

# Professional Insurance Portfolio



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## Proposal Form (Republic of Ireland) Insurance Brokers

**The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.**

You must complete the General Information section, the Claims section and read and sign the Declaration.

**GENERAL  
INFORMATION**

**You must complete this section.**

**Company name:**

**Main address:**

Postcode

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

**Additional insured name and address:**

Postcode

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

**Additional liabilities:**

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio 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:

**Year business established:**

**Total income:**

	Last completed financial year	Current year	Estimate next year
Republic of Ireland and UK law contracts	€	€	€
EU law contracts	€	€	€
US law contracts	€	€	€
Other law contracts	€	€	€

**Number of employees:**

Last year	Current year	Estimate next year

**Your experience:**

Please confirm that one or more of the Principals has at least 5 years experience in the relevant industry:

YES  NO

If NO, please provide CV's for all Principals

**PROFESSIONAL  
INDEMNITY FOR  
INSURANCE BROKERS**

**OPTIONAL - Only complete this module if this insurance cover is required.**

**This insurance is not suitable for any business relating to:** Life assurance, pensions, financial investment advice/consultancy, mortgage broking or building society tied agency.

**Your business activity**

Please split your last completed financial year's income approximately between the following professional disciplines:

- a) Personal lines:
  - (i) Motor €
  - (ii) Other (including personal marine and aviation) €
- b) Commercial lines
  - (i) Motor €
  - (ii) Other €
- c) Marine €
- d) Aviation €
- e) Reinsurance €
- f) Non-regulated financial services business €

Please provide details: This insurance is not suitable if this accounts for >10% of your income.

- g) Any others, please give full details of work undertaken: €

**Your largest carriers**

Please give details of your largest three carriers by commissions generated in the table below:

Name of insurer	Commissions for last complete year

**Regulation**

Please state your current regulatory body:

Regulatory body

Registration number:

**Placing business**

Have you ever placed any insurance with Insurers / Underwriters not authorised by the DTI to conduct business in the UK or an equivalent regulatory body in the EU?

YES  NO

If YES, please give details:

Have you ever been authorised to conduct business under the Financial Services Act 1986?

YES  NO

**PROFESSIONAL  
INDEMNITY FOR  
INSURANCE BROKERS**

Have you ever placed business with an underwriting agency? YES  NO   
 This does NOT mean your own delegated authorities but refers to agencies underwriting an account of business for other insurers.

If YES, have you checked the validity of their authority and ensured that they are backed by DTI registered insurers? YES  NO

If NO, do you always agree to do so going forward? YES  NO

Please give the names of the agencies:

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**Largest business placed**

Give the two largest sums insured that you place in respect of:

i) Fire and perils (i.e. the material damage and business interruption combined exposure)

Nature of client's business	Type of insurance	Total sum insured	Largest SI for any one location

ii) Public liability, products liability or professional indemnity risks

Nature of client's business	Type of insurance	Limit of indemnity or liability

**Binding authority**

Do you hold any authority granted by any insurance company, Lloyd's underwriter or other insurer/reinsurer where you can set rates, terms, conditions or handle claims? YES  NO

If YES, please complete a Hiscox Binding Authority Questionnaire.

Do you operate any other form of delegated authority whether on pre-set terms or not? YES  NO

If YES, please give details:

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**Proposal form**

Have you ever completed proposal forms on behalf of your clients (excluding computer generated 'statement of fact' based proposals)? YES  NO

Do you always ensure that the client signs the proposal or signs a dated disclaimer confirming the accuracy of the answers? YES  NO

Have you ever bought professional indemnity insurance in the past? YES  NO

If YES, please provide details:

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of years continuously held



**GENERAL LIABILITY -  
PUBLIC & PRODUCTS  
AND EMPLOYERS'  
LIABILITY**

OPTIONAL - Only complete this module if this insurance cover is required.

Total wagheroll:

	Current full year	Estimate next year
Clerical	€	€
Non-manual	€	€
Manual	€	€

No. of premises:

Name of existing insurer:



**EMPLOYMENT  
PRACTICES  
LIABILITY**

**OPTIONAL - Only complete this module if this insurance cover is required.**

**If you have more than 250 employees then you will need to complete a full Hiscox EPL proposal form. Please consult your broker.**

What was the employee turnover rate last year? (please tick)

less than 5%  5% - 15%  15% - 30%  more than 30%

Please confirm the average salary level last year:

€

Have you had more than two involuntary terminations or redundancies in the past two years?

YES  NO

Are any involuntary terminations/redundancies planned?

YES  NO

Do you have any employees based in any country outside the EU?

YES  NO

If you have answered YES to any of the questions in this section, please provide full details along with an explanation of any steps taken to reduce your exposure to Employment Practices Liability. Please use a separate page if necessary:



**DIRECTORS  
AND OFFICERS'  
LIABILITY**

**OPTIONAL - Only complete this module if this insurance cover is required.**

Is the organisation or any subsidiary listed on any stock exchange? YES  NO

During the last three years have there been, or are there any plans for:

a) registration for a public offering of any securities? YES  NO

b) funding by venture capitalists? YES  NO

Does the organisation or any subsidiary have any operations, stocks, shares, debentures or ADRs in or deriving from the USA or Canada? YES  NO

Did the organisation make a loss in either of the last two financial years? YES  NO

Did the organisation have negative shareholder funds (i.e. net liabilities), at the end of the last financial year? YES  NO

Is the total asset size of the organisation (fixed plus current assets) more than €10 million? YES  NO

**If you have answered YES to any of the above, you will need to supply the latest audited report and accounts and complete a full Hiscox D&O proposal form. Please consult your broker.**



## INTERNET AND EMAIL INSURANCE

**OPTIONAL - Only complete this module if this insurance cover is required.**

How many hits do you expect to receive on your website in the next year?

How many employees have access to internet/intranet/extranet/email:

Do you have virus protection software operating on your network? YES  NO

Is this updated at least every 6 months? YES  NO

If NO, do you agree to update it going forward at least every year? YES  NO

Is your website Interactive?\* YES  NO

If your website has the facility to collect names and address details, does it comply with the 1998 Data Protection Act? YES  NO

Do you back up all electronic files on your system at least weekly and store off site? YES  NO

If NO, do you agree to do so going forward? YES  NO

**NOTE:** This is a liability based insurance designed to protect you from inadvertent liability you could incur as a result of your web-based activity. It does not provide cover for business interruption or trading losses caused by internet disruption.

\* **DEFINITION:** An interactive website includes a website with bulletin board, chat forum or newsgroup facilities, or where financial transactions can be made. A website with the facility to collect the name and address details of visitors would not be termed interactive for the purposes of this insurance.



**PROPERTY -  
BUILDINGS & CONTENTS**

**Alarm details:**

Are the premises protected by an intruder alarm? YES  NO

Signal type: Bell only  Alarm Receiving Centre (ARC)

If ARC, is the signal transmitted by BT Redcare? YES  NO

Is the alarm system subject to a running maintenance contract at intervals not exceeding 12 months? YES  NO

**Minimum security:**

**Physical Security**

Loss or damage caused by theft or attempted theft involving entry to or exit from the premises by forcible or violent means is not insured unless the devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

**Specification**

1. The final exit door must be 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 must be 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, which is designated an emergency exit must be secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or by 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 to be secured by means of either a key operated locking device or permanently screwed shut.

**NOTES:**

- (i) The local fire authority must be consulted before replacing or augmenting 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.

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

**Interested parties:**

If there are any additional financial interests in the property such as those held by Banks or Building Societies, please confirm below:

Name of party	Interest of party	Full address and postcode

**PROPERTY -  
BUILDINGS & CONTENTS**

**Sums insured:**

The sums 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. 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 in any doubt, you should consult your broker.

**Property values**

	Location 1	Location 2	Location 3
Main building:	€	€	€
Landlord's fixtures & fittings and tenant improvements:	€	€	€
Personal computers, printers and ancillary computer equipment at the premises:	€	€	€
All other contents/business equipment at the premises:	€	€	€
Portable computers and associated equipment at home/away from the premises anywhere in the European Union:	€	€	€
Portable computers and associated equipment at home/away from the premises anywhere in the world:	€	€	€
All other business equipment at home/away from the premises anywhere in the European Union:	€	€	€
All other business equipment at home/away from the premises anywhere in the world:	€	€	€
<b>TOTAL PROPERTY SUM INSURED:</b>	<b>€</b>	<b>€</b>	<b>€</b>

**PROPERTY -  
LOSS OF INCOME**

This section may only purchased with either the **Property Buildings** or **Contents** cover.

Please indicate the basis of cover required for the Business Interruption module by ticking the relevant box(es). Please consult your broker if you need advice.

**Loss of revenue:** Total annual revenue: €

Indemnity period (months) 12  18  24  36

and/or

**Loss of gross profit:** Sum insured: €

Indemnity period (months) 12  18  24  36

and/or

**Additional expenditure:** Sum insured: €

Maximum indemnity period (months) 12  18  24  36

and/or

**Book debts:** Sum insured: €

Do you have a disaster recovery or business continuity plan? YES  NO

If YES, please attach a copy to this proposal from.

**PERSONAL ACCIDENT AND ILLNESS**

**OPTIONAL – Only complete this module if this insurance cover is required.**

**Existing health**

We will not make any payment under this insurance for any illness directly or indirectly arising from any physical defect, infirmity or medical condition known to the **insured person at inception**, unless the physical defect, infirmity or condition has been without the need of any medical advice or treatment during the 24 months before inception.

Please indicate below the sum insured required per staff category (e.g. partners, directors, employees) as either multiples of salary or a fixed sum insured. If the sum insured is salary based, please provide total salaries for each staff category and the highest salary paid. If on a fixed sum insured basis, please provide the numbers for each staff category. If in doubt, please consult your broker.

Staff category	Death	Capital benefits	Weekly benefits	Total salaries	Highest salary	No. of staff
<i>e.g. Partner</i>	<i>3 x Salary</i>	<i>€100,000</i>	<i>€500</i>	<i>€250,000</i>	<i>€80,000</i>	<i>3</i>

If specific benefits are required for named individuals outside the staff categories, please provide details on a separate sheet.

Please select the basis of cover required:

Personal accident & illness

Personal accident only

Does any proposed insured person suffer from any disabilities, physical defects, infirmities, disease or illness?

YES

NO

If YES, please provide details:

In the last three years, has any proposed insured person suffered any illness or injury which has resulted in an absence from work of greater than one month, consecutive or otherwise?

YES

NO

If YES, please provide details:



## GROUP TRAVEL

OPTIONAL – Only complete this module if this insurance cover is required.

### 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.

### Travel pattern

Please provide full details of the travel pattern for the past 12 months:

	Rest of world	Europe	UK (if required)
Number of person trips per annum			
Average duration			
Maximum duration			

Is the travel pattern for the next 12 months expected to vary significantly from this?

YES  NO

If YES, please provide full details:

**CLAIMS**

**You must complete this section.**

**Please complete the claims questions for any risk now to be insured under the following insurance covers.**

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you. This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
  - A complaint about your work or anything you have supplied which cannot be immediately resolved. YES  NO
  - An escalating level of complaint on a particular project. YES  NO
- A client withholding payment due to you after any complaint. YES  NO
- Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES  NO
- Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES  NO
- Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee. YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
2. been a partner, 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 judgement debt? YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

**Professional Indemnity**

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES  NO

**In respect of the following insurance covers:**

**Internet & Email, Property Buildings, Property Contents, Property Loss of Income, Group Travel, Personal Accident & Illness, General Liability - Public & Products, Employers Liability, Employment Practices Liability**

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 partner, principal, director 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 YES, please provide full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

**In respect of the following insurance cover:**

**Employment Practices Liability**

Is there any reason to believe that there are any current facts or circumstances which may result in an employment practices claim being made against you?

YES  NO

**In respect of the following insurance cover:**

**Employers Liability**

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim?

If YES, please provide full details:

YES  NO

**In respect of the following insurance cover:**

**Directors & Officers Liability**

Have any claims ever been made against any past or present director or officer of the company or its subsidiaries?

YES  NO

Are you aware after enquiry of any potential claim or shortcoming in the performance of the duties of any past or present Director or Officer which may give rise to a claim?

YES  NO

If YES, please provide full details:

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



## DECLARATION

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

### 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.

### 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.

### 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 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 of Principal/Partner/Director

Date

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

## COMPLAINTS

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

**Telephone:** 0870 084 3777

**Email:** [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

**Address:** Hiscox Insurance Company Limited, 1 Great St Helen's, London EC3A 6HX.