

Technology companies
Professional Insurance Portfolio
Proposal form

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

The purpose of this proposal form is to gather information about your technology business with a view to making a proposal for one or more products from the Professional Insurance Portfolio.

Which sections should you complete?

Section	Title	Should you complete it?
1	Your business	All companies must complete this section
2	General matters	All companies must complete this section
3	Public and products liability and employers' liability	Please complete this section if you require this cover
4	Management liability	Please complete this section if you require this cover
5	Hacker damage	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	Personal accident and illness	Please complete this section if you require this cover
9	Travel	Please complete this section if you require this cover
10	Claims	All companies must complete this section
11	Declaration	All companies must complete this section

The purpose of this proposal form is for us to find out who you are and what you do. 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

Company name

Main address

Postcode

Telephone Website

Year business established:

1.2 Subsidiary companies

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

- a) a complete list of the companies is attached to this proposal form
- b) the turnover and claims information declared on this proposal form incorporates that for the subsidiary companies
- c) all other information you give in this proposal form incorporates that for the subsidiary companies.

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

1.3 Your employees

Please provide your total number of employees:

1.4 Membership of professional organisations

Is your business a member of any professional organisations or trade association? Yes No

If Yes, please provide details:

1.5 Your turnover

a. Please provide your turnover, including fee income and who the work is carried out for:

	Past year ending / /	Current year	Estimate for coming year
United Kingdom clients	£	£	£
Overseas clients (excluding USA/Canada)	£	£	£
USA/Canada clients under contracts subject to non- USA/Canada law	£	£	£
USA/Canada clients under contracts subject to USA/Canada law	£	£	£
Operating profit	£	£	£

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1.6 Your business activity

Your percentage of turnover (including fee income) must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

Products	Turnover
a. Hardware:	
i. designed by you	<input type="text"/> %
ii. manufactured by you	<input type="text"/> %
iii. designed and / or manufactured by a third party	<input type="text"/> %
b. Licenses:	
i. for your own shrink wrapped software	<input type="text"/> %
ii. for third party shrink wrapped software	<input type="text"/> %
iii. for your customisable software	<input type="text"/> %
iv. for third party customisable software	<input type="text"/> %
Services	
c. Installation of software / hardware	<input type="text"/> %
d. Customisation of software	<input type="text"/> %
e. Bespoke development of software	<input type="text"/> %
f. Maintenance of software / hardware	<input type="text"/> %
g. Co-location (light, heat and power)	<input type="text"/> %
h. Facilities management (including application maintenance)	<input type="text"/> %
i. Training	<input type="text"/> %
j. Provision of contract staff	<input type="text"/> %
k. Project management:	
i. where you set the specification	<input type="text"/> %
ii. where a third party sets the specification	<input type="text"/> %
l. Consultancy	<input type="text"/> %
Web services	
m. Web design	<input type="text"/> %
n. Web hosting	<input type="text"/> %
o. Application hosting (excluding application maintenance)	<input type="text"/> %
p. Domain name registration	<input type="text"/> %
Other	
q. Other work or income - please specify:	<input type="text"/> %



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1.7 Future business activities Do you expect any significant changes to the split of activities shown above in the coming 12 months? Yes No
If Yes, please give details:

1.8 Business activities - description Please provide a description of your business activities in your own words including any specialisations:

1.9 Implementation of your activities Is the failure, or delay in implementation, of any product or service you provide likely to result in any of the following outcomes:

- a. loss of life or injury to a person? Yes No
- b. destruction or damage to physical property? Yes No
- c. immediate and large financial loss? Yes No
- d. significant cumulative financial loss? Yes No
- e. insignificant loss (more of a nuisance)? Yes No

If you have answered Yes to any of the above then please explain below:

Where do you see your potential exposure to claims under this policy?

1.10 Competitors Please list who you consider to be your top three competitors?

- 1.
- 2.
- 3.

1.11 Your contractual management a. Do you only ever commence work where a signed contract is in place? Yes No
If No, please explain what arrangements are put in place.

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- b. What percentage of contracts you enter in to are subject to:
- i. your terms and conditions %
 - ii. your terms and conditions with negotiated amendments %
 - iii. your clients' terms and conditions %
 - iv. bespoke terms and conditions %

c. Who has responsibility for negotiating contracts?

d. When tendering for business or entering into contracts do you have a documented process in place to ensure you can deliver what is expected of you? Yes No

If No, please explain

- e. When contracting do you always:
- i. exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes No
 - ii. cap your overall liability at a reasonable level? Yes No
 - iii. warrant a performance standard no greater than reasonable care and skill? Yes No
 - iv. ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No
 - v. only provide indemnities in respect of IPR, death, bodily injury or property damage? Yes No
 - vi. ensure your contracts stipulate a dispute resolution procedure ? Yes No

If No to any of the above, please explain:

f. Do you have a disaster recovery plan? Yes No
If Yes, when was it last tested? / /



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1.12 Your contracts

Name of client					
Nature of your work undertaken by you					
Duration of contract (weeks, months, years)					
Overall value of contract					
Income to you from contract					
Project fees (consultancy, software customisation, bespoke development, installation) (%)					
Licence fees (%)					
Maintenance fees (%)					

How many current customers do you have?

What is the value of your average contract?

What is the length of your average contract?

**Section 2 –
General matters**

2.1 Sub-contractors and
non-employed contributors

a. What percentage of your content is supplied by non-employed contributors including freelancers or other non-employees? %

b. Do you always obtain a hold harmless or indemnity from non-employed contributors for claims that may arise from the content of the material? Yes No

If No, please provide details:

2.2 Other services for clients

a. Do you provide any other services to third parties? Yes No

If Yes, please provide details:

b. What percentage of your declared turnover comes from these activities? %

2.3 Your website

a. What is your website address?

b. Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible on any weblog, online journal, online diary, or online chatroom? Yes No

c. Is all third party material subject to your standard checking procedures (as declared in Section 1 of this proposal form) prior to posting on your websites? Yes No

d. Please provide details of your takedown procedures in the event of a complaint related to third party material:

Please note that cover is only provided where third party content is subject to the applicant's standard editorial procedures prior to it being made publicly accessible.

**Section 3 -
Public and products
and employers' liability**

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

3.1 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

3.2 Premises

No. of premises you occupy:

3.3 Work at height

Is any work undertaken in excess of ten metres above ground level? Yes No

If Yes, please provide further details below:

3.4 Work with heat

Is any work undertaken away from the premises involving heat processes? Yes No

If Yes, please provide further details below:

**Section 4 -
Management liability**

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

Please can you confirm the following:

- | | |
|--|---|
| a. Have you been trading for at least two years? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| b. Have you made a profit in the last 12 months? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. Do you expect to make a profit in the next 12 months? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. Have you declared a positive net worth in your latest annual accounts (total assets exceeded total liabilities)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| e. Did your accountant qualify their opinion in your latest filed annual report and accounts? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| f. Does the company have any assets in the USA, or does the company's turnover include any turnover to/from USA? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| g. Does the company anticipate any redundancies in the next 12 months? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| h. Are written employment and grievance policies communicated to all new and existing employees? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| i. Are all disciplinary actions or employee terminations subject to prior review and approval by HR/directors? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| j. Has the company reviewed and updated its health and safety policies within the last 12 months? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| k. Are all duties segregated so that at least dual control exists on signing cheques (above £2,500), issuing instructions for disbursement of assets or funds, fund transfer procedures and investments? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

If you have ticked any of the shaded boxes, please provide full details (please attach additional pages if necessary):

**Section 5 -
Hacker damage****Optional - only complete this section if this insurance cover is required.**

- a. What is your anticipated internet revenue for the next 12 months
- b. Do you have an individual whose full time responsibility is IT? Yes No
- c. Have you had external audits of your IT security in the last 12 months? If so, please provide us with a copy. Yes No
- d. Do you have a written minimum technological security policy which you use to audit your practices? Yes No
- e. Do you back up all electronic files on your system (including your website) at least weekly? Yes No
- f. Do you have main vendor anti-virus software in operation with a maintenance agreement in force? Yes No
- g. Is your system protected by a firewall? Yes No
- h. Do you have a resilient system for patching your system against known vulnerabilities? Yes No
- i. Are all passwords changed at least every 60 days? Yes No
- j. Please give details of your longest outage that you have suffered:

**Section 6 –
Property – buildings
and contents**

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

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 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. – 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.

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6.5 Alarm details

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

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 alarm fitted at the premises:

- | | |
|--|---|
| <input type="checkbox"/> Bells only | <input type="checkbox"/> Connected to the police |
| <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 | <input style="width: 100%; height: 20px;" type="text"/> |

d. Are the premises fitted with a fire alarm? 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

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.

These are our minimum physical security requirements:

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, down pipes 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.

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

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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 the UK' then it does not need to be counted in either 'within the EU' or 'worldwide'.

	Within the UK	Within the EU	Worldwide
Portable computers and electronic equipment	£	£	£
All other business equipment	£	£	£

**Section 7 –
Business
interruption**

Optional - this section 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**

Please choose your required cover basis between either loss of revenue **or** loss of gross profit below. 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 revenue - total annual revenue: £

Gross profit – amount insured: £

Indemnity period (months) 12 18 24 36

b. **Additional expenditure** (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)

Amount insured: £

Indemnity period (months) 12 18 24 36

c. **Book 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.

Section 8 - Personal accident and illness

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

8.1 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.

8.2 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.

8.3 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.

8.4 Basis of cover

Please select the basis of cover required:

Personal accident and illness

Personal accident only

8.5 Current circumstances

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

Yes No

8.6 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 8.5 or 8.6 above, please provide details:

**Section 9 -
Travel**

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 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.

9.2 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.

9.3 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	No. of trips within the EU	No. of trips outside the EU
Up to 4 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 10 -
Claims**

10.1 General

You must complete this section.

Please complete the claims questions for any risk now to be insured.

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:

10.2 Directors and officers

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 judgement debt? Yes No

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

10.3 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

10.4 All others covers

In respect of the following insurance covers:

Hacker damage, property buildings, property contents, business interruption, travel, personal accident and illness, public and products liability, employers' liability and management 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 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 10.3. and/or 10.4. is Yes, please give full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

10.5 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:

10.6 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

If Yes, please provide full details:

10.7 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 11-
Declaration****You must complete this section.****Please read the declaration carefully and sign at the bottom.**

11.1 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.

11.2 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.

11.3 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.

11.4 Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about your policy or the handling of a claim you should, in the first instance, contact Hiscox Customer Relations either in writing at:

Hiscox Customer Relations
Hiscox House
Sheepen Place
Colchester
CO3 3XL

or by telephone on 01206 773705
or by email at customer.relations@hiscox.com.

Complaints that cannot be resolved by the Hiscox Customer Relations department may then be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to your right to take legal proceedings.