|  |  |  |  |
| --- | --- | --- | --- |
|  | **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. | Cyber and data | Please complete this section if you require this cover |
|  | 6. | Claims | **All businesses must complete this section** |
|  | 7. | 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. | | |
|  | Insurance is a contract of utmost good faith. This means that the information you provide in this proposal form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your proposal for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. | | |
|  | If a contract of insurance is agreed between us this proposal form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract. | | |
|  | Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly. | | |

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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 | | | | | |  | |
|  | |  | | | | | |  | |
| 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 total income | |  | | | **Last completed financial year**  Year ending:   /   / | | **Current year**  Year ending:   /  / | | |
| Total income | | | € | | € | | |
|  | | | | | | | | | |
| 1.6 Work outside Ireland | | | Do you undertake any activities outside Ireland or for clients based outside the Ireland? | | | | | | Yes  No |
|  | | | If **Yes**, please provide details: | | | | | | |
|  | | |  | | | | | | |
|  | | | | | | | | | |
| 1.6 Your experience | | Please confirm that one or more of the principals has at least three years’ experience in the relevant industry: | | | | | | | Yes  No |
|  | | If **No**, 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: | | | | | | | | |
|  |  | | | | | | | | |

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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 |
|  | |  |  |
|  | |  |  |
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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 |
|  | |  |  |
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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 undertaken contracts involving any of the following in the last five years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | a. | Manufacturing plant? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | b. | Power plant? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | c. | Sewerage and water systems\*? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | d. | Petrochemicals and refineries? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | e. | Roads\*, bridges, tunnels and dams? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | f. | Harbours and jetties? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | g. | Mines and associated works? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | h. | The installation of symphonic drainage systems? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | \*other than as part of the infrastructure for a development where you are also constructing the buildings. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If **Yes** to any of a. to h. above, please give full details on a separate sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.6 Consortiums, joint ventures and PPP | | a. | Have you ever undertaken a contract as a member of a consortium or joint venture? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | b. | Have you ever undertaken a contract which forms part of a Public Private Partnership (PPP) project? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | If **Yes** to any of a. or b. above, please give full details on a separate sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.7 Design and construction income breakdown | | Please provide a breakdown of your total income stated above according to the following categories: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **Last completed financial year**  Year ending:   /   / | | | | | | | | **Current year**  Year ending:   /  / | | | | | | | | | |
| 1. You undertake the construction/installation and: | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |
| 1. you are responsible for the design^ and the design^ is undertaken by your own partners, directors or employees | | | | | | | | | | | | | % | | | | | | | | % | | | | | | | | | |
| 1. you are responsible for the design^ and the design is undertaken by third parties appointed by you, on your behalf or whose appointment is novated by you | | | | | | | | | | | | | % | | | | | | | | % | | | | | | | | | |
| 1. you have no responsibility for any aspect of the design^ (i.e. you work to designs provided to you by your client or main contractor with no input from you | | | | | | | | | | | | | % | | | | | | | | % | | | | | | | | | |
|  | | 1. All other turnover - please provide details below | | | | | | | | | | | | | % | | | | | | | | % | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ^Design means any design or specification, feasibility study, technical information, calculation or survey carried out in relation to a contract. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.8 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 | | | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 3.9 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: | | | | | | | | | | | | | | | | | | % | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | b. | | | Do you ever accept liability for professionals appointed by others 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. | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.10 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 | | |
|  | |  | | | | | | | € | | | € | | | |  | | | |  | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.11 Cover required | | Please tick the limit of indemnity required: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | €1,300,000 | | | | | | | | €2,600,000 | | | | €6,500,000 | | | 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 an Irish 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 Central Bank of Ireland; 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 €3,250. | | | | | | | | | | | | | | | | | | | | | | | | | | 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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 5 - 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: | | | | | | | | | |
|  |  |  | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 6 - Claims** | **You must complete this section. Please complete the claims questions for any risk now to be insured.** | | | | | | |
| 6.1 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 **Yes** to any of the above, please provide full details: | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 6.2 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. | | | | | |
|  | |  | | | | |  |
| 6.3 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 |
|  | |  | | | | | |
| 6.4 All others covers | | In respect of the following insurance covers - management liability and internet and email: | | | | | |
|  | | 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 6.3. and/or 6.4. is **Yes**, please give full details below: | | | | | |  | |
|  | Date | | Details | | Amount | Remedial action | | |
|  |  | |  | |  |  | | |
|  |  | | | | | |  | |
|  | Please continue on a separate sheet if necessary. | | | | | |  | |
|  |  | | | | | |  | |
| 6.5 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, 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: | | | | | |  | |
|  |  | | | | | | | |
|  |  | | | | | | |  |
| 6.6 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 | | | | |
|  |  | | |  | | | | |
|  |  | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Section 7 -Declaration** | **You must complete this section.**  **Please read the declaration carefully and sign at the bottom.** | | | |
| 7.1 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. | | | |
|  |  | | | |
| 7.2 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. | | | |
|  |  | | | |
| 7.3 Declaration | I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.  I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.  I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Underwriting Ltd to avoid this insurance.  I/We agree that this proposal form and all other information which is provided are incorporated into and form the basis of any contract of insurance. | | | |
|  |  | | |
|  | 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.** | | | |
|  |  | | | |
| 7.4 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 Services Ombudsman. For more information regarding the scope of the Financial Services Ombudsman, please refer to www.financialombudsman.ie. | | | |