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| --- | --- | --- | --- |
|  | **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. | Publishers | Please complete this section if you require this cover |
|  | 4. | Online content | Please complete this section if you have completed section 3. |
|  | 5. | Management liability | Please complete this section if you require this cover |
|  | 6. | Public and products liability and employers’ liability | Please complete this section if you require this cover |
|  | 7. | Property – buildings  and contents | Please complete this section if you require this cover |
|  | 8. | Business interruption | Please complete this section if you require this cover |
|  | 9. | Cyber and data | Please complete this section if you require this cover |
|  | 10. | Travel | Please complete this section if you require this cover |
|  | 11. | Claims | **All businesses must complete this section** |
|  | 12. | Declaration | **All businesses must complete this section** |
|  |  |  |  |
| This proposal form | The purpose of this proposal form is for us to find out who you are and what you do with a view to making a proposal for one or more products from the Hiscox Professional Insurance Portfolio. It does not oblige either party to enter into a contract of insurance. | | |
|  | 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. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Your business** | **You must complete this section.** | | | | | | | | | | | | | | | |
| 1.1 Your business | Business name | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Main address | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Post code | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Year business established | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | |  | | | | | |
|  | HMRC Employer Reference Number (ERN)^ | | | | | | | | | |  | | | | | |
|  | (for further information on ERNs, see section 2.3) | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | |  | | | | | |
| 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 Type of Publisher | Please select the type of publishing activities you perform: | | | | | | | | | | | | | | | |
|  | Magazine  Trade Journal | | | | Newspaper  Academic/Scholarly | | | | Books  Online | | | | | | | |
|  |  | | | | | | | |  | | | | | | | |
| 1.5 Other services for clients | Do you provide any other services to third parties? | | | | | | | | | | | | | | Yes  No |
|  | If Yes, please provide details: | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1.6 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: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1.7 Your income | a. | Your total income: please provide a breakdown according to the legal jurisdiction of your contracts: | | | | | | | | | | | | | | |
|  |  | Jurisdiction | | | | **Last completed financial year**  Year ending:   /   / | | **Current year**  Year ending:   /  / | | **Estimate next year**  Year ending:    /  / | | | | | | |
|  |  | UK | | | | € | | € | | € | | | | | | |
|  |  | Ireland | | | | € | | € | | € | | | | | | |
|  |  | European Union (excluding UK/IRE) | | | | € | | € | | € | | | | | | |
|  |  | United States of America and Canada | | | | € | | € | | € | | | | | | |
|  |  | Rest of the world | | | | € | | € | | € | | | | | | |
|  |  | **Total** | | | | € | | € | | € | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | b. | What percentage of your income comes from advertising revenue? | | | | | | | | | | % | | | | |
|  | | | | | | | | | | | | | | | | |
|  | c. | What percentage of your income comes from related events you’ve organised? | | | | | | | | | | % | | | | |
|  | | | | | | | | | | | | | | | | |
|  | d, | | What percentage of your incomes comes from activities in 1.5? | | | | | | | | | | % | | | |
|  |  | | | | | | | | | | | | |  | | |
| 1.8 Your experience | Please confirm that one or more of the principals has at least three years’ experience in the publishing industry: | | | | | | | | | | | | | Yes  No | | |
|  | If No, please provide CVs for all principals. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | |
| 1.9 Membership of  professional organisations | Is your business a member of any professional organisations or trade associations? | | | | | | | | | | | | | Yes  No | | |
|  | If Yes, please provide details: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **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 | Country | HMRC Employer Reference Number^ |
|  | |  |  |  |
|  | |  |  |  |
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| 2.2 Associated companies | Please provide the following details for any associated companies to be insured below: | | | | |
|  | Name | | Main/registered address including postcode | Country | HMRC Employer Reference Number^ |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  |  | |  |  |  |
|  |  | | | | |
| 2.3 ERN information | ^The HMRC Employer Reference Number (ERN) is required if you wish to be insured for Employers’ liability (see section 7.6). 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: | | | | |
|  | - | the business does not have any employees | | | |
|  | - | the business is registered outside England, Scotland, Wales or Northern Ireland | | | |
|  | - | all employees earn below the current PAYE threshold | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3 –  Publishers** | | | | **Optional - please complete this section if you require professional indemnity.** | | | | | | | | | | | | | | | | |
| 3.1 Your publishing activities | | | | a. | | For all titles you publish please fill out the table below. Please continue on a separate sheet if necessary: | | | | | | | | | | | | | | |
| **Name of publication and related website URL** | **Nature of content\*** | **Years in operation** | | | | | | | | **Turnover from title** | **Frequency of publication** | **Approximate circulation**  **per issue** | **Countries of circulation** | | | | **Number of unique visits per week** | | |
|  |  |  | | | | | | | |  |  |  |  | | | |  | | |
|  |  |  | | | | | | | |  |  |  |  | | | |  | | |
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|  |  |  | | | | | | | |  |  |  |  | | | |  | | |
| \***including but not limited to**: national, regional, local news; current affairs; gossip/celebrity; financial services; educational/reference/research/science; underground/political/satirical/contentious; music; business and trade; lifestyle; children’s/young adult; (auto)biographies; memoirs; hobbies and interests; health and fitness; nature; medical/medical reference; fiction; special interest. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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, libellous matter, and authenticity of sources? | | | | | | | | | Yes  No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | c. | | Do you contractually require your freelancers to carry their own professional indemnity insurance? | | | | | | | | | Yes  No | | | | | |
|  | | | |  | |  | | | | | | | | |  | | | | | |
| 3.4 Electronic/audio books | | | | a. | | | Do you publish books in electronics or audio formats? | | | | | | | | | Yes  No | | | | |
|  | | | | If Yes: | | | | | | | | | | | | | | | | |
|  | | | |  | | | i. | | Have you obtained all necessary licenses and rights from the authors to publish in these formats? | | | | | | Yes  No | | | | | |
|  | | | |  | | | ii. | | If the title has been published previously in any other medium, have you obtained the rights from the prior publisher to publish in these formats? | | | | | | Yes  No | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | If No, please provide details: | | | | | |
|  |  |  | | | | | |
|  | | | | | | | |
| **3.5 Clearance procedures** | a. | Do you consult with a qualified media lawyer for pre-publication 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. | | | | | |
|  |  |  | | | | | |
|  |  | If you have standard written procedures, please attach a copy. | | | | | |
|  | | | | | | | |
|  | 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: | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  | c. | Do you always include a disclaimer in any publication where you provide advice or guidance of any kind? | | | | | Yes  No  N/A |
|  | | | | | | | |
|  | d. | If you are a publisher of biographies and/or autobiographies, are they always libel read prior to publication? | | Yes  No  N/A | | | |
|  |  | If No, please describe criteria for libel reads: | | | | | |
|  |  |  | | | | | |
|  | | | | | | | |
|  | e. | | Do you have written complaint and retraction procedures? | | | | Yes  No  N/A |
|  | | | | | | | |
|  | 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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| --- | --- | --- | --- | --- | --- |
| **Section 4 –  Online content** | **Optional – please complete this section if you have completed section 3.** | | | | |
|  | **For all websites you publish, please answer the following:** | | | | |
| 4.1 Digital | a. | Do you publish your terms and conditions and privacy policy online? | | | Yes  No |
|  | b. | Do you update this in line with regulatory requirements in all applicable territories? | | | Yes  No |
|  | | | | | |
| 4.2 User 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: | | | |
|  |  |  | | | |
|  | | | | | |
|  | d. | Do you provide an easily accessible link for users to report issues with any content which appears on the site? | | Yes  No | |
|  | e. | Do you have take down procedures in place? | | Yes  No | |
|  | f. | What is the longest period of time to execute these procedures? | |  | |
|  | | | | | |
|  | g. | Do you have procedures in place for dealing with users who repeatedly post offending or infringing content? | | Yes  No | |
|  | | | | | |
| 4.3 User information | a. | Do you require all users to register with you prior to posting any material? | | Yes  No | |
|  | b. | What personally identifiable data do you store about your users? | | | |
|  |  |  | | | |
|  | | | | | |
| 4.4 Children and young adults | a. | Are any of your websites targeted to children or young adults? | | Yes  No | |
|  | If Yes: | | | |
|  |  | i. | are the terms and conditions tailored to suit the audience? | Yes  No | |
|  |  | ii. | are the terms and conditions easy to understand and locate? | Yes  No | |
|  |  |  |  |  | |
| 4.5 Social media | a. | Do you utilise social media, such as Twitter, Facebook or Linked In? | | Yes  No | |
|  |  | If Yes: | | | |
|  |  | i. | Do you outsource the management of your social media profile? | Yes  No | |
|  |  | ii. | Are employees and journalists encouraged to use their own social media accounts in the course of their work for you? | Yes  No | |
|  |  | IfYes, please provide details. | | | |
|  |  |  | | | |

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| --- | --- | --- | --- | --- |
| **Section 5 – Management liability** | **Optional – only complete this section if cover for directors and officers’ liability, corporate legal liability and employment practices liability is required.** | | | |
| 5.1 Directors and officers’  and corporate legal liability | Please provide confirmation that you and all of your subsidiaries: | | | |
| a. | are a UK registered limited company; | | Yes  No |
|  | b. | are **not** listed on any stock exchange; | | Yes  No |
|  | c. | 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 |
|  |  |  |  |  |
|  | d. | have been trading for at least two years; | | Yes  No |
|  | e. | have not made a loss in the last 12 months or do not expect to make a loss in the next 12 months; | | Yes  No |
|  | f. | Have declared a positive net worth in your latest annual accounts; | | Yes  No |
|  | g. | have not had your accountants qualify their opinion in your latest annual accounts; | | Yes  No |
|  | h. | have no assets in or turnover from the USA? | | Yes  No |
|  | i. | have reviewed your health and safety policies and procedures in the last 12 months; | | Yes  No |
|  | j. | 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 |
|  |  |  | |  |
| 5.2 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): | | | |
|  |  | | | |

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| --- | --- | --- | --- | --- |
| **Section 7 – Public and products and employers’ liability** | **Optional – only complete this section if this insurance cover is required.** | | | |
| 7.1 Total wage roll |  | Description\* | Estimate for next 12 months | Percentage of work away from your premises |
|  | Clerical/non-manual |  | € | % |
|  | Manual\* |  | € | % |
|  | Manual\* |  | € | % |
|  | Manual\* |  | € | % |
|  | \*Please enter a description for the type of manual work undertaken. | | | |
|  |  | | |  |
| 7.2 Premises | Number of premises you occupy: | | |  |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| 7.3 Work at height | Is any work undertaken in excess of ten metres above ground level? | Yes  No |
|  | If Yes, please provide further details below: |  |
|  |  | |
|  |  |  |
| 7.4 Work with heat | Is any work undertaken either at or away from the premises involving heat processes? | Yes  No |
|  | If Yes, please provide further details below: |  |
|  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |
| 7.5 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? | | | |  |
|  |  | | | | | | |
| 7.6 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)’ boxes in section 1 and 2 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. | | | | | |
|  | |  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| 7.7 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 |
|  |  |  | | |  |
|  | c. | Do you use sub-contractors or consultants? | | | Yes  No |
|  |  |  | | |  |
|  | d. | Do your sub-contractors hold public and products liability? | | | Yes  No |
|  |  | | | | |
|  |  | | If so, to what limit of indemnity? |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 8 – Property – buildings and contents** | **Optional – only complete this section if this insurance cover is required.** | | | | | |
| 8.1 Location of premises  to be covered | Location | | Full address | | Postcode | |
| 1. | |  | |  | |
|  | 2. | |  | |  | |
|  | 3. | |  | |  | |
|  |  | | | | | |
|  | Please provide us with a presentation if more than three premises are to be insured. | | | | | |
|  | | | | | | |
| 8.2 Occupancy | 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 | |
|  |  |  | | |  | |
| 8.3 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 an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? | | | Yes  No | |
|  | d. | 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: | | | | | |
|  |  | | | | | |
|  |  |  | |  |  | |
|  | e. | Do any of the buildings have any unique construction features? | | | Yes  No | |
|  | | If Yes, please provide details below: | | | | |
|  | |  | | | | |
|  |  |  | | | | |
| 8.4 Building services | a. | Are the buildings heated by a conventional electric, gas, oil or solid fuel central heating system? | | | | Yes  No |
|  | b. | Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? | | | | Yes  No |
|  | c. | 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. | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8.5 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? | | | | | | | Yes  No | | |
|  |  | |  | | | | | | |  | | |
|  | If Yes, please give the manufacturer and model of the fire alarm (at each of the premises if applicable): | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | |  |
| 8.6 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. | | | | | | |
|  |  | | | | | | | |  | | | |
| 8.7 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 | | | |
|  |  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8.8 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 | | | | |
|  |  | | |  | |  | | | | |
|  |  | | |  | |  | | | | |
|  |  | | |  | |  | | | | |
|  |  | | | | | | | | | |
| 8.9 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 other electronic equipment kept at the premises | | € | | € | | | € |
|  | | | Stock | | € | | € | | | € |
|  | | | Fine art | | € | | € | | | € |
|  | | | Landlord’s fixtures and fittings and tenant improvements | | € | | € | | | € |
|  | | |  | |  | |  | | |  |
|  | c. | | **Property away from the premises** | | | | | | | |
|  | | | 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 | | € | | € | | | € |
|  |  | | | | | | |  | | |
| 8.10 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 | |
|  |  | | | | | | |  | | |
| 8.11 Equipment | | Do you use any equipment that would take more than three months to replace? | | | | | | | Yes  No | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 9 –  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. | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |
| 9.1 Amounts insured | a. | **Loss of income/loss of gross profit** | | | | | | | | | | | | | | |
|  |  | Please choose your required cover basis between either loss of income **or** loss of gross profit below. Our cover for loss of income and loss of gross profit automatically includes increased costs of working.  Please enter values for forthcoming indemnity period selected (e.g. if the indemnity period selected is 12 months, then the revenue or gross profit figure should be for 12 months). | | | | | | | | | | | | | | |
|  |  | Loss of income – total annual revenue: | | | | | | | | | € | | | | | |
|  |  |  | | | | | | | | | | | | | | |
|  |  | Loss of gross profit – amount insured: | | | | | | | | | € | | | | | |
|  |  | | |  | | |  | | | | |  | | | |  |
|  |  | Indemnity period (months) | | 12 | | 18 | | | 24 | | | | | 36 | | |
|  |  | | | | | | | | | | | | | | | |
|  | b. | **Increased costs of working** | | | | | | | | | | | | | | |
|  |  | Please enter values for the forthcoming indemnity period selected if you wish to insure increased costs of working without insuring loss of income or loss of gross profit. | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |
|  |  | Amount insured: | | | | | | | | | € | | | | | |
|  |  | |  | |  | | |  | | | | | | |  | |
|  |  | Indemnity period (months) | | 12 | | 18 | | | 24 | | | | | 36 | | |
|  |  | | | | | | | | | | | |  | | | |
|  | c. | **Additional increased costs of working** | | | | | | | | | | | | | | |
|  |  | Please enter 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 enter the amount insured you require below. | | | | | | | | | | | | | | |
|  |  | Amount insured: | | | | | | | | | € | | | | | |
|  | | | | | | | | | | | | | | | | |
| 9.2 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. | | | | | | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 10 – Cyber and data** | | Please provide details of personal information (in both electronic and non-electronic form) you process or store using the following table. N.B. this should include information relating to employees (past, present and prospective), as well as third-parties. | | | | | | | | | | |
|  |  | | | **Type of sensitive information transmitted, processed or stored:** | | | | | | | | |
|  | | | **Names, addresses and email addresses** | **Individual taxpayer ID/NI numbers** | **Driver’s license, passport  or other ID numbers** | | | **Financial account records** | **Payment card data** | | **Other: Please specify** |
| **Number of records transmitted or processed per year** | | |  |  |  | | |  |  | |  |
| **Maximum number  of records stored  on your network at any one time** | | |  |  |  | | |  |  | |  |
| **Always encrypted while at-rest on the network?** | | | Yes  No | Yes  No | Yes  No | | | Yes  No | Yes  No | | Yes  No |
| **Always encrypted while in-transit within and out of the network?\*** | | | Yes  No | Yes  No | Yes  No | | | Yes  No | Yes  No | | Yes  No |
| **Always encrypted on mobile computing devices?\*\*** | | | Yes  No | Yes  No | Yes  No | | | Yes  No | Yes  No | | Yes  No |
| **Always encrypted  on portable data storage media?\*\*\*** | | | Yes  No | Yes  No | Yes  No | | | Yes  No | Yes  No | | Yes  No |
|  |  | | | | | | | | | | | |
|  | \*including on wireless networks, in file transfers and in email.  \*\*including laptops, tablets, mobile telephones, PDAs.  \*\*\* including USB sticks, flash drives, magnetic tapes. | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | 1. | | Do you have a defined process implemented to regularly patch your systems and applications? | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | |
|  | 2. | | Do you use anti-virus software and regularly apply updates/patches? | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | |
|  | 3. | | Have you installed and do you maintain a firewall configuration to protect your system? | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | |
|  | 4. | | Do you back up files on your system (including your website) at least weekly and store off site? | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | |
|  | 5. | | Are all passwords changed at least every 60 days? | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | |
|  | 6. | | Do you have written clearance procedures in place regarding use, licensing and consent for third-party content used by you on your website or in promotional materials? | | | | | | | | Yes  No | |
|  | 7. | | Are you compliant with the most recent applicable Payment Card Industry Data Security Standards (PCI DSS)? If Yes: | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | |
|  |  | | to what certification level? | | | | Level 1  Level 2  Level 3  Level 4 | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | when was your last assessment? | | | | |  | | | | |
|  |  | | | | | | | | | | | |
|  | 8. | | Please give details of any IT security incidents, privacy breaches or other circumstances you have suffered: | | | | | | | | | |
|  |  | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 11 – Travel** | **Optional – only complete this section if this insurance cover is required.** | | | | | | |
| 11.1 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. | | | | | | |
|  |  | | | | | | |
| 11.2 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. | | | | | | |
|  |  | | | |  | | |
| 11.3 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 12 – Claims** | **You must complete this section. Please complete the claims questions for any risk now to be insured.** | | | |
| 12.1 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 Yesto any of the above, please provide full details: | | | |
|  |  | | | |
|  |  | | | |
| 12.2 Your directors | Have you or any of your directors 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. | | | |
|  |  | | |  |
| 12.3 Professional indemnity | Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)? | | | Yes  No |
|  |  | | | |
| 12.4 All others covers | In respect of the following insurance covers:  **Public and products liability, employers’ liability, management liability, hacker damage email, property - buildings, property - contents, property - business interruption, travel, personal accident and illness:** | | | |
|  | 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 the answer to 12.3. and/or 12.4. is **Yes**, please give full details below: | | | | | | |  |
|  | Date | | Details | | Amount | Remedial action | | |
|  |  | |  | |  |  | | |
|  |  | | | | | | |  |
|  | Please continue on a separate sheet if necessary. | | | | | | |  |
|  |  | | | | | | |  |
| 12.5 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: | | | | | | |  |
|  |  | | | | | | | |
|  |  | | | | | | |  |
| 12.6 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: | | | | | | |  |
|  |  | | | | | | | |
|  |  | | | | | |  | |
| 12.7 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 13 –Declaration** | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** | | | |
| 13.1 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 |
|  |  | | | |
|  |  | | | |
| 13.2 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. | | | |
|  |  | | | |
| 13.3 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.** | | | |
|  |  | | | |
| 13.4 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  or by telephone on 0800 116 4627/01904 681 198 or by email at customer.relations@hiscox.com.  Where you are not satisfied with the final response from Hiscox, you also have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk. | | | |