

The products on this form are arranged by McParland Finn Limited.

1. Your details

Business name:

Main office address:

Additional addresses:

Please continue on a separate sheet if required.

Contact:

Postcode:

Telephone: Mobile:

Email:

Please provide a description of your business activities in your own words:

Does the business conduct any activities other than those of an office-based professional? Yes No

If Yes, please provide details:

Do you undertake any manual work? Yes No

If Yes, please provide details:

What is your estimated annual income for the forthcoming year?

What is your estimated wage roll for the forthcoming year?

What is your HMRC Employers Reference Number?

You must provide the HMRC ERN if you require employers' liability insurance to cover an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

If your business does not have an HMRC Employers' Reference Number (ERN), please confirm the reason for this from the following:

- All employees earn less than the PAYE threshold
- The business is registered in Jersey or Guernsey
- The business does not have any employees

Additional employers and subsidiary companies

Do you have any additional UK employers or subsidiary companies covered for employers' liability insurance by this policy? Yes No

If this insurance policy will be required to cover employers or subsidiary companies other than the main insured company above, please refer to your broker who will provide you with a supplementary sheet to complete.

If you currently hold an insurance policy for your office, please confirm your current insurer:

2. Cover

Please select the package option required based on the total number of premises from which your business operates.

All premiums represent the premiums due for a 12 month period of insurance and are inclusive of insurance premium tax of 10%. These premiums apply only if you comply with the statement of fact in section 3.

Packages	Option 1	Option 2	Option 3	Excess
Property worldwide	£5,000	£10,000	£25,000	£250
Fraud and dishonesty	£2,500	£5,000	£10,000	£250
Documents	£25,000	£25,000	£25,000	£250
Rent payable	£25,000	£25,000	£25,000	£250
Increased costs of working	£25,000	£25,000	£25,000	Nil
Book debts	£50,000	£50,000	£50,000	Nil
Employers' liability	£10,000,000	£10,000,000	£10,000,000	Nil
Public liability	£2,000,000	£2,000,000	£2,000,000	£250
Commercial legal protection	£100,000	£100,000	£100,000	Nil
Business HR	Included	Included	Included	Nil
Premium (one premises)	£137.50 <input type="checkbox"/>	£154.00 <input type="checkbox"/>	£192.50 <input type="checkbox"/>	
Premium (two premises)	£165.00 <input type="checkbox"/>	£181.50 <input type="checkbox"/>	£220.00 <input type="checkbox"/>	

Optional cover
Please select as required

Public liability – increased limit of indemnity			
Total number of premises	Limit of indemnity	Premium	Excess
One	£5,000,000	£55.00 <input type="checkbox"/>	£250
Two	£5,000,000	£82.50 <input type="checkbox"/>	£250

Do you require terrorism cover to be included? Yes No

3. Statement of fact

By accepting this insurance you confirm that the facts stated below are true. We have relied on these facts and all the information that you or anyone on your behalf provided, in agreeing to provide this insurance and in setting the terms and premium.

You must read this document to ensure that all the facts stated below are accurate and complete. If any of the facts stated below or any of the information provided to us is not correct or needs to be changed, you must tell us before the start of the period of insurance.

If there are changes to this information during the period of insurance you must tell us. When we are notified of a change we will tell you if this affects your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

You should keep this a copy of this proposal acceptance form and statement of fact for your records.

3.1. Your property

- All buildings in which your office is located are constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal.

- Your premises is a self-contained unit occupied solely as an office or with a proportion of the building used as residential accommodation.
- Where the self-contained unit forms part of a multi tenanted building, all other adjacent units or those directly above or below, are used solely for retail, clerical and administrative duties only.
- Your premises is heated by a fixed electric, gas, oil or solid fuel heating system.
- Where your business operates from any commercial premises for which you are responsible, the electrical installation is inspected at least every five years by a qualified electrician and any electrical defect remedied.
- To the best of your knowledge, the premises have never been affected by flooding and are not within 250 metres of any water course.

3.2. Business activities

- Your estimated annual turnover does not exceed £500,000.
- Your estimated annual wage roll does not exceed £1,000,000.
- You do not undertake any work in a territory where the Foreign Office advise against all non-essential travel.
- You do not undertake any work outside of the United Kingdom for more than 90 consecutive days.
- You do not undertake any work involving the use or application of heat away from your own business premises other than the use of soldering irons.
- You do not undertake any work more than three metres from ground level when outside a building or structure or three metres from floor level when inside a building or structure.
- You do not you undertake any work in or on water or underground or at any of the following locations:
 - blast furnaces, chimneys or well shafts;
 - viaducts, bridges or steeples;
 - mines, refineries, off-shore installations or power stations ;
 - dams, tunnels, airports, aerodromes or aircraft towers;
 - docks, wharves, piers, harbours or ships;
 - railways or motorways.

3.3. Claims and losses

You confirm the following statements to be true:

- in the last five years, you have not made more than two claims and the total value of all claims made does not exceed £5,000;
- you are not aware of any fact, circumstance, incident, injury or illness which may give rise to a claim under this insurance;
- you have not had an insurance or proposal cancelled, withdrawn, declined or made subject to special terms.

3.4. General

You confirm the following statements to be true:

- you have never been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974;
- you have never been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt either in a personal capacity or as a business.

4. Insurance details

Important notice for your protection

Within 30 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

that no claims have been made, receive a full refund. After that period you can cancel your policy by giving 30 days' notice.

5. 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 you have received confirmation from McParland Finn Limited.

I confirm that 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 McParland Finn Limited.

6. 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.

7. Data protection

By signing this proposal acceptance 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.

Employers Liability Tracing Office (ELTO) and your data

Your policy details will be added to the Employers Liability Database, managed by the Employers Liability Tracing Office (ELTO). This data will be available for search by registered users as well as individual claimants on a limited basis, who wish to verify the employers' liability insurer of an employer at a particular point in time.

You can find out more:

- from **your** insurance adviser (if **you** have one); or
- by contacting **us**; or
- at www.elto.org.uk.

8. Declaration

I/we confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair presentation of the risk.

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to your McParland Finn Limited once it has been completed, to the following address:

McParland Finn Limited, Barlow House, 4 Minshull Street, Manchester, M1 3DZ.

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.

9. 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 the sale of your policy or the service offered by your broker, you should contact McParland Finn Limited:

Telephone: 0161 236 2532

Email: garyh@m-f-l.co.uk

Address:

McParland Finn Limited
Barlow House
4 Minshull Street
Manchester M1 3DZ

If you have any questions or concerns about the terms of your policy or the decisions regarding the settlement of a claim, please contact our customer relations team in writing at:

Hiscox Customer Relations
The Hiscox Building
Peasholme Green
York YO1 7PR

or by telephone on 01904 681198 or 0800 116 4627

or by email at customer.relations@hiscox.com.

If you are dissatisfied with the final response from your broker or from Hiscox, you may have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.

Please note that you will have six months from the date of the final response regarding your complaint, to refer it to the Financial Ombudsman Service.