



Travel Agents Combined Insurance

Professional insurance portfolio proposal form

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.	Professional indemnity	Please complete this section if you require this cover
	3.	Public and products liability and employers' liability	Please complete this section if you require this cover
	4.	Property - contents	Please complete this section if you require this cover
	5.	Business interruption	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

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, your senior 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

Year business established

1.2 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:

1.3 Your income

Your total income: please provide a breakdown according to the legal jurisdiction of your contracts:

Jurisdiction	Last completed financial year Year ending: / /	Current year Year ending: / /	Estimate next year Year ending: / /
UK or Ireland	£	£	£

1.4 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.

1.5 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 - Professional indemnity

Optional – only complete this section if this insurance cover is required.

2.1 Business activities – your description

Please provide a description of your business activities in your own words

2.2 Future business activities

Do you expect any significant changes to the split of activities shown in section 3.2 in the next 12 months?

Yes No

If **Yes**, please provide details:



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2.3 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

2.4 Cover required

Please tick the limit of indemnity required:

£250,000

£500,000

£1,000,000

Other: £

Section 3 - Public and products and employers' liability

Optional – only complete this section if this insurance cover is required.

3.1 Your employees

Your total number of employees (including subsidiaries)

3.2 Total wage roll

	Number of Employees	Estimated wage roll for next 12 months
Clerical/non-manual		£

3.3 Premises

Number of premises you occupy:

3.4 Cover required

a. Please tick the limit of indemnity required for public and products liability:

£2,000,000

£5,000,000

£10,000,000

Other: £

b. Employers' liability quotations will automatically be based on a £10,000,000 cover limit.

3.5 Employers' Liability Tracing Office (ELTO)

Hiscox is a member of the Employers' Liability Tracing Office (ELTO) and in order to meet the requirements of Financial Conduct Authority (FCA) regulation, we need you to supply us with certain data.

ERN information

The HMRC Employer Reference Number (ERN) is required if you wish to be insured for Employers' liability. The ERN is also referred to as the 'Employer PAYE reference' on HMRC documentation. It always starts with three digits, followed by a slash ('/'), then a string of letters and numbers.

HMRC Employer Reference Number (ERN)

If the company or entity does not have an ERN, please enter the reason in the relevant box above, which should be one of the following:

- the business does not have any employees
- the business is registered outside England, Scotland, Wales or Northern Ireland
- all employees earn below the current PAYE threshold

3.6 Employees

Do you or any of your employees, in the course of their employment, visit the following countries or regions: Afghanistan, Central African Republic, Chad, Democratic Republic of Congo, Iran, Iraq, Israel, Ivory Coast, Libya, Niger, Somalia, South Sudan, Sudan, Syria or Yemen.

Yes No

Section 4 - Property - contents

Optional - only complete this section if this insurance cover is required.

4.1 Occupancy

For all premises listed above, please confirm the following:

a. Is your business the only occupant of the building? Yes No

If **No**, please note that the area you occupy must comply with our minimum security requirements in part 6.6 on the next page.

b. Is the entire building used only for office based activities? Yes No

4.2 Intruder alarms

a. Are the premises protected by an intruder alarm system? Yes No

If **Yes**, please give the manufacturer and model of the intruder alarm (at each premises if applicable):

b. Are the intruder alarms maintained under contract at least every 12 months? Yes No

c. Please indicate the type of alarms fitted at the premises:

- | | |
|--|--|
| <input type="checkbox"/> Bells only | <input type="checkbox"/> Connected to the police |
| <input type="checkbox"/> Central station | <input type="checkbox"/> BT Redcare GSM |
| <input type="checkbox"/> Digital communicator (alarm receiving centre) | <input type="checkbox"/> Packnet |

Other – please provide details

d. Are the premises fitted with a fire alarm system? Yes No

If **Yes**, please give the manufacturer and model of the fire alarm (at each of the premises if applicable):

4.3 Minimum security conditions

We will not make any payment for **damage to contents occurring whilst the business premises is closed for business or left unattended unless the physical security measures at the business premises comply with the following criteria and all security devices were in full and effective operation when the damage occurred:**

1. all doors, other than any designated fire exit, providing a final point of entrance to or exit from your business premises are secured by a key operated lock which engages with the door frame and can be engaged from both sides.
2. all designated fire exits are secured by:
 - a. a panic bar locking system incorporating bolts which engage both the head and sill of the door frame; or
 - b. a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle or thumb-turn mechanism.
3. all windows and skylights which are accessible from the ground or easily reached by climbing are:
 - a. secured by means of a key-operated locking device;
 - b. permanently screwed shut; or
 - c. protected by solid steel bars, not more than 10cm apart, or metal grilles.



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4.4 Agreement to minimum security requirements

My/our security measures comply with these criteria

Yes No

I/we understand that relevant claims will not be paid if they do not

Yes No

4.5 Amounts insured

The amounts insured you stipulate below will dictate the amount of cover provided under the policy. You should enter the full rebuilding or replacement as new cost in each of the categories.

Important note: if you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker.

a. **Contents at the premises**

Please enter the replacement cost as new for each category in the grid below. For stock and fine art, please also enter a description.

	Location 1	Location 2	Location 3
General contents	£	£	£
Computers and other electronic equipment kept at the premises	£	£	£
Stock	£	£	£
Fine art	£	£	£
Landlord's fixtures and fittings and tenant improvements	£	£	£

b. **Property away from the premises**

Please enter the replacement cost as new for each category in the grid below. Portable computers and electronic equipment includes (but is not limited to): laptop and notebook computers, mobile phones and BlackBerries, projectors, specialist electronic equipment.

The geographical limit determines the cover given to the items – please do not double count (e.g. if an item is included in 'within the UK' then it does not need to be counted in either 'within the EU' or 'worldwide').

	Within the UK	Within the EU	Worldwide
Portable computers and electronic equipment	£	£	£
All other business equipment	£	£	£

Section 5 - Business interruption

Optional – please complete this section if you require this insurance cover. It may only be purchased with either the property buildings or contents cover.

Please indicate the basis of cover required for the by completing the sections below. Please consult your broker if you need advice.

Important note: if you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker.

5.1 Amounts insured

a. **Loss of income/loss of gross profit**

Please choose your required cover basis between either loss of income **or** loss of gross profit below. Our cover for loss of income and loss of gross profit automatically includes increased costs of working.

Please enter values for forthcoming indemnity period selected (e.g. if the indemnity period selected is 12 months, then the revenue or gross profit figure should be for 12 months).

Loss of income – total annual revenue:

£



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Loss of gross profit – amount insured:

Indemnity period (months) 12 18 24 36

b. Increased costs of working

Please enter values for the forthcoming indemnity period selected if you wish to insure increased costs of working without insuring loss of income or loss of gross profit.

Amount insured:

Indemnity period (months) 12 18 24 36

c. Additional increased costs of working

Please enter values for the forthcoming indemnity period selected if you wish to insure any additional increased costs of working.

Amount insured:

Indemnity period (months) 12 18 24 36

d. Outstanding debts

Please enter the amount insured you require below.

Amount insured:

5.2 Disaster recovery plan

Do you have a disaster recovery or business continuity plan?

Yes No

If **Yes**, please attach a copy to this proposal form.

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:



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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 and all others covers

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

In respect of the following insurance covers:

Public and products liability, employers' liability, management liability, internet and email, property - buildings, property - contents, property - business interruption, travel, personal accident and illness:

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. is **Yes**, please give full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

6.4 Employers' liability

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim? Yes No

If **Yes**, please provide full details:

6.5 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.

Is there anything else that you would like to tell us about you or your business? Yes No

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 may have the right to apply for a copy of this 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 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.

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 Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.



Direct Debit Instruction

This is not part of the instruction to your Bank or Building Society.

Thank you for applying to pay for your Hiscox policy under the Direct Debit Scheme.

Please complete in BLOCK CAPITALS using BLACK INK and send to Hiscox Underwriting Ltd, 25 London Road, Sittingbourne, Kent ME10 1PE.

TITLE	POLICYHOLDER(S) NAME
(PLEASE INDICATE BOTH NAMES IF JOINT POLICYHOLDERS)	
ADDRESS	POSTCODE
If this application is on behalf of a company please provide:	
CONTACT NAME:	NAME OF COMPANY:

Your policy number: Please indicate your preferred date for making payment: 1st 8th 15th 22nd
 Would you prefer to make your payment: monthly annually

By signing this Direct Debit Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have 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, reinsurance companies 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 us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected

Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the whole form using a ball point pen and send it to: 25 London Road, Sittingbourne, Kent ME10 1PE.

Service User Number:

8	3	0	6	1	8
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Name(s) of Account Holder(s)

Reference

Branch Sort Code (from the top right hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instruction to your Bank or Building Society
Please pay Hiscox Underwriting Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Hiscox Underwriting Ltd and if so, details will be passed electronically to my Bank/Building Society.

Bank / Building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and full postal address of your Bank/Building Society
To: The Manager
Bank/Building Society
Address:
Postcode:

Signature(s)
Date:

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Hiscox Underwriting Ltd will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Hiscox Underwriting Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Hiscox Underwriting Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Hiscox Underwriting Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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