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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **The products on this form are arranged by MFL Insurance Group Ltd.** | | | | | | | | | | | | | |
|  | Small office is described as an office with required contents sums insured of no greater than £50,000. Please see cover package options below. | | | | | | | | | | | | | |
| **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 12%. These premiums apply only if you comply with the statement of fact in section 3.** | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | **Packages** | | | | | **Option 1** | **Option 2** | | | **Option 3** | | | | **Excess** |
|  | General contents | | | | | £25,000 | £30,000 | | | £50,000 | | | | £250 |
|  | Computers and  ancillary equipment | | | | | £15,000 | £20,000 | | | £25,000 | | | | £250 |
|  | Property worldwide | | | | | £5,000 | £7,500 | | | £10,000 | | | | £250 |
|  | Fraud and dishonesty | | | | | £50,000 | £50,000 | | | £50,000 | | | | £250 |
|  | Documents | | | | | £25,000 | £25,000 | | | £25,000 | | | | £250 |
|  | Rent payable | | | | | £25,000 | £25,000 | | | £25,000 | | | | £250 |
|  | Loss of income (including increased costs of working) | | | | | £100,000 | £150,000 | | | £250,000 | | | | Nil |
|  | Book debts | | | | | £50,000 | £50,000 | | | £50,000 | | | | Nil |
|  | Employers’ liability | | | | | £10,000,000 | £10,000,000 | | | £10,000,000 | | | | Nil |
|  | Public liability | | | | | £5,000,000 | £5,000,000 | | | £5,000,000 | | | | £250 |
|  | Commercial legal protection | | | | | £100,000 | £100,000 | | | £100,000 | | | | Nil |
|  | Business HR | | | | | Included | Included | | | Included | | | | Nil |
|  | **Premium (one premises)** | | | | | **£308** | **£408.80** | | | **£492.80** | | | |  |
|  | **Premium (two premises)** | | | | | **£336** | **£436.80** | | | **£520.80** | | | |  |
|  | Optional limit of £10 million PL is available – price upon request | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | |
|  | Standard cover excludes terrorism, would you like a quotation to  include this? | | | | | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | | | |
| **3. Statement of fact** | In deciding whether to accept the insurance and in setting the terms and premium, we  have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.  You must tell us, as soon as possible, if there are any changes to the information you have given us.If youare in any doubt, please contact us or your insurance agent.  When weare notified of a change we will tell you if this affects your policy. For example, we may cancel your policy in accordance with the cancellation condition, amend the terms of your policyor require you to pay more for your insurance.  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 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. Minimum  security requirements** | These are our minimum physical security requirements. We will not make payment for any damage unless the physical security measures at the business premises comply with the following criteria and all devices are put into full and effective operation whenever the  business 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 | | | | | | | | | | | |
|  |  | b. | a rim automatic deadlock conforming to or superior to BS3621; 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. | | | | | | | | | | | |
|  |  | Please note: | | | | | | | | | | | | |
|  |  | i. | the local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door; and | | | | | | | | | | | |
|  |  | ii. | the provisions of specification 4 do not apply to windows or skylights that are protected by means of either: | | | | | | | | | | | |
|  |  |  | a. | fixed round or square section solid steel bars not more than 10cm apart; or | | | | | | | | | | |
|  |  |  | b. | fixed expanded metal, weld mesh or wrought ironwork grilles; or | | | | | | | | | | |
|  |  |  | c. | proprietary collapsible locking gate grilles. | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **3.3. 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, offshore installations or power stations; | | | | | | | | | | | |
|  |  |  | dams, tunnels, airports, aerodromes or aircraft towers; | | | | | | | | | | | |
|  |  |  | docks, wharves, piers, harbours or ships; | | | | | | | | | | | |
|  |  |  | railways or motorways. | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **3.4. 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. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **3.5. 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 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 MFL Insurance Group Ltd.** | | | | | | | | | | | | | |
|  | 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 MFL Insurance Group Ltd. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | |
|  | | Is there anything else that you would like to tell us about you or your business? (please attach additional pages if necessary). | | | Yes  No | | | |
|  | |  | | | | | | |
|  | | If we establish that youdeliberately or recklessly provided us with false information, we will treat the insurance as if it never existed and decline all claims.  Ifwe establish that you were careless in providing us with the information we have relied upon in accepting the insurance and setting its terms and premium we may: | | | | | | |
|  | | i. | | treat the insurance as if it never existed, refuse all claims and return the premium. (We  will only do this if we provided you with insurance cover which we would not otherwise  have offered); | | | |
|  | | ii. | | amend the terms of the insurance (Wemay apply these amended terms as if they  were already in place if a claim has been adversely impacted by your carelessness); | | | |
|  | | iii. | | charge more for the insurance; or | | | |
|  | | iv. | | cancel the insurance in accordance with the cancellation condition of the insurance. | | | |
|  | | We or yourinsurance agent will write to you if we: | | | | |
|  | | i. | | intend to treat this insurance as if it never existed; | | | |
|  | | ii. | | need to amend the terms of your policy;or | | | |
|  | | iii. | | require you to pay more for your insurance. | | | |
|  | |  | | | | |
| **7. Using your  personal information** | | Hiscox is a trading name of a number of Hiscox companies. The specific company acting as  a data controller of your personal information will be listed in the documentation we provide  to you. If you are unsure you can also contact us at any time by telephoning 01904 681198  or by emailing us at dataprotectionofficer@hiscox.com.  We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.  We may record telephone calls to help us monitor and improve the service we provide.  For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy.  **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: | | | |
|  | |  | | fromyour insurance adviser (if you have one); or | |
|  | |  | | by contactingus; or | |
|  | |  | | at [www.elto.org.uk](http://www.elto.org.uk). | |
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| **8. Declaration** | **Please read the declaration carefully and sign at the bottom.**  I/we confirm that the information given in this proposal form and any additional sheet is true, 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 MFL Insurance Group Ltd once it has been completed, to the following address:  MFL Insurance Group Ltd, Barlow House, 4 Minshull Street, Manchester, M1 3DZ.  Or to the following email address:  info@mflinsurance.com | | | |
|  | 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 MFL Insurance Group Ltd:  **Telephone**: 0161 236 2532 **Email**: complaints@mflinsurance.com  **Address**:  MFL Insurance Group Ltd 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. | | | |