

Art and Private Client – 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 1st 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:

	Amended to read:
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: https://Hiscox.ie
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	<u>Customer relations:</u> customerrelations.ireland@hiscox.com +353 1 238 1810
Contact numbers and email addresses for Claims	<u>Private Client claims</u> privateclientclaims.ireland@hiscox.com +353 1 238 1814
Complaints:	Customer Relations Hiscox SA (Irish branch) The Observatory

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	<p>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 customerrelations.ireland@hiscox.com.</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: info@fspoi.ie Web: www.fspoi.ie</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: http://ec.europa.eu/odr.</p> <p>Alternatively, you can also contact:</p> <p>Commissariat aux Assurances 7, boulevard Joseph II L-1840 Luxembourg LUXEMBOURG e-mail: caa@caa.lu</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: mediateur@aca.lu</p>
In addition, any references to Hiscox Underwriting Ltd in your policy are removed.	

Hiscox Renovation and Extension questionnaire

Please read the following questions carefully and answer them all providing additional information where required. Please provide answers on a separate sheet of paper if you require more space. If you have any questions, please speak to your insurance agent.

Please use CAPITAL LETTERS and BLACK INK.

1. Name of insured:

2. Policy/certificate number:

3. Address of property undergoing works:

4. Has an architect, project manager or main contractor been appointed to manage the project?

Yes No

5. Name of main contractor, architect or structural engineer:

Will you be on site every day managing the project?

Yes No

6. Start date of contract:

Duration of contact:

Contract value:

€

7. Is cover required for hired in or owned plant?

Yes No

Hired in plant value:

£

Owned plant value:

£

8. What type of contract has been signed?

Does the contract stipulate that insurance is required in joint names with the contractor?

Yes No

If a Joint Contracts Tribunal (JCT) contract please tick the relevant contract/edition and clause:

Contract	Edition	Clause
<input type="checkbox"/> Minor works	<input type="checkbox"/> 2005 2011 <input type="checkbox"/> 2009 rev. 2 <input type="checkbox"/>	<input type="checkbox"/> 5.4a <input type="checkbox"/> 5.4b <input type="checkbox"/> 5.4c
<input type="checkbox"/> Intermediate	<input type="checkbox"/> 2005 2011 <input type="checkbox"/> 2009 rev. 2 <input type="checkbox"/>	<input type="checkbox"/> 6.7 option a <input type="checkbox"/> 6.7 option b <input type="checkbox"/> 6.7 option c
<input type="checkbox"/> Standard	<input type="checkbox"/> 2005 2011 <input type="checkbox"/> 2009 rev. 2 <input type="checkbox"/>	<input type="checkbox"/> 6.7 option a <input type="checkbox"/> 6.7 option b <input type="checkbox"/> 6.7 option c

9. Details of works to be undertaken including which building(s) will be affected i.e. main building, outbuilding:

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Is a schedule of works available? Yes No

If Yes, please attach.

10. Is there any structural work? Yes No

If Yes, please provide full details particularly for roof work and underpinning projects:

Will the works include excavation, piling or driving in excess of five metres? Yes No

Has the architect or project manager recommended the purchase of non-negligent liability cover? Yes No

Are you making notifications to interested parties under the Party Wall etc. Act 1996? Yes No

Do you require cover for non-negligent liability? Yes No

If Yes, please complete the supplementary non-negligent liability questionnaire.

What is the approximate distance to the nearest occupied property?

11. Is the property listed? Yes No

If Yes, what grade?

12. Will you be living in the home during the works? Yes No

If No:

a. How will the site be secured at the end of each day?

b. Who is responsible for securing the site each day?

c. How often is it intended that the policyholder or person acting on their behalf (not contractor) visit the site?

a.

b.

c.

13. Are the contents to remain in the house? Yes No

If Yes, what security is in place? If No, where are they stored?

14. When the works are completed, what are your intentions for the property?

Information

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 take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

You must tell us, as soon as possible, if there are any changes to the information you have given us. If you are in any doubt, please contact us or your insurance agent.

When we are notified of a change we will tell you if this affects your policy. For example we may cancel your policy in accordance with the cancellation condition, amend the terms of your policy or require you to pay more for your insurance.

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If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

Misrepresentation

If we establish that you deliberately or recklessly provided us with false information we will treat the insurance as if it never existed and decline all claims.

If we establish that you were careless in providing us with the information we have relied upon in accepting the insurance and setting its terms and premium we may: (i) treat the insurance as if it never existed, refuse all claims and return the premium. (We will only do this if we provided you with insurance cover which we would not otherwise have offered); (ii) amend the terms of the insurance (We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness); (iii) charge more for the insurance or reduce the amount we pay on a claim in the proportion that the premium you have paid bears to the premium we would have charged you; or (iv) cancel the insurance in accordance with the cancellation condition of the insurance.

We or your insurance agent will write to you if we: (i) intend to treat this insurance as if it never existed; (ii) need to amend the terms of your policy; or (iii) require you to pay more for your insurance.

Declaration

You must read this before signing below.

I/We declare that (a) this questionnaire has been completed after proper enquiry; (b) its contents are true, accurate and complete and (c) reasonable care has been taken to answer all questions honestly and to the best of my/our knowledge.

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract be concluded, this proposal, the statements made in it and the information provided in connection with it will be relied upon by Hiscox in deciding whether to accept this insurance.

Signature

Date