



Members' Insurance Portfolio
Statement of Facts

You must complete all sections below and return this proposal form together with direct debit mandate / payment to;
PI Scheme Team, Hiscox, 25 London Road, Sittingbourne, Kent, ME10 1PE
Please make cheques payable to Hiscox Underwriting Limited.

Your details
Name of choir:
Contact name:
Contact address:
Post code:
Telephone:
Mobile:
Email:

Members' Insurance Portfolio - option 1 (tick if selected)
Table with 4 columns: Cover, Limit of Indemnity, Excess (each and every claim), Premium (including IPT). Rows include Employers' Liability, Public and Products Liability, Money, Legal expenses, Personal Accident, and 'All Risks' cover on property.

Members' Insurance Portfolio - option 2 (tick if selected)
Table with 4 columns: Cover, Limit of Indemnity, Excess (each and every claim), Premium (including IPT). Rows include Employers' Liability, Public and Products Liability, and Money.

Please state if higher limit(s) are required and give full details :

Anticipated number of performances to be staged during the year ahead
Please give details below of any property if the value of any one single item exceeds £5,000:

Cancellation and Postponement Cover (optional) (tick if selected)
Table with 2 columns: Limit of Indemnity - any one production £2,000 unless otherwise declared and agreed. Contact R M Bradley

Does the amount of expenses to be insured in respect of any one event exceed £2,000 Yes No

Claims

Have any claims or intimations of claims (which relates to the risks covered by this form) ever been made against you? Yes No



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If yes, please give brief details below:

**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.

**Data protection**

By signing this proposal form you consent to Hiscox/The Insurance Partnership 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.

**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 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 our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

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

**Acceptance**

Please enter the start date for your policy:

/ /

Signature

/ /

Date

**Complaints**

**A copy of this proposal should be retained for your records.**

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance broker or insurance company.

If you have a complaint, please contact your broker in the first instance.

M J Green ACII FCILA, Group Operations Director, The Insurance Partnership Services Ltd, Partnership House, Layerthorpe Road, Henry Boot Way, Priory Park East, Hessle, HU4 7DY  
Telephone Number: 01482 213215, Fax Number: 01482 213216,  
E-mail: [mgreen@insurance-partnership.com](mailto:mgreen@insurance-partnership.com)

If they cannot resolve your complaint satisfactorily, please contact our customer services team:

**Telephone:** 0870 084 3777

**Email:** [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

**Address:** Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX



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