

## Professions and Specialty Commercial – Endorsement

### **IMPORTANT NOTICE: CHANGES TO YOUR POLICY DUE TO BREXIT**

As a result of the likely departure of the United Kingdom from the European Union (Brexit), **we** have had to make some changes to how **our** policies are underwritten from 1<sup>st</sup> January 2019.

**Please note that the changes referred to in this notice do not affect the cover provided under the policy.**

Previously **our** policies were underwritten by Hiscox Underwriting Ltd (HUL) as an intermediary on behalf of the insurers shown in the schedule. Most sections of the policies were insured by Hiscox Insurance Company Limited (HIC), although some sections were insured by other insurers, as detailed on the schedule.

As a result of Brexit, sections of **our** policies that were previously insured by HIC are now insured by Hiscox SA (HSA) directly. HUL will no longer act as intermediary. HSA is an insurance company in the Hiscox group, domiciled and regulated in Luxembourg.

As a result of the change of insurer from HIC to HSA, **we** have had to make a number of changes to the way in which **our** policies are administered, including how complaints are dealt with.

In order to reflect these changes, the following amendments are made to **your policy**, including the schedule:

	<b>Amended to read:</b>
References to Hiscox Insurance Company Limited:	Hiscox SA
Address:	Hiscox SA registered head office: Avenue John F. Kennedy 35F 1855 Luxembourg LUXEMBOURG  Local branch office: Hiscox SA (Irish branch) The Observatory 7-11 Sir John Rogerson's Quay Dublin 2 D02 VC42 REPUBLIC OF IRELAND  Website: <a href="https://Hiscox.ie">https://Hiscox.ie</a>
Company number:	Hiscox SA: Registered in Luxembourg with Trade and Company Register Luxembourg (RCS Luxembourg): registration number B217018  Hiscox SA (Irish branch): Registered in Republic of Ireland with Companies Registration Office: company number 908764
Regulator:	Hiscox SA is subject to the supervision of the Commissariat aux Assurances Local branch regulator: Central Bank of Ireland
Signatory:	Richard O'Dwyer Managing Director, Hiscox SA (Irish branch)
Contact number and email address for Customer Relations	Customer relations: <a href="mailto:customerrelations.ireland@hiscox.com">customerrelations.ireland@hiscox.com</a> +353 1 238 1810
Contact numbers and email addresses for Claims	Liability claims: <a href="mailto:liabilityclaims.ireland@hiscox.com">liabilityclaims.ireland@hiscox.com</a> +353 1 238 1811  Commercial property claims: <a href="mailto:commercialpropertyclaims.ireland@hiscox.com">commercialpropertyclaims.ireland@hiscox.com</a> +353 1 238 1812

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Complaints:	<p>Customer Relations Hiscox SA (Irish branch) The Observatory 7-11 Sir John Rogerson's Quay Dublin 2 D02 VC42 REPUBLIC OF IRELAND</p> <p>or by telephone on +353 1 238 1810 or +353 1800 901 903 (free toll number), or by email at <a href="mailto:customerrelations.ireland@hiscox.com">customerrelations.ireland@hiscox.com</a>.</p>
Complaints (regulator):	<p>If you remain dissatisfied after the internal dispute resolution process, you may have the right to refer your complaint to the Financial Services and Pensions Ombudsman.</p> <p>The Financial Services and Pensions Ombudsman (FSPO) is an independent, impartial, fair and free service that helps resolves complaints with pensions providers and regulated financial services providers.</p> <p>Contact details: Financial Services and Pensions Ombudsman Lincoln House Lincoln Place Dublin DO2 VH29</p> <p>Phone: +353 1 567 7000 Email: <a href="mailto:info@fspo.ie">info@fspo.ie</a> Web: <a href="http://www.fspo.ie">www.fspo.ie</a></p> <p>If you have purchased your policy online you can also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is: <a href="http://ec.europa.eu/odr">http://ec.europa.eu/odr</a>.</p> <p>Alternatively, you can also contact:</p> <p>Commissariat aux Assurances 7, boulevard Joseph II L-1840 Luxembourg LUXEMBOURG e-mail: <a href="mailto:caa@caa.lu">caa@caa.lu</a></p> <p>Insurance Ombudsman ACA, 12, rue Erasme, L - 1468 Luxembourg LUXEMBOURG Phone: +352 44 21 44 1 Fax: +352 44-02-89 e-mail: <a href="mailto:mediateur@aca.lu">mediateur@aca.lu</a></p>
In addition, any references to Hiscox Underwriting Ltd in <b>your policy</b> are removed.	

This proposal form is for companies requiring cover for crime.

**Which sections should you complete?**

Section	Title	Should you complete it?
1.	Your company	<b>All businesses must complete this section</b>
2.	Statement of fact	<b>All businesses must complete this section</b>
3.	Your cover	<b>All businesses must complete this section</b>
4.	Declaration	<b>All businesses must complete this section</b>

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 company**

1.1 General information

Name:

Address:

Postcode:

Website:

Date business established:

Type of organisation:

Business description:

1.2 Exposure information

Total number of employees:

Total number of locations:

Total sales/turnover:

**Section 2 –  
Statement of fact**

By accepting this insurance you confirm that the facts stated below are true. We have relied on these facts and all the information you or anyone on your behalf provided, in agreeing to provide this insurance and in setting the terms and premium.

You must read this document to ensure that all the facts stated below are accurate and complete. If any of the facts stated below or any of the information provided to us is not correct or needs to be changed, you must tell us before the start of the period of insurance.

If there are changes to this information during the period of insurance you must tell us. When we are notified of a change we will tell you if this affects your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

You should keep a copy of this proposal form for your records.

2.1 Business activities

- a. Do you have any locations outside the UK or Ireland? Yes  No
- b. Do your business activities include any of the following:
- i. financial institution (including but not limited to banks and building societies);
  - ii. gambling company or operator;
  - iii. government department or agency, council, local authority, or public body;
  - iv. letting/estate agents;
  - v. leasing;
  - vi. jewelers;
  - vii. pubs and nightclubs;
  - viii. auctioneers;
  - ix. motor traders;
  - x. housing associations;
  - xi. schools/colleges/universities;
  - xii. charities;
  - xiii. legal;
  - xiv. recruitment consultant? Yes  No
- c. Are you involved in the supply of equipment or other assets to customers or business partners under either finance or operating leases? Yes  No

2.2 Controls

- a. Are you a UK or Irish registered company? Yes  No
- b. Are you making an operating profit? Yes  No
- c. Do you perform pre-employment reference checks for all employees? Yes  No
- d. Do you have purchasing, stock, inventory, payroll and accounts payable procedures and controls in place, that are consistent across all of your locations and audited annually? Yes  No
- e. Do you have dual controls in place and ensure strict compliance with the dual controls so that at least two people are required to process financial transactions and to disburse assets? Yes  No
- f. Do you check invoices against the purchase order and authorised supplier list prior to making payments? Yes  No
- g. Do you have a system in place to detect ghost employees? Yes  No
- h. In the last three years, if you have suffered any employee theft, forgery, computer fraud or any other crime or deception losses, have you put controls in place to prevent losses of this nature, or using the same method, taking place again? Yes/N/A  No
- i. Do you have fewer than 250 employees? Yes  No

2.3 Losses from crime

- In the last three years, have you suffered any employee theft, forgery, computer fraud or any other crime or deception losses to the value of more than £2,500? Yes  No

**Section 3 –  
Your cover**

All premiums are **inclusive** of Insurance Premium Tax (IPT) and apply only if you have answered all questions in section 2.1 as 'No' and section 2.2 as 'Yes' ('Yes/N/A' for 2.2 h.) and section 2.3 as 'No'. The excesses stated below are the first part of a claim or investigation that you must bear and apply to each and every claim and investigation including all costs.

Please select the coverage option you require in the table below:

Turnover	Excess	Limit					
		£250,000	£500,000	£1,000,000	£2,000,000	£3,000,000	£5,000,000
Up to £5,000,000	£2,500	<input type="checkbox"/> £560	<input type="checkbox"/> £840	<input type="checkbox"/> £1,400	<input type="checkbox"/> £2,240	<input type="checkbox"/> £3,360	<input type="checkbox"/> £5,600
£5,000,001 – £10m	£2,500	<input type="checkbox"/> £588	<input type="checkbox"/> £882	<input type="checkbox"/> £1,470	<input type="checkbox"/> £2,352	<input type="checkbox"/> £3,528	<input type="checkbox"/> £5,880
£10,000,001 – £25m	£5,000	<input type="checkbox"/> £672	<input type="checkbox"/> £1,008	<input type="checkbox"/> £1,680	<input type="checkbox"/> £2,688	<input type="checkbox"/> £4,032	<input type="checkbox"/> £6,720
£25,000,001 – £50m	£5,000	<input type="checkbox"/> £756	<input type="checkbox"/> £1,134	<input type="checkbox"/> £1,890	<input type="checkbox"/> £3,024	<input type="checkbox"/> £4,536	<input type="checkbox"/> £7,560
£50,000,001 – £100m	£7,500	<input type="checkbox"/> £840	<input type="checkbox"/> £1,260	<input type="checkbox"/> £2,100	<input type="checkbox"/> £3,360	<input type="checkbox"/> £5,040	<input type="checkbox"/> £8,400

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**Section 4 –  
Declaration**

- 4.1 Material information Please provide us with any information which may be relevant to our consideration of your proposal for insurance. If you have doubt over whether something is relevant, please let us have details.
- 4.2 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.

- 4.3 Declaration I/We declare that (a) this proposal form has been completed after full 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.

Signature of Chairman/Chief Executive (or equivalent)

/ /

Date

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

- 4.4 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

or by telephone on 0800 116 4627 or 01904 681 198  
or by email at [customer.relations@hiscox.com](mailto: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](http://www.financial-ombudsman.org.uk).