McPARLAND FINN
LIMITED
INSURANCE BROKERS

HISCOX

Professional Insurance Portfolio Proposal Form

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PROFESSIONAL INSURANCE PORTFOLIO

1. Business Details

Business Name:

Main Address:

Postcode:

No. of premises:

No. of employees:

(If more than one premises, it may be easier to complete separate forms)

Nature of the business:

Year business established:

2. Claims Experience

Have you had any claims within the last 5 years? YES ☐ NO ☐

If YES, please provide the following details:

Date	Details	Amount	Remedial Action Taken

3. Sums Insured

a) Contents at Premises (excluding laptops and computers) £

b) Computers and Ancillary Equipment at the Premises £

c) Laptop computers used away from the premises £

d) Equipment used away from the premises (excluding laptops) £

e) Buildings £

f) Tenants Improvements £

g) Rent (Number of Years) @ £ p.a.

h) *Additional Cost of Working/Gross Revenue (*circle basis to apply) £

Indemnity Period Months
(12 months is standard, please indicate if 18 or 24 are required)

4. Limits

(Only complete this section if you wish to increase the standard limits)

	AMENDED LIMITS	STANDARD LIMITS
PL/Products (Option to increase to £5,000,000)	£	£ 2,000,000
Money in safe	£	£ 5,000
(Name of safe and serial number)		
Money in transit/premises	£	£ 4,000

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		YES	NO
5. About Your Property	Can you confirm that the building(s) are constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profiled metal?	☐	☐
	Can you confirm that you are the sole occupant of your premises or where the site is also occupied by others that their activities are office based only?	☐	☐
	Can you confirm that no parts of the premises are vacant or unoccupied?	☐	☐
	Can you confirm that the property has never been damaged or shown signs of subsidence/heave/cracking internally or externally?	☐	☐

If you have ticked **No** to any of the above please provide details on a separate sheet.

6. Other Covers

OTHER COVERS AVAILABLE ON REQUEST (only tick these boxes if you require these other covers and we will send you an additional page to complete)

Personal Accident and Illness ☐ Group Travel ☐

DATA PROTECTION

By signing this Proposal 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.

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.

DECLARATION

Please read the declaration carefully and sign at the bottom.

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 my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information, which is provided, are incorporated into and form the basis of any contract of insurance.

Signature

Date

A copy of this proposal should be retained for your records.

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