

**Professional Risks
Proposal**
Office Insurance for
Professional Clients



Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper.

Insurance will be provided in accordance with and be based upon the information separately advised to Travelers Insurance Company Limited by your insurance broker in support of this proposal form.

Whilst we ask for your website address this in no way derogates from your duty of utmost good faith in answering this proposal form. Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information.

The completion and signature of this proposal does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

General Information

Please answer all questions

1. Full name of proposer including trading names if any (if not a limited company include full names of partners) NB Include any subsidiary companies for which cover is required

2a. Registered address

Postcode	Age
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2b. Correspondence address
(if different from the above)

Postcode	Age
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Occupied as

2c. Website address

2d. Telephone number

2e. Fax number

3. Business Description
(to appear on the policy)

4. Additional Business Premises details

Location		Postcode	Age
002			
003			
004			
005			

5. Has the name of the business changed or have any mergers or acquisitions taken place during the past five years? Yes No
 If "Yes" give details

6. Are you a subsidiary of another entity or do you have subsidiaries? Yes No
 If "Yes" give details

	Full name	Business activities
Parent company		
Subsidiaries		

If necessary, please continue on a separate sheet

If your parent company or any subsidiary has separate UK insurance please give name(s) of companies and Insurers

Company name	Insurer

If necessary, please continue on a separate sheet

7. Have you or any partner or director
 (a) ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974? Yes No
 (b) ever been declared bankrupt whilst being a director of a company which went into liquidation, receivership or administration? Yes No
 (c) ever been disqualified from being a director? Yes No

If "Yes" give details

If necessary, please continue on a separate sheet

8. Tick cover required
- | | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Property Damage | <input type="checkbox"/> | Cyber Media
(a separate proposal form will be required) | <input type="checkbox"/> |
| Business Interruption | <input type="checkbox"/> | Network Security
(a separate proposal form will be required) | <input type="checkbox"/> |
| Computer All Risks | <input type="checkbox"/> | Fidelity Guarantee
(a separate proposal form will be required) | <input type="checkbox"/> |
| Terrorism Insurance | <input type="checkbox"/> | | |
| Employers' Liability | <input type="checkbox"/> | | |
| Public and Products Liability | <input type="checkbox"/> | | |

9. Cover required From To

10. Are all premises in good repair and regularly maintained? Yes No
If "No" give details

11. Are you the sole occupier of all the business premises to which this proposal relates? Yes No
If "No", state how they are otherwise occupied and whether your part is self-contained

12. Within the last 5 years have you suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or do you know of any incident which is likely to give rise to a loss? Yes No
If "Yes" give details

Date	Class of insurance	Details	Amount £

Please include details of all losses in respect of the covers requested continuing on a separate sheet if necessary

13. Are you now or have you previously been insured for any of the cover now required?

Yes No

If "Yes" state the name(s) of the insurer(s)

14. Has any insurer ever

(a) declined your proposal?

Yes No

(b) declined to pay a claim in full or in part?

Yes No

(c) cancelled or declined to renew your insurance?

Yes No

(d) invited renewal at special terms?

Yes No

If "Yes" to any of the above, give details

Property Damage and Business Interruption

15. Are there fire extinguishing appliances/apparatus installed?

Yes No

16. Do you have an automatic fire detection system?

Yes No

17. Are the premises sprinklered?

Yes No

18. (a) Do you have a NACOSS approved alarm system with remote signalling at all premises to which this proposal relates?

Yes No

If "Yes" to any of the above give details (including name of installer and maintenance company)

19. Please outline any other form of fire or theft precaution/prevention systems in place at any of the premises to be insured under this Policy.

20. All systems/apparatus must be covered by a maintenance agreement. Do you comply?

Yes No

21. In respect of the premises insured hereon, have any of your premises had police response withdrawn or downgraded?

Yes No

If "Yes" give details

22. Are all premises built of brick, stone, concrete, asbestos or metal and roofed with slate, tile, concrete, asbestos, asphalt, metal or sheets or slabs composed entirely of non-combustible mineral ingredients?

Yes No

If "No" to any one or more premises, give details

23. To your knowledge, have any of the premises or locations of property to be insured, ever suffered from flooding or are situate within an area prone to flooding?

Yes No

If "Yes" give details

24. Outstanding Debit Balances cover will be provided on the basis that you maintain duplicated records which are updated at least weekly and stored either in fire resisting cabinets or separate premises

Do you comply?

Yes No

25. Is there a Business Continuity Plan in place?

Yes No

If "Yes" please provide a copy and advise when it was last tested.

26. Fine Art and Valuable Items

Please list individual items exceeding an insured amount of £25,000.

Description of Item	Value of Item

Computer All Risks

27. Are your computers the subject of a maintenance contract?

Yes No

28. Is all equipment to be insured of standard manufacture and design and not built or modified for your particular requirements?

Yes No

If "No" give details

29. Reinstatement of Data or Programs

(a) Do you maintain a backup copy of the current version away from the premises?

Yes No

(b) Do you maintain a weekly full system backup of Data away from the premises?

Yes No

(c) Do you regularly check to ensure the back up of data has been effective?

Yes No

If "Yes", please state the address where the back ups are stored.

EMPLOYERS LIABILITY

30. Have you completed and documented risk assessments (as required by law) including subjects such as hazardous substances, fire, slips/trips/falls (housekeeping) manual handling, repetitive upper limb-using tasks, vibration, machinery etc as relevant to your activities?

Yes No

If "Yes"

(a) give details of the subjects assessed and recorded

(b) have the results of the risk assessments listed been communicated to your employees and their signatures gained to acknowledge this & their understanding of them?

Yes No

31. Have you or your directors or employees been

(a) prosecuted under any of the Health & Safety associated Regulations?

Yes No

(b) served with any Improvement Notice or Prohibition Notice under Health & Safety Regulations?

Yes No

If "Yes" give details

32. Do your employees complete a pre-employment health questionnaire?

Yes No

33. Have any previous or existing employees ever been absent due to stress related illnesses?

Yes No

If "Yes" give details

34. Do your employees undertake work offshore? (Offshore means the period during embarkation on to a vessel or aircraft for conveyance to an offshore rig or platform until disembarkation from the conveyance on to land upon return from such offshore rig or platform)

Yes No

If "Yes" give details

Public and Products Liability

35. Will you undertake any manual work away from your premises?

Yes No

If so, state the nature of this work

Important

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

Declaration

Must be signed by a Partner or Director

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this proposal has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

Signature of the proposer
(Partner/Director)

	Date
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Print name and position held

For and on behalf of
(Insert name of Company/Firm)

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS

Data Protection Act

Travelers Insurance Company Limited will collect certain information about individuals within or connected to your company and any subsidiaries (“data subjects”) in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve the transfer of the information to countries which do not have data protection laws.

If we issue a policy to you which also provides motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the police for the purposes of establishing whether a driver’s use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If data subjects are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers’ Bureau and MIIC may search the MID to ascertain relevant policy information.

Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

You can find out more about this from us, or at www.miic.org.uk.

Some of the information we collect may be classified as ‘sensitive’ – that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information.

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at Exchequer Court, 33 St. Mary Axe, London EC3A 8AG.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.

Please use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully, clearly identifying the question number in each case.



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travelers.co.uk

Registered office: Exchequer Court, 33 St. Mary Axe, London EC3A 8AG. Registered in England 1034343
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