resources advisers prior to any disciplinary action or employee contract terminations? | | Yes  No |
|  | If you have answered **No** to any of the above, please provide full details below (please attach additional sheet if necessary): | | | |
|  |  | | | |

|  |  |  |
| --- | --- | --- |
| **Section 5 - Public and products and employers’ liability** | **Optional – only complete this section if this insurance cover is required.** | |
| 5.1 Total wage roll | Please estimate the total wage roll for the forthcoming completed year: | £ |
|  | | |
| 5.2 Manual work | Do you undertake or supervise any manual work, other than collection or delivery: | Yes  No |
|  | | |
| 5.3 Products | Do you sell, supply, manufacture, install, repair or service any products? | Yes  No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.4 Cover required | | a. | Please tick the limit of indemnity required for public and products liability: | | | | | | | |
|  | |  | £2,000,000 | | £5,000,000 | £10,000,000 | Other: | | £ | |
|  | |  | | | | | | | | |
|  | | b. | Employers’ liability quotations will automatically be based on a £10,000,000 cover limit. | | | | | | | |
|  | |  | | | | | | | | |
|  | | c. | What is the expiry date of your current policy? | | | | | |  | |
|  | |  | | | | | | | | |
| 5.5 Employers’ Liability Tracing Office (ELTO) | | Hiscox is a member of the Employers’ Liability Tracing Office (ELTO) and in order to meet the requirements of Financial Conduct Authority (FCA) regulation, we need you to supply us with certain data. Please ensure you have completed:   * the ‘HMRC Employer Reference Number (ERN)’ box in section 2 and below for all companies to be insured; * the main/registered address boxes in section 1 and 2 for all companies to be insured.   If you purchase a policy, your policy details will be added to the Employers Liability Database, managed by the ELTO. This data will be available for search by registered users as well as individual claimants on a limited basis, who wish to verify the employers' liability insurer of an employer at a particular point in time. | | | | | | | | |
|  | |  | | | | | | | | |
|  | HMRC Employer Reference Number (ERN) | | | | | | |  | | |
|  |  | | | | | | |  | | |
| 5.6 Employees | | a. | | Do you or any of your employees work offshore? | | | | | | Yes  No |
|  | |  | |  | | | | | |  |
|  | | b. | | Do you or any of your employees, in the course of their employment, visit the following countries or regions: Afghanistan, Central African Republic, Chad, Democratic Republic of Congo, Iran, Iraq, Israel, Ivory Coast, Libya, Niger, Somalia, South Sudan, Sudan, Syria or Yemen. | | | | | | Yes  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 6 - Property - buildings and contents** | **Optional - only complete this section if this insurance cover is required.** | | | | | |
| 6.1 Location of premises  to be covered | Location | | Full address | | Approximate year of construction | |
| 1. | |  | |  | |
|  | 2. | |  | |  | |
|  | 3. | |  | |  | |
|  |  | | | | | |
|  | Please provide us with a presentation if more than three premises are to be insured. | | | | | |
|  | | | | | | |
| 6.2 Occupancy and adjacent premises | For all premises listed above, please confirm the following: | | | | |  |
|  | a. | Is your business the only occupant of the building? | | | | Yes  No |
|  |  | If **No**, please note that the area you occupy must comply with our minimum security requirements in part 6.6 on the next page. | | | |  |
|  | b. | Is the entire building used only for office based activities? | | | | Yes  No |
|  | c. | Are any of the following immediately adjacent: licenced premises, commercial premises who hold flammable liquids, gases or solvents, businesses utilising naked flames or heat, restaurants or takeaway establishments? | | | | Yes  No |
|  | If you have answered **Yes** to 6.2 c,please provide full details: | | | | |  |
|  |  | | | | | |
|  |  |  | | | |  |
| 6.3 Construction details | a. | Are all of the buildings constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal? | | | | Yes  No |
|  | b. | Are all of the buildings free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? | | | | Yes  No |
|  | c. | Are all of the buildings in a good state of repair? | | | | Yes  No |
|  | If you have answered **No** to any of the above questions in 6.3 a. to d. above, please provide full details: | | | | | |
|  |  | | | | | |
|  |  |  | |  | |  |
|  | d. | Does any part of the premises have a flat roof? | | | | Yes  No |
|  |  | If **Yes**, is the flat roof inspected by a competent person every two years, with any defects rectified within 14 days? | | | | Yes  No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | e. | | Do any of the buildings have any unique construction features? | | | | | | | | | | | | Yes  No | | | |
|  | | | If **Yes**, please provide details below: | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | |
| 6.4 Building services | a. | | Are the buildings heated by a conventional electric, gas, oil or solid fuel central heating system? | | | | | | | | | | | | | Yes  No | | |
|  | b. | | Is there any use of naked flames, portable or gas heaters at the premises? | | | | | | | | | | | | | Yes  No | | |
|  | c. | | Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? | | | | | | | | | | | | | Yes  No | | |
|  | d. | | Are any lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? | | | | | | | | | | | | | Yes  No | | |
|  | **Note**:It is important to keep separate records of this as we may not pay a claim unless you can demonstrate that these inspection requirements have been complied with. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 6.5 Intruder alarms | a. | | | Are the premises protected by an intruder alarm system? | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | |  | | |
|  | If **Yes**, please give the manufacturer and model of the intruder alarm (at each premises if applicable): | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | |
|  | b. | | Are the intruder alarms maintained under contract at least every 12 months? | | | | | | | | | | | | | Yes  No | | |
|  |  | |  | | | | | | | | | | | | |  | | |
|  | c. | | Please indicate the type of alarms fitted at the premises: | | | | | | | | | | | | |  | | |
|  | | | Bells only | | | | | | | | Connected to the police | | | | | | | |
|  | | | Central station | | | | | | | | BT Redcare GSM | | | | | | | |
|  | | | Digital communicator (alarm receiving centre) | | | | | | | | Packnet | | | | | | | |
|  | | | Other – please provide details | | | | | |  | | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | | |
|  | d. | | Are the premises fitted with a fire alarm system with a central monitoring system? | | | | | | | | | | | Yes  No | | | | |
|  |  | |  | | | | | | | | | | |  | | | | |
|  | If **Yes**, please give the manufacturer and model of the fire alarm (at each of the premises if applicable): | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  |
| 6.6 Minimum security conditions | | **We** will not make any payment for **damage** to **contents** occurring whilst the business premises  is closed for business or left unattended unless the physical security measures at the business premises comply with the following criteria and all security devices were in full and effective operation when the damage occurred: | | | | | | | | | | | | | | | | |
|  | | 1. | | | all doors, other than any designated fire exit, providing a final point of entrance to or exit from your business premises are secured by a key operated lock which engages with the door frame and can be engaged from both sides. | | | | | | | | | | | | | |
|  | | 2. | | | all designated fire exits are secured by: | | | | | | | | | | | | | |
|  | |  | | | a. | a panic bar locking system incorporating bolts which engage both the head and sill of the door frame; or | | | | | | | | | | | | |
|  | |  | | | b. | a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle or thumb-turn mechanism. | | | | | | | | | | | | |
|  | | 3. | | | all windows and skylights which are accessible from the ground or easily reached by climbing are: | | | | | | | | | | | | | |
|  | |  | | | a. | secured by means of a key-operated locking device; | | | | | | | | | | | | |
|  | |  | | | b. | permanently screwed shut; or | | | | | | | | | | | | |
|  | |  | | | c. | protected by solid steel bars, not more than 10cm apart, or metal grilles. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | |
| 6.7 Agreement to minimum security requirements | My/our security measures comply with these criteria | | | | | | | | | | | | Yes  No | | | | | |
| I/we understand that relevant claims will not be paid if they do not | | | | | | | | | | | | Yes  No | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 6.8 Interested parties | If there are any additional financial interests in the property such as those held by banks or building societies, please confirm below: | | | | | | | | | | | | | | | | | |
|  | Name of party | | | | | | Interest of party | | | Full address and postcode | | | | | | | | |
|  |  | | | | | |  | | |  | | | | | | | | |
|  |  | | | | | |  | | |  | | | | | | | | |
|  |  | | | | | |  | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 6.9 Amounts insured | The amounts insured you stipulate below will dictate the amount of cover provided under the policy. You should enter the full rebuilding or replacement as new cost in each of the categories.  **Important note**: if you under insure, by understating these values, then we may only pay a  proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker. | | | | | | | | | | | | | | | | | |
|  | a. | | | **Buildings** | | | | | | | |  | | | | |  | |
|  | | | | Please enter the full rebuild cost in the grid below: | | | | | | | | | | | | | | |
|  | | | |  | | | | Location 1 | | | | Location 2 | | | | | Location 3 | |
|  | | | | Buildings | | | | £ | | | | £ | | | | | £ | |
|  |  | | | | | | |  | | | |  | | | | |  | |
|  | b. | | | **Contents at the premises** | | | |  | | | |  | | | | |  | |
|  | | | | Please enter the replacement cost as new for each category in the grid below. For stock and fine art, please also enter a description. | | | | | | | | | | | | | | |
|  | | | |  | | | | Location 1 | | | | Location 2 | | | | | Location 3 | |
|  | | | | General contents | | | | £ | | | | £ | | | | | £ | |
|  | | | | Computers and ancillary equipment kept at the premises | | | | £ | | | | £ | | | | | £ | |
|  | | | | Stock, samples and goods held in trust | | | | £ | | | | £ | | | | | £ | |
|  | | | | Art and collections | | | | £ | | | | £ | | | | | £ | |
|  | | | | Landlord’s fixtures and fittings and tenant improvements | | | | £ | | | | £ | | | | | £ | |
|  | | | | Documents | | | | £ | | | | £ | | | | | £ | |
|  | | | | Tools and equipment | | | | £ | | | | £ | | | | | £ | |
|  | | | |  | | | |  | | | |  | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | c. | | **Property away from the premises and in transit** | | | | | | |
|  | | | Please enter the replacement cost as new for each category in the grid below. Portable computers and electronic equipment includes (but is not limited to): laptop and notebook computers, mobile phones and BlackBerries, projectors, specialist electronic equipment.  The geographical limit determines the cover given to the items – please do not double count (e.g. if an item is included in ‘within the UK’ then it does not need to be counted in either ‘within the EU’ or ‘worldwide’). | | | | | | |
|  | | |  | | Within the UK | Within the EU | | | Worldwide |
|  | | | Portable computers and electronic equipment | | £ | £ | | | £ |
|  | | | All other business equipment | | £ | £ | | | £ |
|  |  | | | | | |  | | |
| 6.10 Building works | | Are there any plans to undertake any building work in the next 12 months that are estimated to cost more than £75,000? | | | | | | Yes  No | |
|  | |  | |  | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 7 - Business interruption** | **Optional – please complete this section if you require this insurance cover. It may only be purchased with either the property buildings or contents cover.** | | | | | | | | | | | | | | | | | |
| Please indicate the basis of cover required for the by completing the sections below. Please consult your broker if you need advice.  **Important note**: if you under insure, by understating these values, then we may only pay a  proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker. | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | |
| 7.1 Amounts insured | a. | **Loss of income/loss of profit** | | | | | | | | | | | | | | | | |
|  |  | Please choose your required cover basis between either loss of income **or** loss of profit below. Our cover for loss of income and loss of profit automatically includes increased costs of working.  Please provide values for forthcoming indemnity period selected (e.g. if the indemnity period selected is 12 months, then the revenue or profit figure should be for 12 months). | | | | | | | | | | | | | | | | |
|  |  | Loss of income – total annual revenue: | | | | | | | | | | | £ | | | | | |
|  |  |  | | | | | | | | | | | | | | | | |
|  |  | Loss of profit – amount insured: | | | | | | | | | | | £ | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | |  |
|  |  | Indemnity period (months) | | | 12 | | 18 | | | | 24 | | | | | 36 | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | b. | **Increased costs of working** | | | | | | | | | | | | | | | | |
|  |  | Please provide values for the forthcoming indemnity period selected if you wish to insure increased costs of working without insuring loss of income or loss of profit. | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | |
|  |  | Amount insured: | | | | | | | | | | | £ | | | | | |
|  |  | |  | | |  | | |  | | | | | | | |  | |
|  |  | Indemnity period (months) | | | 12 | | 18 | | | | 24 | | | | | 36 | | |
|  |  | | | | | | | | | | | | | |  | | | |
|  | c. | **Additional increased costs of working** | | | | | | | | | | | | | | | | |
|  |  | Please provide values for the forthcoming indemnity period selected if you wish to insure any additional increased costs of working. | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | |
|  |  | Amount insured: | | | | | | | | | | | £ | | | | | |
|  |  | |  | | |  | | |  | | | | | | | |  | |
|  |  | Indemnity period (months) | | | 12 | | 18 | | | | 24 | | | | | 36 | | |
|  |  | | | | | | | | | | | | | |  | | | |
|  | d. | **Outstanding debts** | | | | | | | | | | | | | | | | |
|  |  | Please provide the amount insured you require below. | | | | | | | | | | | | | | | | |
|  |  | Amount insured: | | | | | | | | | | | £ | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 7.2 Disaster recovery plan | Do you have a disaster recovery or business continuity plan? | | | | | | | | | | | Yes  No | | | | | | |
|  | If **Yes**, please attach a copy to this proposal form. | | | | | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | |
| 7.3 Location dependency | Do you require business interruption cover equally across all of your locations? | | | | | | | | | | | Yes  No | | | | | | |
|  | If **No**, please confirm the location, cover basis and amount of business interruption cover required: | | | | | | | | | | |  | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | |
|  | Location | | | Cover basis | | | | | | Amount insured | | | | | | | | |
|  |  | | |  | | | | | | £ | | | | | | | | |
|  |  | | |  | | | | | | £ | | | | | | | | |
|  |  | | |  | | | | | | £ | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 8 - Cyber and data** | **Optional – only complete this section if this insurance cover is required.**  Please provide details of personal information (in both electronic and non-electronic form) you process or store. N.B. this should include information relating to employees (past, present and prospective), as well as third-parties. | | | | |
|  |  | | | | |
| 8,1 Personal records | 1. | | How many personal data records do you process, transact or store annually? |  |
|  |  | | | |
|  | 2. | | Do you hold, process or store any credit or debit card information? | Yes  No |
|  |  | | | |
|  | 3. | | Do you encrypt all mobile computing devices (for example laptops, tablets, mobile telephones, PDAs) and portable data storage media (for example USB sticks, flash drive, magnetic tapes) which hold, store, process or have access to personal data? | Yes  No |
|  |  | | | |
|  | 4. | | Are you compliant with the Payment Card Industry Data Security Standards (PCI/DSS)? | Yes  No |
|  |  | | | |
|  | 5. | | Do you have mandatory password updates for all systems providing access to personal or confidential information at least every 90 days? | Yes  No |
|  |  | | | |
|  | 6. | | Do you update all systems including firewalls and anti virus software at least every 30 days? | Yes  No |
|  |  | |  |  |
|  | | 7. | Do you maintain your own backup tapes, cassettes or other media? | Yes  No | |
|  | |  | | | |
|  | | 8. | Are all backups encrypted and stored in a physically secure location? | Yes  No | |
|  | |  |  |  | |
|  | | 9. | Has any regulatory, governmental or administrative action been brought against you or has any investigation or information request concerning any handling of personal data occurred? | Yes  No | |
|  | |  | If **Yes**, please provide further information below: |  | |
|  | |  |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 9 – Travel** | **Optional – only complete this section if this insurance cover is required.** | | | | | | |
| 9.1 Existing health | We will not make any payment under this insurance for any claims arising out of a medical condition, which the **insured person** knew about at the time the **insured trip** was booked or begins, unless the condition is normally stable, under control and has been without the need for in-patient or emergency medical care in the last twelve months. | | | | | | |
|  |  | | | | | | |
| 9.2 Age limit | We will not make any payment under this insurance for any trip that is booked or made by anyone who is 71 years or older at the start of the period of insurance. | | | | | | |
|  |  | | | |  | | |
| 9.3 Travel activities | Do you undertake any manual work or hazardous activities whilst on your business trips? | | | | Yes  No | | |
|  | If **Yes**, please provide full details: | | | |  | | |
|  |  | | | | | | |
|  |  | | | |  | | |
| 9.4 Travel pattern | a. | Please provide full details of the travel pattern for the past 12 months: | | | | | |
|  |  | Length of trip | No. of trips within the UK | No. of trips within the EU | | No. of trips outside the EU | |
|  |  | Up to four days |  |  | |  | |
|  |  | 5 – 10 days |  |  | |  | |
|  |  | 11 – 18 days |  |  | |  | |
|  |  | 19 – 31 days |  |  | |  | |
|  |  | More than 31 days |  |  | |  | |
|  |  | | | | | |  |
|  | b. | Is the travel pattern for the next 12 months expected to vary significantly from this? | | | | | Yes  No |
|  |  | If **Yes**, please provide full details: | | | | |  |
|  |  |  | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 10 - Claims** | **You must complete this section. Please complete the claims questions for any risk now to be insured.** | | | | | | |
| 10.1 General | In relation to your professional business activities, are you after reasonable enquiry aware 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 |
|  | | If you answered **Yes** to any of the above, please provide full details: | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
| 10.2 Your directors and partners | | a. | | Have you or any of your directors or partners at any time either personally or in any business capacity ever been made bankrupt or insolvent either in a personal capacity or in connection with a business liability? | | | Yes  No |
|  | | b. | | Have you (or any fellow director or business partner) ever been convicted of or charged with a criminal offence other than a conviction spent under the Rehabilitation of Offenders Act 1974? | | | Yes  No |
|  | | If **Yes**, please give full details on a separate sheet. | | | | | |
|  | |  | | | | | |
| 10.3 Claims history | | In respect of the following insurance covers:  **Professional Indemnity, public and products liability, employers’ liability, management liability, property - buildings, property - contents, property - business interruption, cyber and data and travel:** | | | | | |
|  | | 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 |
|  | | Have you or anyone that works for your business ever been the subject of disciplinary proceedings by any professional organisation? | | | | | Yes  No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | If **Yes**, please give full details below, including the cause, the type of cover you claimed on, whether the claim was covered and the claim status: | | | | | | |  |
|  | Date | | Details | | Amount | Remedial action | | |
|  |  | |  | |  |  | | |
|  |  | | | | | | |  |
|  | Please continue on a separate sheet if necessary. | | | | | | |  |
|  |  | | | | | | |  |
| 10.4 Employers’ liability | 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: | | | | | | |  |
|  |  | | | | | | | |
|  |  | | | | | | |  |
| 10.5 Management liability | 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, are 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: | | | | | | |  |
|  |  | | | | | | | |
|  |  | | | | | |  | |
| 10.6 Previous insurance | 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 11 -Declaration** | | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** | | | |
| 11.1 Material information | | Please provide us with details of any 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. | | | |
|  |  | | | | |
|  | | Is there anything else that you would like to tell us about you or your business? | | | Yes  No |
|  | |  | | | |
|  | |  | | | |
| 11.2 Your information | | By signing this proposal form, you consent to the Hiscox group of companies (collectively referred to as Hiscox) using the information **we** may hold about **you** or others related to **your policy** for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about **you** or others related to **your policy** where this is necessary (for example health information or criminal convictions). This may mean Hiscox has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Hiscox as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. **You** or others related to **your policy** mayhave the right to apply for a copy ofthis information (for which Hiscox may charge a small fee) and to have any inaccuracies corrected.  For training and quality control purposes, telephone calls may be monitored or recorded. | | | |
|  | |  | | | |
| 11.3 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. | | | |
|  | |  | | | |
|  | |  | | | |
|  | | 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.** | | | |
|  | |  | | | |
| 11.4 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  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. | | | |