

Application for

# Business Insurance

## (Other than Construction Firms)

This application form must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form any relevant additional information is provided in the box on page 17

Windows 10 users viewing this form in MS Edge or Mac users viewing in Preview may encounter problems saving the information entered. To avoid this, please ensure you have downloaded this form and are viewing it in the latest version of Acrobat Reader.

### Proposer Details

1 (a) Full Trading Title (including full names if individuals or partners)

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(b) Trading Address (including postcode)

	Postcode

Please provide details of any other Trading Addresses on separate sheets

(c) Correspondence Address (if different from Trading Address above)

	Postcode

(d) Business Description (please provide a full description of all your business activities)

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(e) Date Business Established

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(f) Website Address\*

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\* (Your website content will **not** be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

(g) Name of Current Insurer

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(h) Period of Insurance

From:	To:
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## Wages and Turnover

2 (a) Total number of staff  (b) Total annual waggeroll £

(c) Please provide breakdown of your waggeroll and number of employees

Description	No. of employees	Wageroll * (see below for required information)	Work above 10m height? If yes, enter % & max height			Work below 1m depth? If yes, enter % & max depth		
			Yes / No	%	Max height	Yes / No	%	Max depth

### Clerical Work

Proprietors, partners & directors		£						
Employees and self-employed persons working under your supervision and control		£						

### Non-Manual Site Work

Proprietors, partners & directors		£		%			%	
Employees and self-employed persons working under your supervision and control		£		%			%	

### Manual Work – using fixed woodworking machinery at own premises

Proprietors, partners & directors		£		%			%	
Employees and self-employed persons working under your supervision and control		£		%			%	

### Manual Work – all other work at own premises

Proprietors, partners & directors		£		%			%	
Employees and self-employed persons working under your supervision and control		£		%			%	

### Manual Work – away from your own premises, excluding the use of heat\*\*

Proprietors, partners & directors		£		%			%	
Employees and self-employed persons working under your supervision and control		£		%			%	
Self-employed persons working under their own supervision and control		£		%			%	

### Manual Work – away from your own premises, including the use of heat\*\*

Proprietors, partners & directors		£		%			%	
Employees and self-employed persons working under your supervision and control		£		%			%	
Self-employed persons working under their own supervision and control		£		%			%	

### Other Workers (including volunteers) – please state total number and describe activities

		£		%			%	
		£		%			%	

### \* Required Wageroll Information

<i>Employee type:</i>	<b>Proprietors, partners, directors &amp; employees who are shareholders</b>
<i>Required information:</i>	Annual waggeroll (before deductions) plus dividends, overtime, allowances, commissions, bonus payments, the employee's own National Insurance and any private pension contributions
<i>Excluded information:</i>	Employers' pension & National Insurance contributions
<i>Employee type:</i>	<b>Employees &amp; self-employed persons working under your supervision and control</b>
<i>Required information:</i>	Annual waggeroll (before deductions) plus overtime, allowances, commissions, bonus payments, the employee's own National Insurance and any private pension contributions
<i>Excluded information:</i>	Employers' pension & National Insurance contributions
<i>Employee type:</i>	<b>Self-employed persons working under their own supervision and control</b>
<i>Required information:</i>	Annual payments to self-employed persons working under their own supervision and control, including VAT

\*\* Use of heat is defined as being the use of: 1. electric oxy-acetylene or similar welding or cutting equipment; 2. blowlamps or blow torches; 3. cutting or grinding equipment using abrasive disks or wheels 4. molten metal asphalt bitumen tar or pitch heaters; 5. thermic lances

(d) Does any of the above include work overseas, offshore or on vessels or craft? YES  NO

If YES please provide full details

(e) Please provide details of your turnover as follows (together with an estimate for the forthcoming year)

Turnover Information	Last Complete Financial Year End date ___ / ___ / ___	Current Financial Year End date ___ / ___ / ___	Forthcoming Financial Year End date ___ / ___ / ___
Turnover from work for clients based in the UK, Channel Islands and Isle of Man			
Turnover from work for clients based elsewhere in Europe			
Work undertaken for clients in the USA or Canada where the contracts are subject to local laws			
Work undertaken for clients in the USA or Canada where the contracts are not subject to local laws			
Work undertaken for clients elsewhere in the world			
Total Annual Turnover			

- 3 (a) Do you anticipate any material changes to your activities or the types of contracts in which you are involved in the forthcoming 12 months? If YES please provide full details YES  NO

- (b) Are you (or any Partner or Director of yours) associated or connected (financially or otherwise) with any other organisation? If YES please provide full details including details as to the nature of the association or relationship details of any work undertaken for such organisation and the income received from such work YES  NO

- (c) Are all of your contracts subject to English, Scottish or Northern Irish law? If NO please provide full details YES  NO

- (d) Have you changed your name or been part of a merger de-merger or joint venture or have there been any material changes to your activities in the past 6 years? If YES please provide full details YES  NO

- (e) Do you have any contract or client which represents more than 30% of your annual income? If YES please provide full details YES  NO

## Liability

### 4 General Information

Please specify any accreditations: (ie: ISO9000 series, IIP)	
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### 5 Safety Policy

(a) Is there a safety policy? YES  NO

(b) What is the date of the last review of the safety policy?

(c) When was it last communicated to all employees?

(d) If there are more than 5 employees, is the policy in writing and signed? YES  NO

### 6 Knowledge of health & safety

Is there a safety officer or person responsible for health and safety issues? YES  NO

If YES give details of formal training given to the person. If NO give details of external advice you obtain

### 7 Risk assessment

(a) Have all the required risk assessments been carried out and recorded? YES  NO

(b) When was the last risk assessment carried out?

### 8 Training

(a) Please give details of what the health and safety training is given to employees:

(b) Is training recorded? YES  NO

### 9 Workplace inspections

(a) Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective actions is taken? YES  NO

(b) How often are inspections carried out?

## Employers' Liability

10 (a) Is cover required?

YES  NO

(b) Total indemnity limit £10m – if you require a different limit please enter amount

£

(c) Do you work at or on any power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industries, offshore structures, aircraft, aerospace or watercraft, railways, airports or work underground or underwater?

YES  NO

If YES please give full details

## 11 Employer's Reference Number(s)

Company Name	Parent (P) Subsidiary (S)	ERN Number	Exempt? Yes (Y) No (N)	Exempt Reason 1, 2 or 3 Please select from below

1. The entity has no employees
2. All staff employed earn below the current Pay As you Earn (PAYE) threshold
3. The company is not registered in England, Wales, Scotland or Northern Ireland

## Public Liability

12 (a) Is cover required?

YES  NO

(b) Total indemnity limit required

£

(c) Number of premises

## 13 Work Away

(a) Is work undertaken away from own premises?

YES  NO

(b) If YES please describe the nature of such work

## Products Liability

14 (a) Is cover required?

YES  NO

(b) Total indemnity limit required

£

## Property Damage

**(Note if there is more than one premises you will need to complete Supplementary Applications)**

15 (a) Is cover required?

YES  NO

(b) Are the premises in sole occupation?

YES  NO

If NO please give full details of all other occupants

(c) Premises address:

	Postcode

## 16 Construction and Heating

Please provide full details of:

Construction of walls and roofs	
Sandwich Insulation Panels	
Heating	
Number of storeys	
Age of building	
Date electrical system last inspected and certified IEE (or equivalent) compliant	

## 17 Property and security questions

(a) Does the premises have:

### Fire alarm

YES  NO

Name of Installer

Type of Signalling

### Intruder Alarm

YES  NO

Name of Installer

Type of Signalling

### Other Physical Security

YES  NO

Details

(b) Are the premises in an area previously affected by flooding or at risk of flooding?  
If YES please provide details

YES  NO

(c) Is any property kept in the basement?  
If YES please provide details

YES  NO

(d) What times are the normal working week?

**18** Please state the sums insured required for the following items

Sum Insured (£)

Buildings	<input style="width: 100%; height: 20px;" type="text"/>
Tenants improvements and decorations	<input style="width: 100%; height: 20px;" type="text"/>
Machinery, plant and other contents	<input style="width: 100%; height: 20px;" type="text"/>
Computers and ancillary equipment	<input style="width: 100%; height: 20px;" type="text"/>
Stock and materials in trade other than below	<input style="width: 100%; height: 20px;" type="text"/>
High valued stock (1) – describe: <input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
High valued stock (2) – describe: <input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
All other property – describe: <input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**19 Contingencies**

(a) Do you require cover for:

Subsidence YES  NO

Terrorism YES  NO

If Subsidence required, has the property or any adjacent property previously suffered damage from subsidence, heave or landslip or does the building have any visible signs of cracking? Details (if YES)

YES  NO

(b) Day-One Inflation Provision Required?

YES  NO

Percentage Required:  %

## Business Interruption

**(Note if there is more than one premises you will need to complete Supplementary Applications)**

- 20 (a) Is cover required?  
(b) Premises address

YES  NO

Postcode

(c) Please select from one of the following

Basis of Cover	Sum Insured (£)	Indemnity Period
Insured Profit		
Revenue		
Net Revenue		
Gross Fees		
Gross Rentals		
Increased Cost of Working		

If cover other than Increased Cost of Working is selected do you require Declaration – Linked Cover (133 $\frac{1}{3}$ %)? YES  NO

(d) Please complete the following

Cover Extensions	YES/NO	%/£ limit
Unspecified Suppliers		
Unspecified Customers		
Motor Vehicle Manufacturers		
Property Stored		
Patterns		
Transit		
Motor Vehicles		
Contract Sites		
Exhibition Sites		
Electricity Suppliers' Premises		
Gas Suppliers' Premises		
Water Suppliers' Premises		
Prevention of Access		
Loss of Attraction – Unspecified		
Telecommunications Suppliers' Premises		

Table continued overleaf



Table continued

Cover Extensions	YES/NO	%/£ limit
Action by Police, Government or Other Competent Authority		
Failure of Electricity Supply		
Failure of Gas Supply		
Failure of Water Supply		
Specified Disease, Food Poisoning, Vermin Pests and Defective Sanitation, Murder or Suicide		
Failure of Telecommunications		
Lottery Winners		
Essential Personnel		
Rent Receivable		
Additional Increased Cost of Working		
Fines or Damages		
Additional Cost of Rent		

(e) Do you require cover for Specified Suppliers and Customers?

YES  NO

	%/£ limit	Address	Business
Specified Suppliers			
Specified Customers			

## Group Personal Accident

21 (a) Is cover required?

YES  NO

(b) What is the maximum number of persons at any one location?  Postcode of that location?

(c) Detail below the persons or categories of persons to be covered and benefits insured

Names of or categories of persons to be insured	Death and capital sums	Weekly benefits		Excess period (deferment)	Benefit period (standard 104 weeks)
		Temporary total disablement (not to exceed 100% of gross weekly wage)	Temporary partial disablement (not to exceed 50% of gross weekly wage)		

(d) Operative time required

(i) Continuous (24 hours) YES  NO

(ii) Occupational accidents including commuting YES  NO

(iii) Occupational accidents excluding commuting YES  NO

Other (please specify)

(e) Please provide the following information

(i) If the benefits are wage related (eg 4 x salary for Death and Capital Sums) please provide estimated annual waggeroll (excluding overtime, commission or bonuses)

(ii) If the benefits are a fixed sum insured (eg £50,000 for Death and Capital Sums) please provide the number of employees in each category

Names or categories of persons to be insured Please split this between manual and clerical employees	Number of employees OR estimated annual waggeroll

(f) If benefits are related to wages, what is the highest annual salary paid to one person? £

(g) In respect of Group Personal Accident insurance

(i) Are you currently insured against similar risks? YES  NO

(ii) If YES who is your current insurer?

## Goods In Transit

22 (a) Is cover required?

YES  NO

(b) Type of Goods carried

Carryings type	No. of Vehicles	Estimated Annual Carryings (£)	Limit any one vehicle or consignment	Tools Limit %
Own vehicles				
Road carrier				
Rail or post				
Other (please state):				

(c) Are any of the proposers vehicles left loaded and unattended at night?  
If YES please give details of location, security and precautions taken

YES  NO

## Loss Of Money

23 (a) Is cover required?

YES  NO

(b) Please complete the following

	Estimated Annual Amount (£)	Limit any one loss (£)
Own carryings		
Carryings by security company		
In Bank Night Safe		
On Premises during business hours		
Money on premises outside business hours in safe		

(c) Please complete the following

Make, model and method of anchoring of safe(s)	
Limit of cash in safe (£)	

## Glass

24 Is cover required?

YES  NO

## Business All Risks

25 Is cover required?

YES  NO

### Geographical Limit

A	Premises only	The premises specified in the property damage section
B	UK	Anywhere in the UK including transit
C	European Union	Anywhere in the UK including transit and whilst temporarily removed anywhere within the European Union for up to 90 consecutive days
D	Worldwide	Anywhere in the UK including transit and whilst temporarily removed anywhere in the world for up to 90 consecutive days

Description of Machinery/Apparatus	Sum Insured (£)	Single Article Limit	Geographical Limit

## Commercial Legal Expenses

26 (a) Is cover required?

YES  NO

(b) What Limit of Indemnity is required?      £100,000       £250,000

(c) Has there been any dispute with an employee or former employee, legal dispute, action, prosecution, or HM Revenue and Customs investigation during the last five years? If YES please provide full details

YES  NO

(d) Are any redundancies envisaged in your business in the next 12 months? If YES please provide full details

YES  NO

(e) Has the Proposer been taken over, merged with or taken over any other company within the last 12 months, or intend to do so with another company within the next 12 months? If YES please provide full details

YES  NO

(f) In respect of the forthcoming Period of Insurance, what is the estimated

Total turnover    £

Total wage roll (including dividends)    £

## Computer

27 (a) Is cover required?

YES  NO

(b) Please complete the following

Computer Equipment:	Sum Insured (£)
At main trading address	
Additional location 1	
Additional location 2	
Computer Hardware:	
At main trading address	
Additional location 1	
Additional location 2	
Software and programs including cost of replacement licences or dongles	
Portable computer hardware (e.g. laptops)	

(c) Please give specific details of additional security measures in place to protect your computer equipment such as entrapment devices or security cabling

## 28 Increased Cost of Working

(a) Do you require cover for Increased Cost of Working?

YES  NO

If YES please confirm the sum insured you require

£

(b) Please confirm your required Indemnity Period if less than 12 months

## 29 Reinstatement of Data

Do you require cover for Reinstatement of Data?

YES  NO

If YES please confirm the sum insured you require

£

## Employee Dishonesty

30 (a) Is cover required?

YES  NO

(b) Please provide the following:

Your total actual wage roll for the past 12 months

£

Your estimated turnover for the next 12 months

£

(c) Limit of Indemnity

What Limit of Indemnity do you require? (Maximum £5,000,000)

£

(d) Excess

What Excess do you require?  
(we suggest an excess in the region of 1% of Limit of Indemnity)

£

(e) Employees

Employee includes members of your staff, trainees and apprentices, staff hired in from an agency, former employees who have retired from you and now work exclusively for you as consultants, former employees for 30 days following their leaving

Are any of your employees based overseas?

YES  NO

If YES are any of the overseas employees to be included in this cover?

YES  NO

If YES please give details including the locations, wagheroll and turnover for each operation

Are any of your employees unpaid voluntary workers?

YES  NO

If YES please give details including numbers and the duties undertaken

(f) Sole Signing of Cheques

The controls impose a limit of £5,000 in respect of the sole signing of cheques, or similar instruments by employees (Principals, who are not also employees, may sign to higher limits)

Do you need an increased limit in respect of sole signing of cheques?

YES  NO

If YES please give details including the limit required

(g) Stock Checks

Do you have any "target" stocks?

YES  NO

If YES please give details including the proportion to overall stock levels  
(If you are in any doubt as to whether a line of stock is target please give details)

(h) Cover Extension – Computer & Funds Transfer Frauds by Third Parties

Do you require cover for Computer & Funds Transfer Frauds by Third Parties?  
(Minimum excess £5,000)

YES  NO

(i) Cover Extension – Cheque Fraud by Third Parties

Do you require cover for Cheque Fraud by Third Parties? (Minimum excess £5,000)

YES  NO

(j) Cover Extension – Interlocking Clause

We cover claims that occur (as opposed to claims discovered) during the entire period of cover.

We can extend cover under your new policy to include claims that occurred during the previous insurance once its discovery period has expired, provided that

- cover has remained in force without any break
- you have complied with the terms and conditions of the cover applicable including any reference requirements and any checks and controls.

If the discovery period under your previous cover is 24 months we do not normally charge for this extension.

Do you require the Interlocking Clause to apply?

YES  NO

If YES please complete details of previous insurers below

Insurer	Policy Number	Start Date	End Date	Discovery Period

## Loss of Licence

31 (a) Is cover required?

YES  NO

(b) Please state sum insured required

Sum Insured

£

(c) Please state type of licence

During the past 5 years has there been:

(d) any opposition to the grant, renewal or transfer of the licence?

YES  NO

If YES please provide full details

(e) any circumstance or incident which might prejudice your licence or affect its renewal?

YES  NO

If YES please provide full details

## Frozen Foods

32 (a) Is cover required?

YES  NO

(b) Please provide details below of your frozen storage units

Description of unit	Year of manufacture	Is maintenance agreement in force?	Sum Insured (£)

## Claims

- 33 In relation to all of the insurance covers to which this proposal relates: has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past present director, officer, board member, senior manager, or employee in respect of any risk now to be insured (whether previously insured or not)?

YES  NO

If YES please provide full details, including nature of claims, dates and amounts (€)

- 34 Have you, your present or former directors, partners or family members involved with this or any other business or living with you ever:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) had any previous request for insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt whether cleared or not?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) been disqualified from being a company director?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) been ever subject to any County Court Judgment (or Decree if in Scotland)?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (f) been convicted of any offence other than a motoring offence which carries a fixed penalty apart from an offence that is now considered 'spent' under the Rehabilitation of Offenders Act 1974?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (g) been subject to any HSE prohibition or improvement notice?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered YES to any part of Question 34, please provide full details

## Sanctions

- 35 Do your business activities covered under this insurance involve any of the countries subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK and USA?

YES  NO

If YES please provide full details





## Important Information

### Material Circumstances

**IMPORTANT** – This policy is a legal contract

Please remember that you must make a fair presentation of the risk to us. This means that you must:

- 1 disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
- 2 make such disclosure in a reasonably clear and accessible manner; and
- 3 ensure that in such disclosure any material representation as to a: (a) matter of fact is substantially correct; and (b) matter of expectation or belief is made in good faith.

A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of the application. You must also make a fair presentation to us in connection with any variations, e.g. changes you wish to make to your policy. If you fail to make a fair presentation of the risk then this could affect the extent of cover provided or could invalidate your policy, so if you are in any doubt as to whether a circumstance is material then it should be disclosed to us.

You must give careful consideration to who, in your business, knows this information and make appropriate enquiries of your senior management. This includes those people who play a significant role in the making of decisions about how your business activities are to be managed or organised. For example, people who may hold key information could include, but not be limited to, the managing director, finance director, IT manager and HR manager.

Disclosures should be specific and made in a reasonably clear and accessible manner. We will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention.

Each renewal invitation is made on the basis of the information we have at the time it is issued. We may revise or withdraw it if, before the date your renewal takes effect, any event occurs that gives rise to a claim or alters the material circumstances under this insurance, even if we are notified after your renewal date.

A specimen copy of the policy wording is available on request. You should keep a record (including copies of letters) of all information supplied to us for the purposes of the renewal of this insurance. A copy of the completed application will be supplied on request within a period of three months after its completion.

### DATA PROTECTION ACT – INFORMATION USES

For the purposes of the Data Protection Act 2018, the Data Controllers in relation to any personal data you supply are Glemham Underwriting Limited and our Insurers.

Where we arrange an insurance contract for you the use of your data is necessary for you to enter into the contract and for the insurance to operate. If you do not provide the information required we are unlikely to be able to arrange your insurance and may not be able to do any other business with you.

Although we refer to you we may also collect personal data relating to people working for you or for whom you work as well as parties who make claims against you. All personal data will be subject to this policy irrespective of the source.

### Insurance Administration

It is Glemham Underwriting Limited's policy only to process that personal information which is essential to the underwriting of each insurance product requested and it will only process your data for the purposes of insurance administration at all times in a lawful manner.

In addition your information will also be used for the purpose of insurance administration by the insurer and its associated companies and agents by their reinsurers and by your insurance intermediary.

It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing Glemham Underwriting Limited's or the insurer's compliance with any regulatory rules or codes. Your information may also be used for offering renewal research and statistical purposes and crime prevention. It may be transferred to any country (including countries outside the European Economic Area) for any of these purposes and for systems administration. Where this happens we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.

If you give us information about another person in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for as set out in this notice.

In the case of personal data with limited exceptions and on payment of the appropriate fee the data subject has the right to access and if necessary rectify information held about them. You or they may have the right to object to or restrict our processing of your or their personal information however if you or they do we may be unable to continue to provide services to you and this may mean that we are unable to process your enquiry or claim or that your insurance cover will stop. Additionally, you or they may require us to erase such data from our records. In all instances such request should be sent to the Managing Director at Glemham Underwriting Limited.

In assessing any claims made the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions).

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

### **Credit Searches and use of Third Party Information**

To ensure we have the necessary facts to assess your insurance risk, verify your identity, to help prevent fraud and to provide you with our best premium and payment options, we may obtain information relating to you and your business from third parties at quotation and renewal and in certain circumstances where policy amendments are requested. This information may include a quotation search from a credit referencing agency which will appear on your credit report and will be visible to other credit providers. It will be clear that this is a quotation rather than a credit application by you to pay by monthly instalments.

### **Sensitive Data**

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this renewal you will signify your consent to such information being processed by the insurer or its agents.

### **Data Retention**

We only process personal data where it is necessary to do so for the purpose of general insurance intermediation and it is currently our policy to hold such data indefinitely to guarantee that we are able to reply promptly and accurately to any query that may arise in the future.

### **Automated Decision Making**

We utilise automated decision making in certain cases (where we provide products to insurance providers who transact business online) but the cover and risk selection criteria are the same as we deploy offline and decisions are reinforced manually in all cases post sale.

We do not undertake automated client profiling and you always have the right to have your policy underwritten offline if you wish to opt out of automated decision-making but this may mean your insurance costs more because of the increased cost of servicing business in this way.

### **If you have a Complaint**

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, please write to your insurance adviser.

Your insurance adviser and your insurers are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

### **Fraud Prevention and Detection**

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

- 1 Share information about you with other organisations and public bodies including the Police;
- 2 Undertake credit searches and additional fraud searches;
- 3 Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this to prevent fraud and money laundering.

We can supply on request further details of the agencies and databases we access or contribute to and how this information may be used.

We and other organisations may also search these agencies and databases to:

- 1 Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- 2 Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- 3 Check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity;
- 4 Check details of job applicants and employees.

### Claims History

- 1 Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database;
- 2 We may search these databases when you apply for insurance in the event of any incident or claim or at the time of renewal to validate your claims history or that of any person or property likely to be involved in the policy or claim.

You should show these notices to anyone who has an interest in the insurance under this policy.

### Choice of Law

The appropriate law as set out below will apply unless you and we agree otherwise:

- 1 The law applying in that part of the United Kingdom, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or
- 2 In the case of a business, the law applying in that part of the United Kingdom, Channel Islands or Isle of Man where it has its principal place of business; or
- 3 Should neither of the above be applicable, the law of England and Wales will apply.

### Declaration

I/we declare that the information given is to the best of my/our knowledge and belief correct and complete and that this proposal makes a fair presentation of the risk to insurers

If the risk is accepted I/we undertake to pay the premium when called upon to do so I/we understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes

**Please remember to print this form and sign in the space below before sending the completed form – either in hard copy or as a scanned PDF – to your Insurance Advisor**

Signature of Principal/Director/Partner:		
Name	Position	Date