



HERA INDEMNITY

General/Office Insurance Proposal Form

General/Office Insurance Proposal Form

Professional Indemnity

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: enquiries@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity
First Floor Offices, 1 Mulgrave Chambers
26-28 Mulgrave Road
Sutton
Surrey
SM2 6LE



Hera Indemnity Insurance General/Office Insurance Proposal Form

Important Notes

- A. Answer every question fully. If necessary attach separate sheets with information which can be incorporated into your declaration. As your policy approaches renewal date it is important that the details we hold about you are kept up to date and all material facts about the risk are declared.
- B. A Principal, Partner, Director or Member of the firm must complete the proposal and make all the necessary enquiries of their fellow Partners, Directors, Members and Employees.
- C. Wherever we ask questions on this declaration about you or your firm we mean you, your Partners, Directors, Members or Employees or any former Partners, Directors, Members or Employees of any firm for which cover is required under this insurance.
- D. Individuals forming a Limited Liability Partnership (LLP) are known as Members.
- E. The Insurance Act 2015 requires you to make a fair presentation of the risk. An insured, and their agents, are under a duty to disclose all material facts and circumstances to an insurer. You should carry out a search of the information held by you and the firm, and present the information in a clear and accessible format. The Act also places a duty of disclosure on brokers. As your brokers, we are obliged to disclose any material information relating to you and the firm that we are aware of, and which you may not have included in your presentation. Please ensure that the information you provide in this proposal is complete and can be easily interpreted and understood by the insurer.
- F. Certain professional bodies and/or regulators have specific requirements as to the cover you are required to purchase, including but not limited to the limit of indemnity an affiliated firm or member must carry. If you or your firm are regulated by or affiliated with any professional body or similar organisation, it is your responsibility to ensure that the cover you purchase is sufficient both for your needs and to satisfy the requirements of your professional body/regulator.

Your Firm

Name(s) of firm(s) to be insured:
(See important note C)

Firm's Principal Address:

	Postcode	

Contact information

Telephone:

Email:

Mobile:

Business description:

When was the firm established:

How many year's experience do you hold?

Your Fee Income

Provide details of your gross fees (excluding VAT) received in the last financial year and your estimated fees for the forthcoming year:

	Last Completed Financial Year	Current/Forthcoming Financial Year (estimate)
United Kingdom		
Channel Islands or Isle of Man		
USA or Canada		
Elsewhere		
Total Fees		

How many staff does your firm presently employ?

Number of Directors	Number of Full Time Clerical/Admin	Number of Part Time Clerical/Admin	Number of Full Time Manual Staff	Number of Part Time Manual Staff

Total number of Bona Fide Sub-Contractors at any one time	Total number of Labour Only Sub-Contractors at any one time

What is your total annual wage roll ?

What is your ERN Number?

(Employers Reference Number - this can be found on HMRC PAYE correspondence)

Do you require cover for the Contents of your firm's Principal Address as shown on page 1 of this form?

Yes No

If yes, please specify the limit(s) required in the section below.

Please provide the total value of computer equipment and general contents:

	General Contents	Computer Equipment
Total Value		

Do you require cover for the Contents of your firm's Principal Address as shown on page 1 of this form?

Yes No

If yes, please specify the limit(s) required in the section below.

Do you require cover for any contents away from the office?

Yes No

If yes, please provide details regarding items and values in the 'Additional Information' section at the end of this form.

Do you require cover for the Contents of any other premises used by your firm?

Yes No

If yes, please provide details in the 'Additional Information' section at the end of this form.

Do you require Public Liability Insurance?

Yes No

If yes, please specify the limit required in the section below.

Please tick your required Public Liability Limit of Indemnity:

£1m £2m £5m £10m

Do you require Employers' Liability Insurance?

Yes No

If yes, please specify the limit required in the section below.

Please tick your required Employers' Liability Limit of Indemnity:

£5m Other Amount (Please Specify) _____
(The Minimum Cover Required Under UK Law)

Do you require Business Interruption cover?

Yes No

What type(s) of security does the premises have? E.g. Intruder Alarm, CCTV, Security Guard etc. Please provide details

Is the property in a known flood risk area? Yes No

Is the building of standard construction?
If no, please provide details in the 'Additional Information' section at the end of this form. Yes No

Do you require cover for the building?
If yes, please provide the following information. Yes No

Rebuild Value:

Year of Construction:

Do you require Buildings cover for any other premises used by your firm?
If yes, please provide details in the 'Additional Information' section at the end of this form. Yes No

Do you require cover for subsidence?
If yes, please provide further details in the 'Additional Information' section at the end of this form. Yes No

Have you had any claims in the last 6 years?
If yes, please provide details in the 'Additional Information' section at the end of this form. Yes No

Do you provide services and/or undertake work at the following locations? Yes No

- power stations
- nuclear installations
- oil, gas or petrochemical works
- airport, aircraft, aviation safety or airside work
- watercraft, docks, harbours
- railways
- hospitals or other medical facilities?

If yes, please provide details in the 'Additional Information' section at the end of this form.

Other Insurance Solutions

Would you like a quotation for Employee Health, Protection and Wellbeing products? Yes No

Would you like a quotation for Management Liability Insurance? Yes No

General Assumptions

Neither You or Your directors or partners involved with Your Business have:

- ever had a business insurance proposal declined, renewal refused, insurance cancelled or special terms applied
- ever been convicted of or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence which are not spent under the Rehabilitation of Offenders Act
- ever been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings or been disqualified from being a company director
- ever been the subject of a County Court Judgement, an Individual Voluntary Arrangement, a Company Voluntary Arrangement or a Sheriff Court Decree.

If this is not the case, please provide details via the Additional Information section below so that we may inform insurers accordingly.

Empty rectangular area for additional information.

Declaration

How we will use your Information

Hera Indemnity will process your data in accordance with relevant data protection legislation. The information supplied to us by you may be held on computer and passed to insurers for underwriting and claims purposes. You should show this notice to anyone whose personal data may be processed to administer this policy.

In order to administer your insurance policy and any claims made against the policy we may share personal data provided to us with other companies and with business partners including overseas companies. If we do transfer your personal data including where we propose a change of underwriter we make sure that it is appropriately protected.

Under the conditions of your policy you must tell us about any Insurance related incidents whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to the relevant database. We may search these databases when you apply for insurance in the event of any incident or claim or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We may also pass your information to reinsurers and/or loss adjusters.

Under data protection legislation you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. Any requests or enquiries about our data protection policy or practices should be addressed to Hera Indemnity.

Fraud Prevention & Detection

In order to prevent and detect fraud, we may at any time:

1. Share information about you with other organisations including the Police
2. Undertake credit searches
3. Check and/or share your details with fraud prevention and detection agencies.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

By signing this form you are confirming that you have read and accepted the information set out above.

Duty of Discourse

You are responsible for carrying out a reasonable search of all information held by the firm, and disclosing all material facts and circumstances to the Insurer. You are under a duty to make a fair presentation of the risk, and we as your brokers, are also under a duty to disclose material information. Please see Important Note (E), above.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete.

I declare that I have carried out a reasonable search of all information held by the firm and informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Number of additional sheets included with this application:

Signed:

Date:

Print Name:

Position Held:

Company Name:

This form and any questionnaires or additional sheets must be signed by a Partner / Principal / Member / Director of the practice.



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Hera Indemnity, First Floor Offices, 1 Mulgrave Chambers, 26-28 Mulgrave Road, Sutton, Surrey, SM2 6LE

t +44 (0)20 7186 1636 e enquiries@heraindemnity.co.uk w towergateinsurance.co.uk/hera-indemnity

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