



CIMA Insurance

Proposal form

You must complete the details section, the cover section and read and sign the declaration.

You must complete all sections below

Your details

Business Name	<input type="text"/>		
Contact	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Income details

What was your fee income for the last financial year?

Up to £50k	<input type="text"/>	Up to £100k	<input type="text"/>
Up to £150k	<input type="text"/>	Over £150k	<input type="text"/>

What level of indemnity do you require? £

Do you currently have Employers' Liability Insurance? Yes No

About your business – 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, we will be entitled to treat this insurance as if it had never existed.

You should keep this Statement of Fact for your records.

1. Business activities

You confirm that the business activities to be covered by this insurance are to be work undertaken by a CIMA member, and that the following statements are true

- If your annual fees are greater than £20,000, your largest fee is less than £25,000 and less than 25% of your income
- The principle address of this business is not outside the UK, in Central London, in the Channel Islands or in the Isle of Man.
- At least 50% of the Partners/Directors are CIMA qualified or have at least 5 years relevant experience.
- At least 50% of the Partners/Directors are ACA/FCA/ACCA/FCCA qualified or have at least 5 years experience.
- You have never undertaken work on behalf of any banks or other financial institutions
- You have never undertaken any work for any Insurance Company, Lloyd's Syndicate, Lloyd's Managing/Member Agents or Lloyd's Names (other than tax returns for Names)
- You have not undertaken a Law Society return on behalf of a Solicitors Practice within the last 3 years.
- You have never undertaken work for any Offshore Companies (including Channel Islands and/or Isle of Man), or service for overseas clients (other than UK tax returns).
- You have never undertaken work for Entertainers or Professional Sports people with income in excess of £100,000 per year.
- You have never had any client for whom you have had control of their bank account.
- You have never given Financial Services advice (as defined by the Financial Services Act 1987), other than where you earn introductory commissions from referring clients to third party IFA's.
- You have never given advice in respect of Insolvency, Liquidation & receivership services.
- You have never given advice in respect of Mergers, Acquisitions or Disposal services.
- You do not require cover for any Partner/Director for work undertaken prior to joining the firm.
- You confirm that your annual income for the purpose of this insurance is less than £150,000.

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2. Security

The devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended:

1. The final exit door is secured by means of either a mortice deadlock or rimlock conforming to or superior to BS3621, or a key operated multi-point locking system having at least three locking bolts.
2. 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 1 above, or by two key operated security bolts to engage the door frame.
3. 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 mortice 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.
4. 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.

Notes:

- (i) The local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door.
- (ii) The provisions of specification 4 do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10 cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate grilles.

3. Claims and losses

- a. You have never had a claim (or currently have a claim outstanding) for professional negligence and/or any of the proposed risks (including office insurance) to be insured.
- b. You are not aware of any matter which may lead to a claim under the Proposed insurance, irrespective of size or success against you.
- c. You are not (including all Partners/Directors) aware of any loss from the dishonesty or malice of any employee or self-employed freelancer.
- d. You are not (including all Partners/Directors or employees) aware of any material fact that would affect the consideration of this proposal for insurance

Insurance details

This insurance policy has been specifically designed by Hiscox for CIMA members.

Period of insurance

This insurance policy is a continuous policy. Following commencement, it will remain in force until either party gives notice of termination in accordance with the General Terms and Conditions of the policy. The General Terms and Conditions and the full policy wordings are available from ECS Insurance Brokers Ltd on request.

Payment method

This policy must be paid by Direct Debit. Please complete the attached Direct Debit mandate and return to us with this form. Please note that your application and cover may be rejected if you do not complete the Direct Debit mandate.

Important notice for your protection

Within 7 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 no claims have been made, receive a full refund. After that period you can cancel your cover by giving us 30 days notice.

Important: if you fail to disclose any relevant information or you provide inaccurate information, this may invalidate your policy.



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Acceptance

I would like to proceed with cover

I would like to accept the offer of insurance cover based on the limits I have selected on the rating form.

I would like 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 may be rejected if 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 basis on which this cover is granted. Yes No

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 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.

Name

Signature

Date

Please post this form and completed direct debit mandate to: **ECS House, 4 Broadfield Court, Sheffield, S8 0XF**