

Details

Business Name

Contact Name

Address

Postcode

Telephone Fax

Email

What were your total fees received for the last completed financial year? £

Cover Options

The following options are applicable per individual and with an annual turnover under £300,000. Please tick which Package(s) you require:

Professional Indemnity Options

Limit of Indemnity	Turnover	
	Under £200,000	£200,000 - £300,000
£100,000	£158 <input type="checkbox"/>	£280 <input type="checkbox"/>
£250,000	£220 <input type="checkbox"/>	£315 <input type="checkbox"/>
£500,000	£310 <input type="checkbox"/>	£400 <input type="checkbox"/>
£1,000,000	£480 <input type="checkbox"/>	£550 <input type="checkbox"/>
£2,000,000	£630 <input type="checkbox"/>	£795 <input type="checkbox"/>

Optional Liability Packages

Covers	Limit of Indemnity	Package Total	Please tick if cover is required
Public Liability Employers Liability	£1,000,000 £10,000,000	£70	<input type="checkbox"/>
Public Liability Employers Liability	£2,000,000 £10,000,000	£100	<input type="checkbox"/>

All of the premiums shown above include Insurance Premium Tax of 5% and apply only if you can sign the statement of fact below. The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance.

Professional Indemnity limit basis: Any one claim and in the aggregate, including defence costs.

Policy excesses - Professional Indemnity, nil first claim, £250 each claim or loss including defence costs thereafter, Public Liability £250 each and every occurrence for property damage only & Employers Liability, nil.

If you have any questions or queries about your insurance requirements you can go online www.hiscox.co.uk/pi.cmi alternatively you can contact **Bannerman Rendell** on **0207 929 3400** who will be able to discuss your Insurance needs.

Statement of Fact By accepting this insurance you confirm that the facts stated below are true. These statements, and all information you or anyone on your behalf provided before we agreed to insure you, are incorporated into and form the basis of the policy.

If anything in these statements is not correct, or if any material information is not disclosed we will be entitled to treat this insurance as if it had never existed.

You should keep this Statement of Fact for your records.

Business activities

You confirm that the business activities to be covered by this insurance are to be work undertaken as a Management Consultant and as a member of the Chartered Management Institute.

If you are performing Interim Management activities, you do confirm that all strategic decisions are referred to the board of directors.

You do not undertake any of the following activities:

Accountants/Auditors/Tax Advisors, Solicitors/Legal advice, Architects, Estate Agents/Valuers, Engineers, Surveyors, Building Contractors, Mortgage Brokers, Independent Financial Advisors, Any activity related by the Financial Services Authority, Pharmaceutical related activities, Railway related activities, Investment Activity, Insolvency/Receiverships activities, Mergers/Acquisitions, Pollution related activities.

You confirm that you are not responsible for providing any advice or services in relation to:

- The law
- Medical Diagnosis or Treatment
- Pollution or Project Management of construction projects
- Audit, Accountancy, Valuation or Tax
- Insolvency, Liquidation or Receiverships
- Mergers or Acquisitions
- Investment / Financial Services

You confirm that you:

- are not involved in any contracts with a total value about £300,000
- do not sell, supply, design or produce any products.
- are not responsible for advice or services that could result in loss of life or injury to a person or destruction or damage to physical property.
- do not have a responsibility to your customers for pricing policy or legally binding them in other ways.

All your work is carried out for UK clients only, and all under UK law.

All work carried out is of a clerical/ non manual nature

Financial

Claims and Losses

You confirm the following statements to be true:

No claim, whether successful or not has 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 this insurance (whether previously insured or not).

You have not had an insurance or proposal cancelled, withdrawn, declined or made subject to special terms.

You are not aware of any shortcoming in your work for a client, which is likely to lead to a claim against you.

If Employers Liability is requested:

You are not aware, after enquiry, of any potential disease or injury to an employee which may give rise to a claim.

Insurance details This insurance policy has been specifically designed by Hiscox for Management Professionals

Period of insurance

This insurance policy is on a continuous basis.

Retroactive cover

This insurance policy does not include cover for business activities you performed before taking this cover out with Hiscox unless you have held equivalent insurance in the past, if in this case, please advise us of the date cover was first accepted

Important notice for your protection

Within 7 days of receipt of this proposal acceptance form by us, you will be sent your policy documents which contain full details of your cover and other important information. Please take time to read these documents carefully, particularly noting the policy exclusions and limitations.

Please ensure that the details in the policy documents are correct. In the event that you change your mind you have 14 days to cancel the policy and, providing no claims have been made, receive a full refund. After that period you can cancel your cover by giving us 30 days notice.

Important: if you fail to disclose any relevant information or you provide inaccurate information, this may invalidate your policy.

Acceptance

I would like to proceed with cover

Tick to agree

I would like to accept the offer of insurance cover based on the above limits I have selected.

I would like cover to start on*

*Please note that you can choose for cover to commence on any date within 30 days from when you sign this form. The commencement date cannot be in the past. Your application may be rejected if you choose a commencement date in the past or more than 30 days in the future.

I confirm that I have read the Statement of Fact above and I accept and agree the basis on which this cover is granted.

Yes

No

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. (If you wish to provide further details please attach extra information to this document)

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

Name

Signature

Date

Please either post form & completed DDM to: Timothy Evans, Bannerman Rendell, Peek House, 20 Eastcheap, London, EC3M 1EB or alternatively email to: time@bannermanrendell.com