

The products on this form are designed for Will Writers and arranged by The Insurance Partnership.

1. Your details

Full name

Address

Postcode

Telephone Mobile

Email

What was your annual income for the last completed financial year, including any fees paid to consultants? £

(If you have not yet completed a full financial year, please provide an estimation of income)

In which year was your business established?

Please confirm your membership number

Please confirm your total number of staff and consultants

Do you **only** undertake will writing, will storage, advance directives, tenancy severance, codicils, pre-paid funeral plans, lasting power of attorney, tax implications (such as inheritance and capital gains) related to will writing, and will related advice concerning trusts? Yes No

If No, please explain what other service(s) you provide.

Do you always use the Society of Will Writers and Estate Planning Practitioners terms of business/retainer? Yes No

If No, please explain how you engage with customers

Do you or your consultants attend every execution? Yes No

If No, please explain how you ensure that the will has been signed and that the witnesses are not beneficiaries

Do you provide a draft will in advance of the original, and have written procedures in place to ensure the return of this is followed up promptly? Yes No

If No, please provide full details of how you manage this process

Do you sell storage? Yes No

If Yes:

i. is it on an: annual fee single lifetime

ii. what procedures are in place to ensure that wills are returned to you in reasonable time?

Do you use the services of a third party against whom you retain subrogation rights, for storage of all wills? Yes No

If No, what procedures are in place to ensure they are safely stored and easily retrievable?

If you have ticked any of the shaded boxes for any of the above questions, please provide details in the material information section on page four.

2. Cover

All the premiums are inclusive of insurance premium tax of 5% and apply only if you can comply with the statement of fact in section 3 and you have not ticked any of the shaded boxes above.

Professional indemnity packages - please select income category		
Turnover	Limit of indemnity (any one claim excluding defence costs) £2,500,000	
	Premium	Excess
£0 - £5,000	£290 <input type="checkbox"/>	£500
£5,001 - £10,000	£400 <input type="checkbox"/>	£500
£10,001 - £15,000	£600 <input type="checkbox"/>	£500
£15,001 - £20,000	£675 <input type="checkbox"/>	£500
£20,001 - £25,000	£720 <input type="checkbox"/>	£500
£25,001 - £35,000	£995 <input type="checkbox"/>	£500
£35,001 - £50,000	£1,325 <input type="checkbox"/>	£750
£50,001 - £75,000	£1,995 <input type="checkbox"/>	£1,000
£75,001 - £100,000	£2,650 <input type="checkbox"/>	£1,250
Over £100,000	on request	on request

Professional indemnity excess basis is each claim or loss excluding defence costs

The above premiums include £1,000,000 public liability to which a nil excess applies.

Limit basis (each and every occurrence defence costs in addition other than for pollution and for products to which a single aggregate policy limit including defence costs applies).

Optional office packages				
Packages	Option 1	Option 2	Option 3	Excess
Office contents	Not included	£5,000	£10,000	£250
Portable equipment (UK)	£5,000	£2,500	£2,500	£250
Public liability	£2,000,000	£2,000,000	£2,000,000	£250
Employers' liability	Not included	£10,000,000	£10,000,000	nil
Increased costs of working	Not included	Not included	£10,000	nil
Premium	£75.00 <input type="checkbox"/>	£157.50 <input type="checkbox"/>	£262.50 <input type="checkbox"/>	
Additional premium for £5,000,000 public liability	£100.00 <input type="checkbox"/>	£100.00 <input type="checkbox"/>	£100.00 <input type="checkbox"/>	

Period of insurance

The premiums stated above represent the premiums due for a 12 month period of insurance.

Retroactive cover

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

/ /

3. Statement of fact

By accepting this insurance you confirm that the facts stated below are true. These statements, and all information you or anyone on your behalf provided before we agreed to insure you, are incorporated into and form the basis of the policy.

If anything in these statements is not correct, or if any material information is not disclosed we will be entitled to treat this insurance as if it had never existed.

You should keep this proposal acceptance form and statement of fact for your records.

Business activities

- All your work is carried out in the UK and for UK based clients.
- You do not provide any work other than:
 - will writing
 - will storage
 - advance directives
 - tenancy severance
 - codicils
 - lasting power of attorney
 - pre-paid funeral plans
 - tax implications (such as inheritance and capital gains) related to will writing, and will related advice concerning trusts.

(The above is the approved list of professional services as per the Society of Will Writers and Estate Planning Practitioners.)

Minimum security requirements

(applicable only if optional office packages selected)

- The final exit door is secured by means of either a mortise deadlock or rimlock conforming to or superior to BS3621, or a key operated multi-point locking system having at least three locking bolts.
- All other external doors, and internal doors providing access to any part of the building not occupied by you, are secured by means of either a locking device specified in point above, or by two key operated security bolts to engage the door frame.
- Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or a mortise 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.
- All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are secured by means of a key operated locking device or permanently screwed shut.

- The premises is constructed with walls of brick, stone or concrete and roofed with slates, tiles or profile metal.

4. Claims and losses

You confirm the following statements to be true:

- 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;
- 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 shortcoming or problem in your work known to you which you cannot reasonably put right;
 - a complaint about your work or anything you have supplied which cannot be immediately resolved will storage;
 - an escalating level of complaint on a particular project;
 - a client withholding payment due to you after any complaint;
- you are not aware of any loss from the dishonesty or malice of any employee or self-employed freelancer;
- 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.

5. 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.

6. 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.

I confirm that I have read the statement of fact above and I accept and agree the offer of insurance on the basis of which this cover is granted and for the above limits I have selected.

Yes No

If **No**, please speak to your broker.

7. 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.

If you have ticked any of the shaded boxes above please provide details below:

8. 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.

9. 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.

10. 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 The Insurance Partnership:

Telephone: 01482 213 215

Email: sww@insurance-partnership.com

Address:

The Insurance Partnership
Partnership House
Priory Park East
Kingston Upon Hull
HU4 7DY

If The Insurance Partnership 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.

Direct Debit Instruction

This is not part of the instruction to your Bank or Building Society.

Thank you for applying to pay for your Hiscox policy under the Direct Debit Scheme.

Please complete in BLOCK CAPITALS using BLACK INK and send to Hiscox Underwriting Limited, 25 London Road, Sittingbourne, Kent ME10 1PE.

TITLE _____ POLICYHOLDER(S) NAME _____
(PLEASE INDICATE BOTH NAMES IF JOINT POLICYHOLDERS)

ADDRESS _____
 _____ POSTCODE _____

If this application is on behalf of a company please provide:
 CONTACT NAME: _____ NAME OF COMPANY: _____

Your policy number: Please indicate your preferred date for making payment: 1st 8th 15th 22nd
 Would you prefer to make your payment: monthly annually

By signing this Direct Debit 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.

Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form using a ball point pen and send it to:
 25 London Road, Sittingbourne, Kent ME10 1PE.

Name(s) of Account Holder(s)

Branch Sort Code (from the top right hand corner of your cheque)

Bank/Building Society account number

Name and full postal address of your Bank/Building Society

To: The Manager
 Bank/Building Society
 Address:

 Postcode

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Originator's Identification Number:

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Reference

Instruction to your Bank or Building Society


Please pay Hiscox Underwriting Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Hiscox Underwriting Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
 Date:



This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Hiscox Underwriting Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Hiscox Underwriting Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.