

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

Which sections should you complete?

Section	Title	Should you complete it?
1.	Your business	All businesses must complete this section
2.	Subsidiary and associated companies	Please complete this section if you require cover under any section of cover for subsidiary or associated companies
3.	Professional indemnity	Please complete this section if you require this cover
4.	Management liability	Please complete this section if you require this cover
5.	Public and products liability and employers' liability	Please complete this section if you require this cover
6.	Property - buildings and contents	Please complete this section if you require this cover
7.	Business interruption	Please complete this section if you require this cover
8.	Internet and email	Please complete this section if you require this cover
9.	Personal accident and illness	Please complete this section if you require this cover
10.	Travel	Please complete this section if you require this cover
11.	Claims	All businesses must complete this section
12.	Declaration	All businesses must complete this section

This proposal form

The purpose of this proposal form is for us to find out who you are and what you do with a view to making a proposal for one or more products from the Hiscox Professional Insurance Portfolio. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this proposal form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your proposal for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed.

If a contract of insurance is agreed between us this proposal form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.

Section 1 - Your business

You must complete this section.

1.1 Your business

Business name

Main address

Post code

Year business established

1.2 Your employees

Your total number of employees (including subsidiaries)

1.3 Subsidiary or associated companies

Do you require cover (under any section to be insured) for any subsidiary or associated companies? Yes No

If **Yes**, you must ensure that all other information you give in this proposal form incorporates that for the subsidiary or associated companies, including income and claims information.

You must also complete **section 2 – Subsidiary and associated companies**.

1.4 Additional liabilities

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

1.5 Your income

Your total income: please provide a breakdown according to the legal jurisdiction of your contracts:

Jurisdiction	Last completed financial year Year ending: / /	Current year Year ending: / /	Estimate next year Year ending: / /
UK or Ireland	€	€	€
European Union (excluding UK/IRE)	€	€	€
United States of America and Canada	€	€	€
Rest of the world	€	€	€
Total	€	€	€

1.6 Your experience

Please confirm that one or more of the principals has at least three years' experience in the relevant industry: Yes No

If **No**, please provide CVs for all principals.



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1.7 Membership of professional organisations

Is your business a member of any professional organisations or trade associations?

Yes No

If **Yes**, please provide details:

--

Section 2 - Subsidiary or associated companies

Please complete this section if you require cover under any section of cover for subsidiary or associated companies.

We can extend this insurance to include subsidiary or associated companies for which you require cover provided that:

- a complete list of the companies is given below (or on a separate sheet if necessary); and
- the turnover and claims information declared on this proposal form incorporates that for the subsidiary or associated companies; and
- all other information you give in this proposal form incorporates that for the subsidiary or associated companies.

2.1 Subsidiary companies

Subsidiary company means any company in which the company named in section 1, directly or indirectly, owns more than 50% of the book value of the assets or outstanding voting rights.

Please provide the following details for all subsidiary companies to be insured.

Name	Main/registered address including postcode

2.2 Associated companies

Please provide the following details for any associated companies to be insured below:

Name	Main/registered address including postcode

Section 3 - Professional indemnity

Optional – only complete this section if this insurance cover is required.

This insurance is **not suitable** for any businesses that require cover for Royal Institution of Chartered Surveyors (RICS) or Society of Chartered Surveyors Ireland (SCSI) staff. Please complete our surveyors proposal form if this applies to your business.

3.1 Your business activities

Please split your last completed financial year's income approximately between the following professional disciplines. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

- a. Estate agency:
 - i. residential %
 - ii. commercial %
- b. Letting agency:
 - i. residential %
 - ii. commercial %
- c. Property management:
 - i. residential %
 - ii. commercial (including blocks of flats) %
 - iii. industrial %
- d. General insurance commissions %
- e. Mortgage commissions %
- f. Building society agency fees and commissions %
- g. Other – please give full details: %

3.2 Future business activities

Do you expect any significant changes to the split of activities shown in section 3.1 in the next 12 months?

Yes No

If **Yes**, please provide details:

3.3 Property maintenance

Are you responsible for the maintenance, condition or refurbishment of any property?

Yes No

If **Yes**, is this work undertaken:

- a. by you? Yes No
- b. by subcontracting to third parties? Yes No
- c. by introducing third-parties to the property owner? Yes No

3.4 Contracts

a. Please give details of the three largest contracts you have carried out in the past three years:

Name of client	Nature of your client's business	Service provided by you	Income to you from the contract

b. Please give details of the largest contract you have lined up for the forthcoming year:

Name of client	Nature of your client's business	Service provided by you	Income to you from the contract

3.5 Sub-contractors

- a. Do you ensure all subcontractors have relevant insurance to cover them for their errors and omissions? Yes No
- b. Do you ensure they have qualifications and experience relevant to the work they undertake? Yes No

3.6 Previous insurance

Have you ever bought professional indemnity insurance in the past? Yes No

If **Yes**, please provide details of your most recent policy:

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

3.7 Cover required

Please tick the limit of indemnity required:

€325,000 €650,000 €1,300,000 Other: €

**Section 4 -
Management liability**

Optional – only complete this section if cover for directors and officers’ liability, corporate legal liability and employment practices liability is required.

4.1 Directors and officers’ and corporate legal liability

Please provide confirmation that you and all of your subsidiaries:

- a. are an Irish registered limited company; Yes No
- b. are **not** listed on any stock exchange; Yes No
- c. are **not**:
 - i. a firm offering professional legal advice; or
 - ii. a firm directly regulated by Rialtóir Airgeadais (the Irish Financial Services Regulatory Authority); or
 - iii. a recruitment consultant or staffing agency. Yes No
- d. have been trading for less than two years; Yes No
- e. have not made a loss in the last 12 months or do not expect to make a loss in the next 12 months; Yes No
- f. Have declared a positive net worth in your latest annual accounts; Yes No
- g. have not had your accountants qualify their opinion in your latest annual accounts; Yes No
- h. have no assets in or turnover from the USA? Yes No
- i. have reviewed your health and safety policies and procedures in the last 12 months; Yes No
- j. segregate duties so that at least dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures or investments for amounts in excess of €3,250. Yes No

4.2 Employment practices liability

Employment practices liability can only be taken with directors and officers’ liability and corporate legal liability, it cannot be taken standalone.

Please confirm that you and all of your subsidiaries:

- a. have not made any redundancies in the last 12 months; Yes No
- b. do not anticipate any redundancies in the next 12 months; Yes No
- c. have written employment and grievance policies which are communicated to all new and existing employees; Yes No
- d. review and gain approval from external legal or human resources advisers prior to any disciplinary action or employee contract terminations? Yes No

If you have answered **No** to any of the above, please provide full details below (please attach additional sheet if necessary):

Section 5 - Public and products and employers' liability

Optional – only complete this section if this insurance cover is required.

5.1 Total wage roll

	Description*	Estimate for next 12 months	Percentage of work away from your premises
	Clerical/non-manual	€	%
	Manual*	€	%
	Manual*	€	%
	Manual*	€	%

*Please enter a description for the type of manual work undertaken.

5.2 Premises

Number of premises you occupy:

5.3 Work at height

Is any work undertaken in excess of ten metres above ground level?

Yes No

If **Yes**, please provide further details below:

5.4 Work with heat

Is any work undertaken either at or away from the premises involving heat processes?

Yes No

If **Yes**, please provide further details below:

5.5 Cover required

a. Please tick the limit of indemnity required for public and products liability:

€2,600,000

€6,500,000

€13,000,000

Other: €

b. Employers' liability quotations will automatically be based on a €13,000,000 cover limit.

c. What is the expiry date of your current policy?

Section 6 - Property - Optional - only complete this section if this insurance cover is required.
buildings and contents

6.1 Location of premises to be covered

Location	Full address	Postcode
1.		
2.		
3.		

Please provide us with a presentation if more than three premises are to be insured.

6.2 Occupancy

For all premises listed above, please confirm the following:

- a. Is your business the only occupant of the building? Yes No
If **No**, please note that the area you occupy must comply with our minimum security requirements in part 6.6 on the next page.
- b. Is the entire building used only for office based activities? Yes No

6.3 Construction details

- a. Are all of the buildings constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal? Yes No
- b. Are all of the buildings free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c. Are all of the buildings in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d. Are all of the buildings in a good state of repair? Yes No

If you have answered **No** to any of the above questions in 6.3 a. to d. above, please provide full details:

- e. Do any of the buildings have any unique construction features? Yes No

If **Yes**, please provide details below:

6.4 Building services

- a. Are the buildings heated by a conventional electric, gas, oil or solid fuel central heating system? Yes No
- b. Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? Yes No
- c. Are any lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

Note: It is important to keep separate records of this as we may not pay a claim unless you can demonstrate that these inspection requirements have been complied with.

6.5 Intruder alarms

- a. Are the premises protected by an intruder alarm system? Yes No

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If **Yes**, please give the manufacturer and model of the intruder alarm (at each premises if applicable):

b. Are the intruder alarms maintained under contract at least every 12 months? Yes No

c. Please indicate the type of alarms fitted at the premises:

- | | |
|--|--|
| <input type="checkbox"/> Bells only | <input type="checkbox"/> Connected to the police/ An Garda Síochána |
| <input type="checkbox"/> Central station | <input type="checkbox"/> BT Redcare GSM |
| <input type="checkbox"/> Digital communicator (alarm receiving centre) | <input type="checkbox"/> Packnet |
| <input type="checkbox"/> Other – please provide details | <div style="border: 1px solid black; width: 250px; height: 15px;"></div> |

d. Are the premises fitted with a fire alarm system? Yes No

If **Yes**, please give the manufacturer and model of the fire alarm (at each of the premises if applicable):

6.6 Minimum security requirements

These are our minimum physical security requirements. We will not make any payment for any damage unless the physical security measures at the business premises comply with the following criteria and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

1. The final exit door must be secured by:
 - a. a mortice deadlock conforming to or superior to BS3621; or
 - b. a rim automatic deadlock conforming to or superior to BS3621; or
 - c. a key operated multi-point locking system having at least three locking bolts.
2. All other external door or internal door providing access to any part of the building not occupied by you, which is not officially designated a fire exit by the local fire authority, is secured by:
 - a. a locking device specified in 1 above; or
 - b. by two key operated security bolts to engage the door frame.
3. Any other external door or internal door which is officially designated a fire exit by the local fire authority is secured by:
 - a. a panic bar locking system incorporating bolts which engage both the head and sill of the door frame; or
 - b. 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 or skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are:
 - a. secured by means of a key-operated locking device; or
 - b. permanently screwed shut.

Please note:

- i. The local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door; and
- ii. The provisions of specification 4. do not apply to windows/skylights that are protected by means of either:

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- a. fixed round or square section solid steel bars not more than 10cm apart; or
- b. fixed expanded metal, weld mesh or wrought ironwork grilles; or
- c. proprietary collapsible locking gate grilles.

6.7 Agreement to minimum security requirements

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

6.8 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

6.9 Amounts insured

The amounts 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.

Important note: 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 you are in any doubt, you should consult your broker.

a. **Buildings**

Please enter the full rebuild cost in the grid below:

	Location 1	Location 2	Location 3
Buildings	€	€	€

b. **Contents at the premises**

Please enter the replacement cost as new for each category in the grid below. For stock and fine art, please also enter a description.

	Location 1	Location 2	Location 3
General contents	€	€	€
Computers and other electronic equipment kept at the premises	€	€	€
Stock	€	€	€
Fine art	€	€	€
Landlord's fixtures and fittings and tenant improvements	€	€	€

c. **Property away from the premises**

Please enter the replacement cost as new for each category in the grid below. Portable computers and electronic equipment includes (but is not limited to): laptop and notebook computers, mobile phones and BlackBerries, projectors, specialist electronic equipment.

The geographical limit determines the cover given to the items – please do not double count (e.g. if an item is included in 'within Ireland' then it does not need to be counted in either 'within the EU' or 'worldwide').

	Within Ireland	Within the EU	Worldwide
Portable computers and electronic equipment	€	€	€
All other business equipment	€	€	€

Section 7 - Business interruption

Optional – please complete this section if you require this insurance cover. It may only be purchased with either the property buildings or contents cover.

Please indicate the basis of cover required for the by completing the sections below. Please consult your broker if you need advice.

Important note: 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 you are in any doubt, you should consult your broker.

7.1 Amounts insured

a. Loss of income/loss of gross profit

Please choose your required cover basis between either loss of income **or** loss of gross profit below. Our cover for loss of income and loss of gross profit automatically includes increased costs of working.

Please enter values for forthcoming indemnity period selected (e.g. if the indemnity period selected is 12 months, then the revenue or gross profit figure should be for 12 months).

Loss of income – total annual revenue: €

Loss of gross profit – amount insured: €

Indemnity period (months) 12 18 24 36

b. Increased costs of working

Please enter values for the forthcoming indemnity period selected if you wish to insure increased costs of working without insuring loss of income or loss of gross profit.

Amount insured: €

Indemnity period (months) 12 18 24 36

c. Additional increased costs of working

Please enter values for the forthcoming indemnity period selected if you wish to insure any additional increased costs of working.

Amount insured: €

Indemnity period (months) 12 18 24 36

d. Outstanding debts

Please enter the amount insured you require below.

Amount insured: €

7.2 Disaster recovery plan

Do you have a disaster recovery or business continuity plan?

Yes No

If **Yes**, please attach a copy to this proposal form.



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Section 8 - Internet and email

Optional – only complete this section if this insurance cover is required.

For all companies to be insured under this section:

- a. please provide your website address(es) below. If you need more room, please attach a separate sheet.

- b. how many hits do you expect to receive on your website in the next year?

- c. what is your anticipated internet revenue for the next 12 months?

- d. how many employees have access to internet/intranet/extranet/email:

- e. do you have main vendor anti-virus software in operation with a maintenance agreement in force? Yes No

- f. does your website have the facility to capture customer information (including names and addresses)? Yes No

If **Yes**, please confirm that the website complies with the Data Protection Acts 1998 and 2003 (and any subsequent legislation) and that you have a written policy in place outlining how you handle and process personal data: Yes No

- g. can users add their own content to your website (including images, video, comments or chat)? Yes No

- h. can users of your website carry out financial transactions? Yes No

If **Yes**, are these transactions entirely undertaken by a third-party payment provider? Yes No

- i. 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

- j. please give details of any IT security incidents, privacy breaches or other circumstances you have suffered:

Note: This is a liability-based insurance cover 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.

Section 9 - Personal accident and illness

Optional – only complete this section if this insurance cover is required.

9.1 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.

9.2 Age limit

We will not make any payment under this insurance for: (a) accidental bodily injury for persons over 70 years at inception; and (b) illness for persons over 60 years at inception.

9.3 Benefits/amounts insured

Please choose the benefits (amounts insured) required per staff category on either a salary basis or fixed amount insured basis. Please complete **either** section a. **or** b. If in doubt, please consult your broker.

a. Salary basis

Please provide total salaries for each staff category and the highest salary paid. The capital benefit should be a multiple of salary. The weekly benefit should be a percentage of salary.

Staff category	No. of staff	Total salaries	Highest salary	Capital benefit	Weekly benefit

b. Fixed amount insured basis

Please provide the numbers for each staff category. The capital and weekly benefits should be a fixed monetary amount.

Staff category	No. of staff	Capital benefit	Weekly benefit

If specific benefits are required for named individuals outside the staff categories, please enter the name in the staff category column.

9.4 Basis of cover

Please select the basis of cover required:

Personal accident and illness

Personal accident only

9.5 Current circumstances

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

Yes No

9.6 Absence from work

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 you have answered **Yes** to either 9.5 or 9.6 above, please provide details:

Section 10 – Travel **Optional – only complete this section if this insurance cover is required.**

10.1 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.

10.2 Age limit

We will not make any payment under this insurance for any trip that is booked or made by anyone who is 71 years or older at the start of the period of insurance.

10.3 Travel pattern

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

Length of trip	No. of trips within the UK and Ireland	No. of trips within the EU	No. of trips outside the EU
Up to four days			
5 – 10 days			
11 – 18 days			
19 – 31 days			
More than 31 days			

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

Yes No

If **Yes**, please provide full details:

Section 11 - Claims

You must complete this section. Please complete the claims questions for any risk now to be insured.

11.1 General

In relation to your professional business activities, are you after reasonable enquiry aware of:

- a. any matter which may lead to a claim against you.
This includes:
 - i. a shortcoming or problem in your work known to you which you cannot reasonably put right; Yes No
 - ii. a complaint about your work or anything you have supplied which cannot be immediately resolved; Yes No
 - iii. an escalating level of complaint on a particular project; Yes No
 - iv. a client withholding payment due to you after any complaint. Yes No
- b. any loss from the dishonesty or malice of any employee or self-employed freelancer. Yes No
- c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. Yes No
- d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee. Yes No

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

11.2 Your directors

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

- a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? Yes No
- b. been 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 judgment debt? Yes No

If the answer to a. and/or b. above is **Yes**, please give full details on a separate sheet.

11.3 Professional indemnity

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)? Yes No

11.4 All others covers

In respect of the following insurance covers:

Public and products liability, employers' liability, management liability, internet and email, property - buildings, property - contents, property - business interruption, travel, personal accident and illness:

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 director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? Yes No



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If the answer to 11.3. and/or 11.4. is **Yes**, please give full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

11.5 Employers' liability

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

Yes No

If **Yes**, please provide full details:

11.6 Management liability

a. In the last five years, have the company or any insured person been the subject of an investigation by any official body or institution?

Yes No

b. In the last five years, have there been any claims and or investigations made against the company, its directors, officers or employees which may have been covered by this policy had it been in force?

Yes No

c. After enquiry, are the company or its directors, officers or employees aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy?

Yes No

d. In the last five years you have not been the subject of any employment claim or investigation?

Yes No

If **Yes**, please provide full details:

11.7 Previous insurance

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

**Section 12 -
Declaration****You must complete this section.****Please read the declaration carefully and sign at the bottom.**

12.1 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.

12.2 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.

12.3 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 information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of director/officer/board member/senior manager.

Date

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

12.4 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
Hiscox House
Sheepen Place
Colchester
CO3 3XL
United Kingdom

or by telephone on +44 (0)1206 773705
or by email at 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 Services Ombudsman . For more information regarding the scope of the Financial Services Ombudsman, please refer to www.financialombudsman.ie.