

OFFICE COMBINED INSURANCE

PROPOSAL FORM

Please include a sheet of your headed paper with this form which can be used to provide supplementary information where required. You should tell us all facts likely to influence the acceptance or assessment of this proposal.

1 YOUR DETAILS

Name of Company			
Trading Address			
	Postcode		
Telephone number		Fax Number	
Email Address			

Does the business conduct any activities other than those of a financial advisor or office based professional? *If yes, please provide details*

Yes No

Please confirm your firm's turnover in the last completed accounting year:

£

Please confirm your firm's revenue in the last completed accounting year:

£

2 YOUR PREMISES

Is the office space you occupy at this address located in a building built of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non combustible material? *If No, please provide details*

Yes No

Are the devices for the security of your premises at all insured locations in accordance with the following Specification, and are all devices put into full and effective operation whenever the premises are closed for business or left unattended?

Yes No

Specification

1. The final exit door is secured by means of either a mortice deadlock or rimlock conforming to or superior to BS3621, or a key operated multi-point locking system having at least 3 locking bolts.
2. All other external doors, and internal doors providing access to any part of the building not occupied by you, are secured by means of either a locking device specified in 1 above, or by two key operated security bolts to engage the door frame.
3. Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of either a panic bar locking system incorporating bolts which engage both the head and still of the door frame, or a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
4. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are secured by means of a key operated locking device or permanently screwed shut.

Notes

- (i) The local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door,
- (ii) The provisions of specification 4 do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate grilles.

3 YOUR COVER

Cover	Excess	Package			
		1	2	3	4
Office Contents ¹	£250	£10,000	£20,000	£35,000	£
Computer Equipment	£250	£7,500	£10,000	£20,000	£
Portable Equipment	£250	£2,500	£2,500	£7,500	£
Loss of Revenue ²	nil	£50,000	£100,000	£500,000	£
Additional expenditure	nil	£10,000	£10,000	£50,000	£
Public liability	£250	£2 million			
Employers liability	nil	£10 million			
Commercial Legal Expenses ³	£250	£100,000			
Monthly Premium (inclusive of IPT)		£17.50	£31.50	£57.50	*
Please tick the package you require					
¹ Cover also extends to automatically cover the following: <ul style="list-style-type: none"> • All fixed glass on the premises • Loss of money within certain limits • Theft of money by employees up to £25,000 ² The limit for Loss of Revenue cover should at least equal your annual revenue as stated in section 1 ³ Telephone helpline included. Excess for Commercial Legal Expenses only applies to tax protection claims. * Package 4 – please tell us the limits of cover that you need by filling in the table and contact PYV (details below)					

Please enter the date you would like the policy to start:

If you own your own office, would you like a quote for Buildings cover?

Yes No

4 CLAIMS DECLARATION AND SIGNATURE (only in relation to this type of policy)

I confirm that in the last three years the firm has not sustained:

- any single loss, damage or claim against you which exceeded £1,000 or
- more than £5,000 in total losses, damages and claims against you, in respect of risks insured under this policy (whether or not you made a claim under a previous policy) *If No, please provide details*

Yes No

Signature

Print Name

Date

Data Protection Notice

By accepting this insurance 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 1988. 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.

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 Limited, 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 by Direct Debit



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

Name(s) of Account Holder(s)

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

Bank/Building Society account number

Name and full postal address of your Bank/Building Society

To: The Manager
 Bank/Building Society
 Address:

 Postcode

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

Originator's Identification Number:

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Reference

Instruction to your Bank or Building Society


Please pay Hiscox Underwriting Limited 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 Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
 Date:



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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Hiscox Underwriting Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Hiscox Underwriting Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.