

## aDShe professional liability Proposal form

The products on this form are designed for members of aDShe and arranged by Gallagher Heath.

### 1. Your details

Full name

Address

Postcode

Telephone  Mobile

Email

What is your estimated annual income for the current financial year?  £

### 2. Cover

All the premiums are inclusive of insurance premium tax of 6% and apply only if you can comply with the statement of fact in section 3.

Cover options - please select as required			
Cover	Limit of indemnity	Premium	Excess
Professional indemnity	£1,000,000	<input type="checkbox"/> £146.50	£nil*
Public liability	£5,000,000		£nil*

\*£nil policy excess for professional indemnity and public liability applies to the first claim only and rises to £250 for each and every further claim

Increased limit			
Cover	Limit of indemnity	Additional premium	Excess
Professional indemnity	£2,000,000	<input type="checkbox"/> £53.00	£nil*
	£5,000,000	<input type="checkbox"/> £79.50	

\*£nil policy excess applies to the first claim only and rises to £250 for each and every further claim

### Additional cover

Cover	Sum insured	Premium	Excess
Office contents, computers at the premises and portable equipment including laptops (United Kingdom)	£3,000	<input type="checkbox"/> £53.00	£250

### 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.

### Retroactive cover

If you currently purchase professional indemnity cover, please provide the date when you first purchased cover without any gaps in insurance.

## aDShe professional liability Proposal form

### 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 form and statement of fact for your records.

#### Business activities

1. All your work is carried out in the UK and for UK based clients.
2. You are a member or affiliate member of aDShe.
3. You undertake teaching and assessment.

### 4. Claims and losses

You confirm the following statements to be true:

1. In the last three years no claim or loss, whether successful or not, has occurred or been made against you or your predecessors in business, or any past or present partner, principal, director or employee.
2. You are not aware after reasonable enquiry of any matter which may lead to a claim against you. This includes, but is not limited to:
  - a. a shortcoming or problem in your work known to you which you cannot reasonably put right;
  - b. a complaint about your work or anything you have supplied which cannot be immediately resolved;
  - c. an escalating level of complaint on a particular project;
  - d. a client withholding payment due to you after any complaint.
3. You are not aware of any loss from the dishonesty or malice of any employee or self-employed freelancer.
4. You have not had an insurance or proposal cancelled, withdrawn, declined or made subject to special terms.

### 5. 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.

### 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 you have received confirmation from Hiscox.**

I confirm that I have read the statement of fact 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.

## aDShe professional liability Proposal form

### 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.

### 8. 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.

### 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 the insurer to avoid this insurance.

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

Name

Signature

Date

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

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

## aDShe professional liability

### Proposal form

#### 10. 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, should contact Gallagher Heath:

**Telephone:** 01384 822 222

**Email:** adsheuk@ajg.com

**Address:**

Gallagher Heath  
Admiral House  
Waterfront East, Level Street  
Brierley Hill DY5 1XG

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

Hiscox House

Sheepen Place

Colchester CO3 3XL

or by telephone on 01206 773705

or by email at [customer.relations@hiscox.com](mailto: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](http://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.

## Direct Debit Instruction

**This is not part of the instruction to your Bank or Building Society.**

Thank you for applying to pay for your Hiscox policy under the Direct Debit Scheme.

Please complete in **BLOCK CAPITALS** using **BLACK INK** and send to Hiscox Underwriting Ltd, 25 London Road, Sittingbourne, Kent ME10 1PE.

TITLE \_\_\_\_\_ POLICYHOLDER(S) NAME \_\_\_\_\_  
(PLEASE INDICATE BOTH NAMES IF JOINT POLICYHOLDERS)

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ POSTCODE \_\_\_\_\_

If this application is on behalf of a company please provide:  
 CONTACT NAME: \_\_\_\_\_ NAME OF COMPANY: \_\_\_\_\_

Your policy number:  Please indicate your preferred date for making payment: 1st  8th  15th  22nd   
 Would you prefer to make your payment: monthly  annually

By signing this Direct Debit 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.

### Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form using a ball point pen and send it to:  
 25 London Road, Sittingbourne, Kent ME10 1PE.

Name(s) of Account Holder(s)

Branch Sort Code (from the top right hand corner of your cheque)

Bank/Building Society account number

Name and full postal address of your Bank/Building Society

To: The Manager  
 ..... Bank/Building Society  
 Address: .....  
 .....  
 ..... Postcode .....

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Originator's Identification Number: 

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Reference

#### Instruction to your Bank or Building Society

Please pay Hiscox Underwriting Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Hiscox Underwriting Ltd and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)  
 Date:



**This guarantee should be detached and retained by the Payer.**

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Hiscox Underwriting Ltd will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Hiscox Underwriting Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Hiscox Underwriting Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Hiscox Underwriting Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.