

## TaxAssist cover plus scheme Proposal acceptance form

The products on this form are designed for members of TaxAssist accountants and arranged by Alan Boswell Insurance Brokers.

### 1. Your details

Full name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

What was your annual income for the last completed financial year?

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

What is your estimated annual income for the next financial year?

What is your maximum annual income from your largest client?

In which year was your business established?

What is your wage roll for the forthcoming year?

How many employees do you have?

You must provide the HMRC ERN if you require employers' liability insurance to cover an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

Please provide your ERN number if applicable:

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

Are you a member of any of the following institutions; ICAEW, ICAS, ICAI, ACCA? Yes  No

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.



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**2. Liability**

**Professional Indemnity**

Please select the level of cover you require:

£250,000     £500,000     £1,000,000

Professional Indemnity excess is £500 (each claim or loss excluding defense costs)

**Retroactive cover**

If you currently purchase Professional Indemnity cover, please provide the date when you first purchased cover without any gaps in insurance:

/    /

**Public Liability**

Please select the level of cover you require:

£1,000,000     £2,000,000     £5,000,000

Public Liability excess is £250 (each claim or loss excluding defense costs)

**Employers' Liability £10,000,000 limit as standard**

Please tick here if you require Employers Liability

**3. Property**

**Contents\*** (£10,000 included automatically)

Please advise if you require more than the standard cover:

\*This includes general contents, computers, tenants improvements and other equipment at your office.

Property excess is £250 (each claim or loss)

**Portables**

Please advise your portables sum insured\*:

\*This includes mobile phones, laptops and other portable equipment.

Property excess is £250 (each claim or loss)

**Business Interruption**

Please tick here if you require business interruption (loss of income) cover

**4. Legal Expenses**

Automatically included in cover please advise if not required.

**5. Cyber and Data**

Please select the level of cover you require:

£100,000     £250,000     £500,000

Cyber and Data excess is £2,500 (each claim or loss excluding defense costs)

**6. Other covers**

Please advise if you require quotes for any other covers e.g. Personal Accident, Directors and Officers, Travel.

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### Inception

Please advise the date you wish cover to start from:

### 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.

### Statement of fact

The following is assumed to be true, please advise if this is not the case;

#### General

- You, your directors or partners have never been made bankrupt or insolvent either in a personal capacity or in connection with a business liability.
- You (or any fellow director or business partner) have never been convicted of or charged with a criminal offence other than a conviction spent under the Rehabilitation of Offenders Act 1974.
- You have never had any insurance policy avoided or cancelled.
- You are not aware of any circumstance or incident that may give rise to a loss or a claim being made against you.
- You, any past or present director, partner, principal or manager have never suffered any claim or loss that would fall within the scope of the proposed insurance.

#### Professional Indemnity

- You have never undertaken work for the following: banks or other financial institutions; insurance companies or law firms; any off-shore companies or off-shore funds or investments (including Isle of Man and Channel Islands); or any organisation regulated by the Financial Conduct Authority?
- You have never undertaken any work relating to the following: tax avoidance, minimisation, estate planning or film finance; insolvency, liquidations or receiverships; financial services other than referrals to third parties; probate, conveyancing; or any mergers, acquisitions or disposals?
- You always use letters of engagement outlining the scope of services to be provided and not provided.
- No regulatory, governmental or administrative action has been brought against you and no investigation or information request concerning any handling of personal data has occurred

#### Property

- The primary use of your premises is an office.

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### Cyber and Data

- You do not hold, process or store any credit or debit card information
- You have a formal password policy that explains good password hygiene, such as not using obvious or repeated passwords, for all systems providing access to personal or confidential information?
- You update all systems including firewalls and antivirus software at least every 30 days.
- You do not maintain your own backup tapes, cassettes or other media?
- No regulatory, governmental or administrative action been brought against you.
- No investigation or information request concerning any handling of personal data has ever occurred.

### Data protection

#### Using your personal information

Hiscox is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at [dataprotectionofficer@hiscox.com](mailto:dataprotectionofficer@hiscox.com).

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy at [www.hiscox.co.uk/cookies-privacy](http://www.hiscox.co.uk/cookies-privacy).



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### Declaration

I/we confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair presentation of the risk.

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.**

### 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 Alan Boswell Insurance Brokers Limited:

**Telephone:** 01603 214 292

**Email:** [jmonkhouse@alanboswell.com](mailto:jmonkhouse@alanboswell.com)

**Address:**

Alan Boswell Insurance Brokers Limited  
Harbour House  
126 Thorpe Road  
Norwich NR1 1UL

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  
The Hiscox Building  
Peasholme Green  
York YO1 7PR

or by telephone on 0800 116 4627  
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.

All sections of cover provided under this product are underwritten by Hiscox Underwriting Ltd on behalf of Hiscox Insurance Company Limited with the exception of Commercial Legal Protection, Commercial Legal Protection is underwritten by Hiscox Underwriting Ltd on behalf of DAS Legal Expenses.

## 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.