

Energy Assessors and Home Inspectors Proposal form

This proposal is for companies or individuals with an annual income up to £100,000.

This form must be completed by you honestly and accurately. You must disclose all information, circumstances and material which is, or may be, relevant to our consideration of your proposal for insurance.

1. a. Name
 Address
 Postcode Telephone number:
- b. Total number of employees (full and part-time):
- c. Annual income this year: £
2. a. Will more than 50% of your income come from energy assessments? Yes No
 Will you undertake home condition reports? Yes No
 Do you require cover for any other activities? Yes No
- b. Are you accredited to provide these services? Yes No
- c. Which certification schemes do you work through?
- d. In the last five years, has any claim been made against you? Yes No
- e. After enquiry, are you aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy? Yes No

If you have ticked any of the grey boxes, please provide further details (please attach additional pages if necessary):

Your cover

Professional indemnity insurance

Limit (any one claim)	Energy assessment only		Energy assessment and home condition reports	
	Annual income		Annual income	
	Up to £50,000	£50,001 to £100,000	Up to £50,000	£50,001 to £100,000
£250,000	£330.75 <input type="checkbox"/>	£367.50 <input type="checkbox"/>	£420 <input type="checkbox"/>	£525 <input type="checkbox"/>
£500,000	£420 <input type="checkbox"/>	£525 <input type="checkbox"/>	£630 <input type="checkbox"/>	£787.50 <input type="checkbox"/>
£1,000,000	£682.50 <input type="checkbox"/>	£787.50 <input type="checkbox"/>	£840 <input type="checkbox"/>	£1,044.75 <input type="checkbox"/>

The premiums shown include Insurance Premium Tax of 5% and apply only if you have not ticked any of the shaded boxes on page 1. The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.



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Excess

Energy performance certificates:

Home condition reports

Please enter the date you would like the policy to start:

Please note that this insurance policy is a continuous insurance policy and that it will therefore continue in force until either party gives notice of termination in accordance with the procedure set out in the terms or until Hiscox terminates the policy following the non-payment of any premium due from you.

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 Act

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.

Payment by Direct Debit

If you wish to pay by direct debit please complete the Hiscox Direct Debit Mandate attached to this form. We shall submit this form to your bank for authorisation and seek to withdraw the premium due in accordance with your direct debit mandate instructions. If it is rejected we shall submit it again. If the direct debit mandate is rejected a second time we shall give you notice of our intention to cancel the insurance policy or shall contact you in order to agree an alternative source of payment.

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.

Signature

Date

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



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Complaints

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 company.

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

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London ec3a 6hx

Hiscox Direct Debit Mandate



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.
Alternatively you can call 0870 402 3322 and give your details over the telephone.

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: _____

FOR HISCOX UNDERWRITING LTD OFFICIAL USE ONLY
This is not part of the instruction to your bank or Building Society. Policy number: _____



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

Originator's Identification Number:

8	3	0	6	1	8
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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

Reference

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

FOR HISCOX UNDERWRITING LTD OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

Please indicate your preferred date for making payment:
1st 8th 15th 22nd

Would you prefer to make your payment:
monthly quarterly 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
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.