



# Members' insurance portfolio

## Statement of facts



You must complete all sections below and return this proposal form together with direct debit mandate / payment to:

**Elaine Blakeston, The Insurance Partnership, Partnership House, Layerthorpe Road, Hull, HU4 7DY.**

**Please make cheques payable to The Insurance Partnership.**

### Your details

Name of choir:

Contact name:

Contact address:

Post code:

Telephone:  Mobile

Email:

Please confirm your HMRC Employers Reference Number

(If you have any subsidiary companies, please provide details of each on a separate sheet- to include full address and HMRC employers reference number).

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.

### Cover

Members' insurance portfolio – option 1 <span style="float: right;">(tick if selected) <input type="checkbox"/></span>			
Cover	Limit of Indemnity	Excess (each and every claim)	Premium
Employers' liability	£10,000,000	nil	<b>Please refer to the NAC or the Insurance Partnership</b>
Public and products liability	£5,000,000	£250	
Money	£1,000	£100	
Legal expenses	£10,000	nil	
Personal accident	Death and capital sums £10,000	nil	
'All risks' cover on property (insured on a maximum loss basis)	£10,000	£100	
Members' insurance portfolio – option 2 <span style="float: right;">(tick if selected) <input type="checkbox"/></span>			
Cover	Limit of Indemnity	Excess (each and every claim)	Premium
Employers' liability	£10,000,000	nil	<b>Please refer to the NAC or the Insurance Partnership</b>
Public and products Liability	£5,000,000	£250	
Money	£1,000	£100	



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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:

Additional cover

<b>Cancellation and Postponement Cover (optional)</b>	(tick if selected) <input type="checkbox"/>
Limit of Indemnity - any one production £2,000 unless otherwise declared and agreed.	<b>Please refer to the NAC or the Insurance Partnership</b>

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

If Yes, please give brief details below:

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 of any loss from the dishonesty or malice of any employee or self-employed freelancer;
3. you are not aware, after enquiry, of any potential disease or injury to an employee that may give rise to a claim.

You have not had an insurance or proposal cancelled, withdrawn, declined or made subject to special terms.

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.

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.



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**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.

#### 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 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.

#### 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:

from **your** insurance adviser (if **you** have one); or  
by contacting **us**; or  
at [www.elto.org.uk](http://www.elto.org.uk)

#### 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 proposal acceptance 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 acceptance form to your broker once it has been completed.

**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.**



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### 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 The Insurance Partnership Services Ltd:

**Telephone:** 01482 213215

**Email:** [mgreen@insurance-partnership.com](mailto:mgreen@insurance-partnership.com)

**Address:**

The Insurance Partnership Services Ltd  
Partnership House  
Layerthorpe Road  
Henry Boot Way  
Priory Park East  
Hessle  
HU4 7DY

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.