|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 | **All business must complete this section** |
|  | 4. | | Management liability | Please complete this section if you require this cover |
|  | 5. | | Public and products 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 Work outside the UK | | If you undertake any activities outside the UK or for clients based outside the UK please provide details: | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | | | | | | | | | |
| 1.6 Your experience | | | How many years of relevant experience do you have? | | | | | |  |
|  | | | If you have less than five years relevant experience, please provide CVs for all principals. | | | | | |  |
|  | | | | | | | | | |
| 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: | | | | | | | |
|  | |  | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| 2.2 Associated companies | Please provide the following details for any associated companies to be insured below: | | | |
|  | Name | | Main/registered address including postcode | Country |
|  | |  |  |
|  | |  |  |
|  | |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3 - Professional indemnity** | | | **You must complete this section.** | | | | | | | |
| 3.1 Business activities - your description | | | Please provide a description of your business activities in your own words including any specialisations: | | | | | | | |
|  | | |  | | | | | | | |
|  | | |  | | | | | | |  |
| 3.2 Past business activities | | | Have your business activities varied significantly from those described in section 3.1 in the last five years? | | | | | | | Yes  No |
|  | | | If **Yes**, please provide details: | | | | | | | |
|  | | |  | | | | | | | |
|  | | | | | | | | | | |
| 3.3 Future business activities | | | Do you expect any significant changes to the activities described in section 3.1 in the next 12 months? | | | | | | | Yes  No |
|  | | | If **Yes**, please provide details: | | | | | | | |
|  | | |  | | | | | | | |
|  | | | | | | | | | | |
| 3.4 Techniques and practices | | | Do all your contracts involve well-established techniques and practices? | | | | | | | Yes  No |
|  | | | If **No**, please provide details: | | | | | | | |
|  | | |  | | | | | | | |
|  | | | | | | | | | | |
| 3.5 Specific activities | | | Have you ever undertaken, or do you plan to undertake contracts involving any of the following in the last five years? | | | | | | | |
|  | | | a. | Manufacturing? | | | | | | Yes  No |
|  | | | b. | Power generation? | | | | | | Yes  No |
|  | | | c. | Sewerage or water schemes? | | | | | | Yes  No |
|  | | | d. | Petrochemicals and refineries? | | | | | | Yes  No |
|  | | | e. | Roads, bridges, tunnels and dams? | | | | | | Yes  No |
|  | | | f. | Harbours or jetties? | | | | | | Yes  No |
|  | | | g. | Mines or associated works? | | | | | | Yes  No |
|  | | | h. | The installation of siphonic drainage systems? | | | | | | Yes  No |
|  | | | i. | Swimming pools? | | | | | | Yes  No |
|  | | | j. | Waste and recycling? | | | | | | Yes  No |
|  | | | k. | Data centres? | | | | | | Yes  No |
|  | | | l. | Refrigeration? | | | | | | Yes  No |
|  | | | m. | Runways? | | | | | | Yes  No |
|  | | | If **Yes** to any of a. to m. above, please give full details on a separate sheet. | | | | | | | |
|  |  | | | | | | | | | |
| 3.6 Principal designer | | | Do you ever undertake the role of principal designer on any of the projects you undertake? | | | | | | | Yes  No |
|  | | | If **Yes**, please provide details: | | | | | | | |
|  | | |  | | | | | | | |
|  | | | | | | | | | | |
| 3.7 Consortiums, joint ventures and PFI/PPP | | | a. | Have you ever undertaken or plan to undertake a contract as a member of a consortium or joint venture? | | | | | Yes  No | |
|  | | | b. | Have you ever undertaken or plan to undertake a contract which forms part of a Private Finance Initiative (PFI) or a Public and Private Partnership (PPP) project? | | | | | Yes  No | |
|  | | | If **Yes** to any of a. or b. above, please give full details on a separate sheet. | | | | | | | |
|  | | | | | | | | | | |
| 3.8 Design and construction income breakdown | | Please provide a breakdown of your total income stated above according to the following categories: | | | | | | | | |
| **Type of activity** | | | | **Last completed financial year**  Year ending:   /   / | **Current year**  Year ending:   /  / | | | |
|  | | a. | | Building Contractor: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | b. | | Building Contractors: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | c. | | Building Contractor: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | d. | | Electrical contractor: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | e. | | Electrical contractor: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | f. | | Electrical contractor: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | g. | | HVAC contractor: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | h. | | HVAC contractor: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | i. | | HVAC contractor: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | j. | | Internal fit-out / refurbishment: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | k. | | Internal fit-out / refurbishment: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | l. | | Internal fit-out / refurbishment: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | m. | | Mechanical engineering: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | n. | | Mechanical engineering: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | o. | | Mechanical engineering: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | p. | | Structural engineering: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | q. | | Structural engineering: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | r. | | Structural engineering: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | s. | | Architectural: own design | | % | % | | | |
|  | | | | | | | | | | |
|  | | t. | | Architectural: contingent | | % | % | | | |
|  | | | | | | | | | | |
|  | | u. | | Architectural: construction only, no design responsibility | | % | % | | | |
|  | | | | | | | | | | |
|  | | v. | | Bespoke furniture design and build | | % | % | | | |
|  | | | | | | | | | | |
|  | | w. | | Audio visual equipment specification and installation | | % | % | | | |
|  | | | | | | | | | | |
|  | | x. | | Cladding, roofing, flooring, glazing and curtain walling | | % | % | | | |
|  | | | | | | | | | | |
|  | | y. | | Civil engineering | | % | % | | | |
|  | | | | | | | | | | |
|  | | z. | | Soil engineering | | % | % | | | |
|  | | | | | | | | | | |
|  | | aa. | | Foundations and underpinning | | % | % | | | |
|  | | | | | | | | | | |
|  | | ab. | | All other income – please provide details below | | % | % | | | |
|  | | | | | | | | | | |
|  | |  | |  | | | | | | |
|  | | | | | | | | | | |
| 3.9 Façades | | a. | | Have you ever been responsible (including contractually) for providing any advice, design, specification, inspection, supervision or professional services in any way related to or in connection with façade material including but not limited to cladding, insulation and wall paneling? | | | | | Yes  No | |
|  | | | | | | | | | | |
|  | | b. | | Are you (or have you ever) been responsible for ensuring the façade used meets all building and fire regulations standards? | | | | | Yes  No | |
|  | | | | | | | | | | |
|  | | c. | | Have you ever used any combustible façade material on any projects that you have been involved in? | | | | | Yes  No | |
|  | | | | | | | | | | |
|  | | d. | | Are you aware, after investigation, of any: | | | | | | |
|  | | | | | | | | | | |
|  | |  | | i. | façade material used which has now been withdrawn from the market and/or any certification which has been withdrawn? | | | Yes  No | | |
|  | | | | | | | | | | |
|  | |  | | ii. | issues which might prevent the façade works being completed on budget and schedule? | | | Yes  No | | |
|  | | | | | | | | | | |
|  | | e. | | Have you ever worked on buildings in excess of 18m or any work in relation to social housing, hospitals, schools, residential care homes, prisons, universities, student accommodation, hotels or hostels? | | | | | Yes  No | |
|  | | | | | | | | | | |
|  | | If **Yes** to any of 3.9 a, b, c, d or e., please provide full details of the services provided and additionally the details of your five largest projects including: services provided, overall project size and fee earned from each project. | | | | | | | | |

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| 3.9 Contracts | a. | | | Please give details of the five largest contracts (in terms of total contract/project value) you have undertaken in the past five years where you have had responsibility for design or other professional services: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Year | | Name of client  and nature of their business | | | | | | Activities undertaken by you | | | | Total contract value | | | | Your contract value\* | | | | | | | | Your fees from contract |
|  |  | | |  | |  | | | | | |  | | | |  | | | |  | | | | | | | |  |
|  |  | | |  | |  | | | | | |  | | | |  | | | |  | | | | | | | |  |
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|  |  | | |  | |  | | | | | |  | | | |  | | |  | | | | | | | |  | |
|  |  | | | \*Your contract value: please give the total value of the part of the part of the contract you are directly involved in, including raw materials etc. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | Please give details of the two largest contracts you expect to commence in the forthcoming year where you have responsibility for design or other professional services: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Name of client  and nature of their business | | | | | Activities to be undertaken by you | | | | | | | | Total contract value | | | | | | | | Your fees from contract | | | |
|  |  | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | |
|  |  | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 3.10 Sub-contractors | a. | | | Do you use independent sub-contractors? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  |  | | | If **Yes**, what were the total fees paid to them in the last financial year? | | | | | | | | | | | | | | | | | £ | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | i. | Architectural | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | ii. | | Structural engineering | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | iii. | | Mechanical engineering | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | iv. | | Civil engineering | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | v. | | Soil engineering | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | vi. | | Electrical engineering | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | vii.. | | Heating and ventilation engineering | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | ix. | | Other – please give full details: | | | | | | | | | | | | | | | | | % | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | Do you ever accept liability for professionals appointed by others to you by way of novation or other legal agreement? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | c. | | | Do you now, and have you in the past, always ensured that you maintain full rights of recourse against any third parties appointed by you, on your behalf, or whose appointment is novated to you, and that these third parties hold and maintain professional indemnity insurance with a limit of indemnity at least equal to that held by you? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  |  | | | If **No**, please provide full details on a separate sheet. | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.13 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): | | | | | | | | | | | | | | /    / | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.14 Cover required | | Limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | £250,000 | | | | | | £500,000 | | | | | £1,000,000 | | Other: | | | | | | | | £ | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 - 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. | | | | | | | | |
|  |  | | | | | | | | |
| 5.1 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: | | | | |  | |
|  | |  |  | | | | | | |
|  | | | | | | | | | |
| 5.2 Cover required | Please tick the limit of indemnity required: | | | | | | | | |
|  | £250,000 | | | £500,000 | £1,000,000 | Other: | £ | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 6 – Travel** | **Optional – only complete this section if this insurance cover is required.** | | | | | | |
| 6.1 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. | | | | | | |
|  |  | | | | | | |
| 6.2 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. | | | | | | |
|  |  | | | |  | | |
| 6.3 Travel activities | Do you undertake any manual work or hazardous activities whilst on your business trips? | | | | Yes  No | | |
|  | If **Yes**, please provide full details: | | | |  | | |
|  |  | | | | | | |
|  |  | | | |  | | |
| 6.4 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: | | | | |  |
|  |  |  | | | | | |
|  | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Section 7 - Claims** | **You must complete this section. Please complete the claims questions for any risk now to be insured.** | | | | |
| 7.1 General | In relation to your current business activities, are you after reasonable enquiry aware of: | | | | |
|  | a. | any circumstances or incident that may give rise to a loss or a claim being made 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: | | | | |
|  |  | | | | |
|  |  | | | | |
| 7.2 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. | | | | |
|  |  | | | | |
| 7.3 Claims history | In respect of the following insurance covers:  **Professional Indemnity, management liability, travel and cyber and data:** | | | | |
|  | 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: | | | |  |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date | | | | Details | Amount | Remedial action | | |
|  | /  / | | | |  | £ |  | | |
|  |  | | | | | | | | |
| 7.5 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, is 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: | | | | | |  | |
|  | |  | | | | | | | |
|  | |  | | | | | | |  |
| 7.6 Previous insurance | | Have you ever had any insurance or proposal cancelled, avoided, withdrawn, declined or made subject to special terms? | | | | | | | Yes  No |
|  | | If **Yes**, please provide details: | | | | | | |  |
|  | | Date | | Details | | | | | |
|  | |  | |  | | | | | |
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| **Section 8 -Declaration** | | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** | | | | |
| 8.1 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 |
|  | |  | | | | |
|  |  | | | | | |
| 8.2 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. | | | | |
|  | | |  | | | |
| 8.3 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.** | | | |
|  | | |  | | | |
| 8.4 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. | | | |