|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **This proposal form is for new business to Hiscox for UK-based residential management companies with up to 600 units.** | | | | | | | | | | | | | | | |
| This proposal form | In deciding whether to accept the insurance and in setting the terms and premium, we rely 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; | | | | | | | | | | | | |
|  |  | | | ensure that all information provided is true, accurate and complete. | | | | | | | | | | | | |
|  |  | | | tell us, as soon as possible, if there are any changes to the information you have given us. If you are in any doubt, please contact your insurance broker. | | | | | | | | | | | | |
| **1.1 Your business** | Business name: | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | Address: | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | Postcode: | | | | |  | Website: | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Date business established: | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | # | | | | | | | | | | | | | | | |
|  | Total number of employees (full- and part-time): | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | |
|  | Turnover for last 12 months: | | | | | | | | | | | | | | | £ |
|  | | | | | | | | | | | | | | | | |
|  | Number of units managed: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |
| **1.2 Your activities** | Do you use services of an outside/external property management company? | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | |
|  | If, yes, do you undertake due diligence and check references of all such third party companies? | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | |
|  | Do you ensure they have an adequate professional indemnity insurance policy in place? | | | | | | | | | | | | | Yes  No | | |
|  |  | | | | | | | | | | | | | | | |
| **2. Cover required** | Corporate legal liability can only be taken with directors and officers’ liability. Employment practices liability can only be taken with directors and officers’ liability and corporate legal liability, it cannot be taken standalone.  Limit of indemnity required (other limits may be available on request); | | | | | | | | | | | | | | | |
|  | Directors and officers liability: | | | | | | | | | | | | | | | |
|  | £250,000 | | | | £500,000 | | | £1,000,000 | | £2,000,000 | | | | | £5,000,000 | |
|  | | | | | | | | | | | | | | | | |
|  | Corporate legal liability: | | | | | | | | | | | | | | | |
|  | £250,000 | | | | £500,000 | | | £1,000,000 | | £2,000,000 | | | | | £5,000,000 | |
|  | | | | | | | | | | | | | | | | |
|  | Employment practices liability: | | | | | | | | | | | | | | | |
|  | £250,000 | | | | £500,000 | | |  | |  | | | | |  | |
|  |  | | | | | | | | | | | | | | | |
| Business HR Solutions | Business HR Solutions' comprehensive website includes online HR and health and safety audits. Users of the website include companies of all sizes who, whether they have an HR department or not, rely on Business HR Solutions' website and telephone advice line to ensure that they minimise the financial and reputational risk of employment, discrimination and health and safety cases. | | | | | | | | | | | | | | | |
|  | Would you like to include HR solutions’ services in your quote? | | | | | | | | | | | | Yes  No | | | |
| **3.1. Questions about you** | Please provide confirmation that you and all of your subsidiaries: | | | | | | | | | | | | | | | |
| a. | are a UK-based residential management company or business; | | | | | | | | | | | Yes  No | | | |
|  | b. | have been trading for at least one year; | | | | | | | | | | | Yes  No | | | |
|  | c. | have a positive net worth; | | | | | | | | | | | Yes  No | | | |
|  | d. | have reviewed and updated your health and safety policies within the last 12 months; | | | | | | | | | | | Yes  No | | | |
|  | e. | have dual controls in place so that at least two people are required to process financial transactions and to disburse assets for amounts in excess of £2,500. | | | | | | | | | | | Yes  No | | | |
|  | If you have answered No to any of the above, please refer to the additional information sheet. | | | | | | | | | | | | | | | |
|  | f. | Have your accountants qualified their opinion in your annual accounts? | | | | | | | | | | | Yes  No | | | |
|  | If you have answered Yes to the question above, please refer to the additional  information sheet. | | | | | | | | | | | | | | | |
|  | If you wish to purchase employment practices liability insurance in addition to directors and officers’ and corporate legal liability insurance please tell us if you or any of your subsidiaries: | | | | | | | | | | | | | | | |
|  | g. | have made any redundancies in the last 12 months; | | | | | | | | | | | Yes  No | | | |
|  | h. | anticipate making any redundancies in the next 12 months; | | | | | | | | | | | Yes  No | | | |
|  | If you have answered Yes to any of the above, please see the additional information sheet. | | | | | | | | | | | | | | | |
|  | If you wish to purchase employment practices liability insurance in addition to directors  and officers’ and corporate legal liability insurance please confirm that you and all of  your subsidiaries: | | | | | | | | | | | | | | | |
|  | i. | have current employment, disciplinary and grievance policies in place that have been communicated to all employees; | | | | | | | | | | | Yes  No | | | |
|  | j. | ensure that all disciplinary actions, dismissals and redundancies are subject to prior review and approval by a suitably qualified professional. | | | | | | | | | | | Yes  No | | | |
|  | If you have answered No to any of the above, please see the additional information sheet. | | | | | | | | | | | | | | | |
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| **3.2. Claims, convictions and insolvency** | a. | have there been any investigations or claims against you, your directors, partners or other board members or employees within the last five years, whether previously insured or not? | | | | | | | | | | | Yes  No | | | |
|  | b. | are you or any of your directors, partners or other board members or employees aware, after reasonable enquiry, of any fact, circumstance or incident which may give rise to a claim or investigation under the proposed policy? | | | | | | | | | | | Yes  No | | | |
|  | c. | Within the past 10 years, have you or any of your directors, partners or other board members, or any entities for which such persons  act or acted as board members, been the subject of any  insolvency process? | | | | | | | | | | | Yes  No | | | |
|  | d. | Have any of your directors, partners or other board members have ever been disqualified from acting as a director of a limited company or member of a limited liability partnership? | | | | | | | | | | | Yes  No | | | |
|  | e. | Have any of your directors, partners or other board members 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 you have answered Yes to any of the above, please see the additional information sheet. | | | | | | | | | | | | | | | |
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| **4. Insurance details** | **Please note that cover is subject to acceptance by Hiscox and will only commence once all necessary underwriting has taken place and you have received confirmation of cover from Hiscox.** | | | | | | | | | | | | | | | |
|  | The insurance policy operates on a continuing basis. This means that if at the end of the period of insurance there have been no changes to the statements in your statement of fact and there have been no other changes to your business which would form part of a fair presentation of the risk, the policy will renew for a further period of 12 months on the same terms subject to any changes in the policy or premium that we may present to you at renewal. If you agree for the policy to renew, you will not need to do anything. We will renew it and provide you with new policy documentation. If you pay Hiscox by monthly Direct Debit, we  will continue to take payment in the usual way. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **5. 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? (please attach additional pages if necessary) | | | | | | | | | | | | | | | Yes  No |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **6. Using your personal information** | Hiscox is a trading name of a number of Hiscox companies. The specific company acting as  a data controller of your personal information will be listed in the documentation we provide  to you. If you are unsure you can also contact us at any time by telephoning 01904 681198  or by emailing us at dataprotectionofficer@hiscox.com.  We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.  We may record telephone calls to help us monitor and improve the service we provide.  For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **7. Declaration** | **Please read the declaration carefully and sign at the bottom.** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | I/we confirm that the information given in this proposal form and any additional sheet is true, accurate and complete and I 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 | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | **A copy of this proposal should be retained for your records.** | | | | | | | | | | | | | | | |
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| 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. | |
|  |  | |
| **Additional information sheet** | If we have asked you to provide additional information regarding any of your answers in in section 3 please help us understand by providing more information on a separate sheet as requested below. | |
|  | **Section 3.1.** | |
|  | a. – please speak to your broker as this product will not be available to you. | |
|  | b. and c. – please tell us about your past financial performance and projections for the future by providing: | |
|  |  | business plan |
|  |  | your most recent management accounts |
|  |  | commentary regarding why you were unable to answer Yes to the relevant statement. |
|  | d. and e. – please provide the procedures you use to manage risks in these areas. | |
|  | f. – please give details and explain qualification. | |
|  | g. and h. please provide: | |
|  |  | * full description of what redundancies happened/are planned including how many people and when |
|  |  | * is there a redundancy policy and procedure in place? |
|  |  | * are compromise agreements used? |
|  |  | * what was/will be the selection criteria used? |
|  |  | * what legal advice has been/will be used and from who? |
|  | i. and j. – please provide the procedures you use to manage risks in these areas. | |
|  | **Section 3.2.** | |
|  | Please provide a description of all circumstance(s), claims, convictions, disqualifications, insolvencies or investigations including: | |
|  |  | * nature of the circumstance and how it arose |
|  |  | * date of the circumstance |
|  |  | * values of any payments made |
|  |  | * what has been done to prevent a reoccurrence? |