

The products on this proposal form are designed for training providers and arranged by Intersure Insurance Brokers Limited.

Please return the completed form to enquiries@intersure.net

### 1. Your details

Company name

Address

Postcode

Telephone  Mobile

Email

Website

HMRC Employers reference number

In which year was your business established?

Is cover required for anything other than work undertaken by the firm(s) identified above? This may include a predecessor in business or liability of one of your partners or principals relating to work undertake elsewhere. Yes  No

If **Yes**, please provide details:

Please confirm your annual income for the last completed financial year and the forthcoming year:

	Last year	This year
UK / EU law contracts	£ <input type="text"/>	£ <input type="text"/>
US law contracts	£ <input type="text"/>	£ <input type="text"/>
Other law contracts	£ <input type="text"/>	£ <input type="text"/>

Please confirm your number of employees:

Last year	This year	Estimate next year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please confirm that one or more of the principals has at least five years experience in the relevant industry: Yes  No

If **No**, please provide CVs for all principals.

### 2. Your business activities

1. Please estimate your total income over the following areas of training and assessment:

Administrative / clerical / IT	<input type="text"/> %
Motor / mechanical	<input type="text"/> %
Care	<input type="text"/> %
Construction	<input type="text"/> %
Warehouse / driving	<input type="text"/> %
Complementary therapy or beauty	<input type="text"/> %
Security	<input type="text"/> %

Railway	█ %
Other – please supply full details below	█ %
█	

2. Does any of the training or assessment that you under take involve manual work? Yes  No
3. If **Yes**, please confirm the approximate percentage of manual work undertaken █ %
4. Do you receive funding from the Skills Funding Agency or other organisation? Yes  No
5. If **Yes**, please confirm that there is a regular audit process in place undertaken by the SFA or other funding provider. Yes  No
6. Do you provide training to children less than 16 years of age or vulnerable persons? Yes  No

If **Yes**, please provide details including percentage overall income and how your employees are vetted;

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7. Do you undertake any training away from your premises? Yes  No
- If **Yes**, please provide details:

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8. Are you responsible for placing any students into work experience roles within third-parties? Yes  No
9. If **Yes**, do you ensure that the third party has the appropriate insurance? Yes  No

**3. Cover**

Please confirm from the following options which covers are required, in order to obtain a quotation.

Professional indemnity	
Limit of indemnity (any one claim, costs in addition)	Please select limit required
£250,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>
£2,000,000	<input type="checkbox"/>
£5,000,000	<input type="checkbox"/>
Other (please specify)	£ █

Public and products liability	
Limit of indemnity	Please select limit required
£1,000,000	<input type="checkbox"/>
£2,000,000	<input type="checkbox"/>
£5,000,000	<input type="checkbox"/>
£10,000,000	<input type="checkbox"/>
Other (please specify)	£ █

Employers' liability	
Limit of indemnity	Please select if required
£10,000,000	<input type="checkbox"/>

Property	
Cover	Please enter limit required
General contents	£ <input type="text"/>
Computer equipment	£ <input type="text"/>
Portable equipment	£ <input type="text"/>
Loss of income	£ <input type="text"/>
Increased costs of working	£ <input type="text"/>

Internet and email	
Limit of indemnity	Please select limit required
£250,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>

**Retroactive cover**

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

**4. Claims and losses**

If you are unable to comply with the claims and losses statements below, please declare it as material information in section 7.

Can 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. Yes  No

**5. Material information**

You should also provide us with details of any other 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.

If any material information is not disclosed we will be entitled to treat the insurance as if it had never existed.

**6. Data protection**

By signing this proposal 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.

**7. Declaration**

I/We declare that (a) this proposal 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 proposal form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Name

Position within the company

Signature

Date

Please return this proposal form to your broker once it has been completed, to the following address:

Intersure Insurance Brokers Limited  
Prospect House  
63 North Street  
Sudbury  
Suffolk  
CO10 1RE

**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.**

**8. 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 your policy or the handling of a claim you should, in the first instance contact Intersure Insurance Brokers Limited:

**Telephone:** 01787 313 133

**Email:** enquiries@intersure.net

**Address:**

Intersure Insurance Brokers Limited  
Prospect House  
63 North Street  
Sudbury  
Suffolk  
CO10 1RE

If Intersure Insurance Brokers Limited cannot resolve your complaint satisfactorily, 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.

If you are dissatisfied with the way Hiscox Customer Relations handle your complaint you may be eligible to refer your complaint to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to your right to take legal proceedings.