



# Management Liability Portfolio

Proposal form

**This proposal is for limited companies with a turnover under £50m excluding those in the legal or financial services sector (directly regulated by the Financial Services Authority).**

This form must be completed by you honestly and accurately. You must disclose all information, circumstances and material which is, or may be, relevant to our consideration of your proposal for insurance.

1. a. Name   
Address   
Postcode  Telephone number:   
Website  Email   
b. Activities:   
c. Total number of employees (full and part-time):   
d. Turnover for last 12 months:

2. a. Have you been trading for at least two years? Yes  No   
b. Have you made a profit in the last 12 months? Yes  No   
c. Have you declared a positive net worth in your latest annual accounts (total assets exceeded total liabilities)? Yes  No   
d. Did your accountant qualify their opinion in your latest filed annual report and accounts? Yes  No   
e. Does the company have any assets in the USA, or does the company's turnover include any turnover to/from USA? Yes  No   
f. Does the company anticipate any redundancies in the next 12 months? Yes  No   
g. Are written employment and grievance policies communicated to all new and existing employees? Yes  No   
h. Are all disciplinary actions or employee terminations subject to prior review and approval by HR/directors? Yes  No   
i. Has the company reviewed & updated its Health & Safety policies within the last 12 months? Yes  No   
j. 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  No   
k. In the last five years, have you been the subject of any employment claim or investigation? Yes  No   
l. 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   
m. 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   
n. 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 you have ticked any of the shaded boxes, please provide further details (please attach additional pages if necessary):



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**Your cover**

Directors and officers' liability, employment practices liability and corporate legal liability

Limit (aggregate /costs inclusive) Per section	Turnover			
	Up to £2.5m	£2.5m to £10m	£10m to £25m	£25m to £50m
£250,000	£550 <input type="checkbox"/>	£635 <input type="checkbox"/>	£710 <input type="checkbox"/>	£800 <input type="checkbox"/>
£500,000	£750 <input type="checkbox"/>	£835 <input type="checkbox"/>	£910 <input type="checkbox"/>	£1,000 <input type="checkbox"/>
£1,000,000	£950 <input type="checkbox"/>	£1,035 <input type="checkbox"/>	£1,110 <input type="checkbox"/>	£1,200 <input type="checkbox"/>
£2,000,000	£1,350 <input type="checkbox"/>	£1,435 <input type="checkbox"/>	£1,510 <input type="checkbox"/>	£1,600 <input type="checkbox"/>

The premiums shown include Insurance Premium Tax of 5% and apply only if you have not ticked any of the shaded boxes on page 1. The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.

**BusinessHR**

The above premiums include an amount of just £60 including IPT to have access to BusinessHR's comprehensive website and free on line HR and H&S audits. The 75,000 users of the website include companies of all sizes who, whether they have an HR department or not, rely on BusinessHR's website and telephone advice line to ensure that they minimize the financial and reputational risk of employment, discrimination & H&S cases.

Should you not require this service please tick the following box.

**Excess**

Directors and officers' liability:

Employment practices liability:

Corporate legal liability

Please enter the date you would like the policy to start:

If applicable, please enter the date D&O cover first purchased

**Cover will only commence upon confirmation from Hiscox.**

**Please note that this insurance policy is a continuous insurance policy and that it will therefore continue in force until either party gives notice of termination in accordance with the procedure set out in the terms or until Hiscox terminates the policy following the non-payment of any premium due from you.**

**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.

**Data Protection Act**

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.



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### Payment by Direct Debit

If you wish to pay by direct debit please complete the Hiscox Direct Debit Mandate attached to this form. We shall submit this form to your bank for authorisation and seek to withdraw the premium due in accordance with your direct debit mandate instructions. If it is rejected we shall submit it again. If the direct debit mandate is rejected a second time we shall give you notice of our intention to cancel the insurance policy or shall contact you in order to agree an alternative source of payment.

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

Signature of Chairman, Managing Director (or equivalent)

Date

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

### Complaints

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX