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|  | This proposal form is for companies requiring cover for crime. |
|  | 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:  |
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|  |  | 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; |
|  |  | 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. |
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| **1.** **Your business** | Name: |       |
|  |  |
|  | Address: |       |
|  |  |
|  | Postcode: |       |
|  |  |
|  | Website: |       |
|  |  |
|  | Date business established: |   /  /     |
|  |  |
|  | Business structure: |
|  | Limited company  | [ ]  | Limited liability partnership  | [ ]   |
|  | Partnership  | [ ]  | Public limited company  | [ ]   |
|  | Sole trader  | [ ]  | Other  | [ ]   |
|  |  |
|  | Your activities: |
|  |       |
|  |  |
|  | Total number of employees (full and part-time): |       |
|  |  |  |
|  | Total number of locations: |       |
|  |  |
|  | Total sales/turnover for the last 12 months: | £      |
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| **2. Cover required** | Please select the coverage options you require below.Limit of indemnity required (other limits may be available on request): |
|  | £250,000 [ ]   | £500,000 [ ]   | £1,000,000 [ ]   |
|  | £2,000,000 [ ]   | £3,000,000 [ ]   | £5,000,000 [ ]   |
|  |  |  |  |
| **3. Business activities** | a. | Do you have any locations outside the UK? | Yes [ ]  No [ ]  |
|  | b. | Are you involved in the supply of equipment or other assets to customers or business partners under either finance or operating leases? | Yes [ ]  No [ ]  |
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| **4. Controls** | a. | Are you a UK-based business? | Yes [ ]  No [ ]  |
|  | b. | Are you making an operating profit? | Yes [ ]  No [ ]  |
|  | c. | Do you perform pre-employment reference checks for all employees? | Yes [ ]  No [ ]  |
|  | d. | Do you have purchasing, stock, inventory, payroll and accounts payable procedures and controls in place, that are consistent across all of your locations and audited annually? | Yes [ ]  No [ ]  |
|  | e. | Do you have dual controls in place and ensure strict compliance with the dual controls so that at least two people are required to process financial transactions and to disburse assets? | Yes [ ]  No [ ]  |
|  | f. | Do you check invoices against the purchase order and authorised supplier list prior to making payments? | Yes [ ]  No [ ]  |
|  | g. | Do you have a system in place to detect ghost employees? | Yes [ ]  No [ ]  |
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| **5. Claims, convictions and insolvency** | Have you ever suffered any employee theft, forgery, computer fraud or any other crime or deception losses? If yes, please provide details including any controls you have put in place to prevent losses of this nature taking place again. | Yes [ ]  No [ ]  |
|  | Within the past ten 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 [ ]  |
|  | Have any of your directors, partners or other board members ever been disqualified from acting as a director of a limited company or member of a limited liability partnership?  | Yes [ ]  No [ ]  |
|  | 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 the answer to any of the above is Yes, please provide details: |
|  |       |
|  |  |
| **6. 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. |
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| **7. Material information** | Please provide us with any information which may be relevant to our consideration of your proposal for insurance. If you have 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 [ ]  |
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| **8. 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](http://www.hiscox.co.uk/cookies-privacy). |
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| **9. Declaration** | 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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| **10. 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 RelationsThe Hiscox BuildingPeasholme GreenYork YO1 7PRor by telephone on 0800 116 4627 / 01904 681 198or 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. |