

# Influencer and public figure protection package

Submission proposal form

# This proposal form is for new business to Hiscox for UK-domiciled influencer and public figures.

You must read the contents of this form carefully and take care to ensure that all information, including all answers provided by you, is true, complete and accurate. Please note that some of the information may have been assumed by us. If you need more space, please provide answers on a separate sheet of paper, clearly highlighting the question number.

#### 1. Your business Your name:

Business name:	
Address:	
Postcode:	Website:
Your social media channels:	
Income for last 12 months:	£
What topics do you generally speak, or create content about?	

What is the largest number of followers or subscribers you have on any social platform?

0 – 100,000	100,001 – 500,000	500,001 – 1,000,000	1,000,000 – 2,000,000	2,000,001 +

### Influencer and public figure protection

What level of indemnity do you require for influencer and public figure protection?

£250,000	£500,000	£1,000,000	£2,000,000

## **Public liability**

Do you need public liability cover?

Yes 🗌 No 🗌

If Yes, what limit of indemnity do you require?

£1,000,000	£2,000,000	£5,000,000

#### **Cameras and equipment**

Do you have camera or business equipment you want to insure?	Yes 🗌 No 🗌
If Yes, what is the total replacement value?	£
Business travel	
Do you require cover for anyone else?	Yes 🗌 No 🗌
How many days do you expect to travel each year?	



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- 2. Statement of fact and questions
- A. For influencer and public figure protection and public liability

Please confirm below that you:

- i. earn less than £250,000 a year from endorsement or promotional deals and earn no more than £50,000 from any one client;
- ii. have a good working knowledge of intellectual property infringement, privacy and defamation legislation;
- iii. always disclose paid posts in a manner that meets the ASA guidelines with #AD prominently displayed on paid posts;
- iv. always check to ensure that you don't breach endorsement agreements by promoting competing products;
- v. don't promote or advertise financial services, alcohol, medication, vitamins, weight-loss products or supplements;
- vi. don't have your own product line or merchandise;
- vii. don't organise or arrange any events; and
- viii. haven't previously been investigated by the ASA or other regulatory bodies regarding your content.

Yes 🗌 No 🗌

If you answer No to any of the statements at A.i. to A.viii.I above please provide full details:

### B. For business travel

Please confirm below that you:

- i. are aged between 16 and 70; and
- ii. do not travel to Afghanistan, Central African Republic, Chad, Democratic Republic of Congo, Iran, Iraq, Israel, Ivory Coast, Libya, Niger, Somalia, South Sudan, Syria or Yemen.

If you answer No to either **BI** or **BII** above please provide full details:

### C. Claims and circumstances

- i. In the past ten years, have you suffered any loss or has any claim (whether successful or not) ever been made against you that falls within the scope of the proposed insurance?
- ii. Are you aware of anything likely to lead to a claim or loss that falls within the scope of proposed insurance?

Yes 🗌 No 🗌

Yes No N/A

If you answer Yes to either Ci.. or C.ii. above please provide full details:

**Material Information** 

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 take care when answering any questions we ask by ensuring that all information provided is true, accurate and complete.

You must 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. If you do not have a broker then please contact us directly. When we are notified of a change we will tell you if this affects your policy. For example we may cancel your policy in accordance with the cancellation condition, amend the terms of your policy or require you to pay more for your insurance.

If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.



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If the information you have provided to us is not true, complete or accurate we will have a number of possible remedies against you, including a reduction in the amount we will pay in the event of a claim or treating this policy as if it never existed.

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.

Declaration

### You must read this before signing below.

I/We declare that (a) this application (including any attached sheets) has been completed after proper enquiry; (b) its contents are true, complete and accurate; and (c) reasonable care has been taken to answer all questions honestly and to the best of my/our knowledge.

I/We understand that the signing of this application does not bind me/us to complete the insurance but agree that, should a contract be concluded, this application, the statements made in it and the information provided in connection with it will be relied upon by Hiscox in deciding whether to accept this insurance.

Name of insured

Signature of insured	

/ Date

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You should keep a copy of this application and a record of all information (including copies of any letters) supplied to underwriters for the purpose of entering into this insurance. A copy of your completed application will be available on request provided the insurance is affected.

Unless specifically agreed to the contrary this insurance will be subject to English Law.

Complaints

Any complaint should be addressed in the first instance to Hiscox Customer Relations at:

The Hiscox Building Peasholme Green York YO1 7PR United Kingdom

by email at customer.relations@hiscox.com; or by phone: 0800 116 4627 or (+)44 (0)1904 681198.