

## Professional office package

Proposal acceptance form

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### 1. Your details

Business name

Address

Postcode  Telephone

Hiscox policy number (if applicable)

Estimated annual income for the next 12 months:  £

Estimated annual wage roll for the next 12 months:  £

Business description

Profession/sector (please select the most relevant):

Description	Description
Accountancy and tax <input type="checkbox"/>	IT and telecommunications <input type="checkbox"/>
Agricultural consultants <input type="checkbox"/>	Management consultants and training <input type="checkbox"/>
Architects <input type="checkbox"/>	Marketing and communications <input type="checkbox"/>
Consulting engineers <input type="checkbox"/>	Publishers <input type="checkbox"/>
Estate and letting agents <input type="checkbox"/>	Solicitors <input type="checkbox"/>
Insurance brokers and IFAs <input type="checkbox"/>	Surveyors <input type="checkbox"/>

### 2. Cover

All the premiums are **inclusive** of insurance premium tax and apply only if you can comply with the statement of fact and claims or losses statements in sections 3 and 4.

For options B-E, your income must not exceed the cover amount for Loss of income.

Cover	Package					Excess
	Option A	Option B	Option C	Option D	Option E	
Office contents	€10,000	€20,000	€30,000	€50,000	€100,000	€325
Computer equipment	included within above	€10,000	€15,000	€25,000	€50,000	€325
Portable equipment (worldwide)	€2,500	€2,500	€5,000	€7,500	€10,000	€325
Loss of income	€0	€100,000	€250,000	€500,000	€1,000,000	Nil
Increased costs of working	€10,000	included within above	included within above	Included within above	included within above	Nil
Employers' liability	Not included	€13m	€13m	€13m	€13m	Nil
General liability	€2.6m	€6.5m	€6.5m	€6.5m	€6.5m	€325
Commercial legal protection	€130,000	€130,000	€130,000	€130,000	€130,000	Nil
Premium	€206 <input type="checkbox"/>	€412 <input type="checkbox"/>	€670 <input type="checkbox"/>	€927 <input type="checkbox"/>	€1,236 <input type="checkbox"/>	

**Period of insurance** – the premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.



### 3. 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 proposal acceptance form and statement of fact for your records.

#### **Business activities and risk details**

1. You do not undertake any manual work other than IT installation, where applicable.
2. You do not supply any products, other than IT equipment, where applicable.
3. There are an adequate number of fire extinguishing appliances at your business premises.
4. All waste materials are removed from the premises weekly.
5. To the best of your knowledge, the premises have not been affected by flooding, and are not within 250 metres of any water source.
6. The business premises is constructed with walls of brick, stone or concrete and roofed with slates, tiles, concrete, profile metal or any other non-combustible material.

#### **Minimum security requirements**

The physical security measures at your 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 is secured by:
  - a. a mortice deadlock conforming to or superior to BS3621 or Irish equivalent; or
  - b. a rim automatic deadlock conforming to or superior to BS3621 or Irish equivalent; or
  - c. a key operated multi-point locking system having at least three locking bolts.
2. Any 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.
  - c. Applicable only if option D or E is selected:

The office is protected by an intruder alarm, installed by a member company of ISIA (Irish Security Industry Association) and connected to a centrally monitored station.



**4. Claims and losses**

You confirm the following statements to be true:

1. in the last three years you have not had a single claim, loss or damage of €1,000 or more or incurred losses, damages or claims of more than €5,000;
2. you are not aware, after enquiry, of any potential disease or injury to an employee that may give rise to a claim;
3. you have not had an insurance or proposal cancelled, withdrawn, declined or made subject to special terms;
4. you have not been convicted of or charged with any offence, other than a motoring offence or conviction.

**5. Insurance details**

**Important notice for your protection**

Within 30 days of receipt of this proposal acceptance form by us, and following review 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 sent to you are correct.

In the event that you change your mind you have 14 days to cancel the policy and, providing that no claims have been made, receive a full refund. After that period you can cancel your policy by giving 30 days' notice.

**6. Acceptance**

**I would like to proceed with 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 will be rejected if you choose a commencement date in the past or more than 30 days in the future.

**Please note that cover will only commence once all necessary underwriting has taken place and you have received confirmation of cover from Hiscox.**

I confirm that I have read the statements of fact in sections 3 and 4 above and I accept and agree the offer of insurance based on the cover and limits detailed above.

Yes  No

If No, please speak to your broker.

**7. 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.



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### 8. 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.

### 9. Declaration

I/We declare that (a) this proposal acceptance 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 my/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 my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Underwriting Ltd to avoid this insurance.

I/We agree that this proposal acceptance form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to your broker once it has been completed.

**A copy of this proposal acceptance form and any other information supplied to us for the purposes of obtaining this insurance should be retained for your records.**

### 10. 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, United Kingdom CO3 3XL

or by telephone on +44 (0)1206 773705  
or by email at [customer.relations@hiscox.com](mailto: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](http://www.financialombudsman.ie).