

selections Proposal Form



IMPORTANT NOTICE

1. Signing this proposal form does not bind you or the insurer to effect insurance. On receipt of the proposal FirstAssist Insurance Services Limited only obligation is to decide whether to offer insurance and if so at what terms.
2. All material facts must be disclosed. Failure to do so may give the insurer the right to avoid the policy. A material fact is one that may influence the acceptance or assessment of this proposal. If you are in any doubt as to whether something constitutes a material fact you should disclose it.
3. We recommend that you should keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into any prospective insurance contract.
4. A specimen policy is available on request.
5. Please ensure that you read the Notice at the end of this proposal.

Please answer all questions on the proposal form which are appropriate; failure to do so will result in delay in handling your quotation. Please use separate continuation sheets where necessary.

Please return the completed proposal form by post or facsimile to:

Legal Expenses Division
FirstAssist Insurance Services Limited
Marshall's Court
Marshall's Road
Sutton
Surrey
SM1 4DU
Telephone: 020 8652 1313
Fax: 020 8661 7604
Email: selections.fgl@firstassist.co.uk

Part 1 - Proposer Details

1. Full name of the Proposer including any subsidiary companies that you require cover for.

We are unable to provide cover for associated companies under one policy.

If you wish to include subsidiary companies please explain the relationships between the firms.

2. Details of the Proposer.

Address:	Postcode:
Telephone number:	Fax number:
Email:	

3. If the Proposer is a company please state where incorporated (e.g. England).

4. Name and address of parent and ultimate parent companies as appropriate.

5. Date the Proposer commenced business.

6. Nature of business (please include full details of all activities).

7. Estimated gross amount of salaries, wages, bonuses and commission to be paid to employees during the next 12 months.

8. Please state the number of:

Directors: Employees: Non-employees contracted to work on a normally full-time basis:

9. Actual total turnover for the Proposer's last financial year:

£

Geographic split of actual total turnover for that period by percentage:

UK: Other EU: USA/Canada: Other (please specify):

Estimated total turnover for current financial year.

£

Audited pre-tax profit/loss per year for each of the last 3 years.

10. Is the Proposer registered for VAT?

Yes No

11. (a) Has the Proposer merged with or taken over any other business in the past 3 years?

Yes No

(b) Are there any proposals of which the Proposer is aware which might involve it (or any significant part of it) being acquired by or merged with any other business?

Yes No

(c) Has the Proposer changed its name in the last 5 years?

Yes No

If the answer to any part of question 11 is **Yes**, please give details.

12. Have any directors, partners or senior employees left the Proposer in the last 12 months?

Yes No

If **Yes**, please give details.

13. Please give the name and address of the Proposer's usual firm of solicitors.

Part 2 - Sections of Cover

Please tick the section of cover, indemnity limit and territorial limit

	Cover Required	Indemnity Limit		Territorial Limit	
		£75,000	£125,000	UK	EU
Section A Employment Protection	<input type="checkbox"/>				
Section B Employment Protection and Consultancy Services	<input type="checkbox"/>				
Section C Prosecution	<input type="checkbox"/>				
Section D1 Contract	<input type="checkbox"/>				
Section D2 Debt Recovery (this section is only available with section D1)	<input type="checkbox"/>	N/A	N/A		N/A
Section E1 Property occupied by the Insured	<input type="checkbox"/>				N/A
Section E2 Property occupied by the Insured (construction) (this section is only available with section E1)	<input type="checkbox"/>	£50,000			N/A
Section E3 Property not occupied by the Insured (this section is only available with section E1)	<input type="checkbox"/>				N/A
Section F Taxation	<input type="checkbox"/>				
Section G Data Protection	<input type="checkbox"/>				
Section H Statutory Licence	<input type="checkbox"/>				
Section I Motor Vehicle	<input type="checkbox"/>				
Section J Bodily Injury	<input type="checkbox"/>				N/A
Section K Counselling	<input type="checkbox"/>	N/A	N/A	N/A	N/A

PLEASE ONLY COMPLETE THE PARTS OF THE FORM RELEVANT TO THE SECTIONS INDICATED ABOVE.

Please note that all information provided in this proposal will be treated as confidential.

Section A - Employment Protection

Section B - Employment Protection and Consultancy Services

1. Does the Proposer have an established disciplinary procedure? Yes No

If Yes:

(a) Is this procedure recorded in writing? Yes No

(b) Does it comply with ACAS guidelines? Yes No

2. Does the Proposer recognise any trade union or employee association? Yes No

If Yes, please give the name/s of the organisation/s.

3. Do the Proposer's employees have written particulars of the terms and conditions of their employment? Yes No

4. Has the Proposer made any changes to these terms in the last 2 years (whether or not involving job location) or is any such change intended in the next 12 months? Yes No

If Yes, please give details.

5. Does the Proposer have any employees who are subject to restraint of trade clauses within their contracts? Yes No
 If **Yes**, please state how many employees this applies to.
6. (a) Has the Proposer issued any final written warning or placed any employee on disciplinary suspension in the last 6 months? Yes No
 (b) Has the Proposer dismissed any employee for any reason whether or not involving redundancy in the last 6 months? Yes No
 (c) Does the Proposer anticipate any possible dismissal of any employee whether or not by reason of redundancy in the next 6 months? Yes No
- If the answer to any part of question 6 is **Yes** please give details including name of employee, reason for action and date – in cases of redundancy where the employee has not been identified please specify the job title.

Section C - Prosecution

1. Does the Proposer have a Health & Safety Policy Statement? Yes No
 If **Yes**, is it complied with? Yes No
 Does the Proposer have a Health & Safety programme? Yes No
 If **Yes**, how often is each site surveyed?

- Has any statutory notice (e.g. improvement or prohibition notice under the Health and Safety at Work etc. Act 1974) been served on the Proposer in the last 5 years? Yes No
 If **Yes**, please give details.

Section D1 - Contract

Section D2 - Debt Recovery

Please note that you can only select Debt Recovery cover if you have selected Contract cover.

1. Does the Proposer use standard written terms of trade? Yes No
 If **Yes**, are they in accordance with the form laid down by a relevant trade association? Yes No
2. (a) Please state the size of the largest contract.
- (b) Is more than 10% of the Proposer's turnover reliant upon any one customer or supplier? Yes No
 If the answer to question 2(b) is **Yes**, please give details including percentage value and name/s of customer/s.

3. Please give details of usual credit checks made on prospective customers.

4. Please give details of the Proposer's credit control procedures.

Section E - Property

Section E1 Property occupied by the Insured

Section E2 Property occupied by the Insured (construction)

Section E3 Property not occupied by the Insured

Please note that you can only select Property E2 or/and E3 if you have selected Property E1.

1. Please list the addresses of the properties that the Proposer owns or occupies. A property unit, eg a flat, counts as a single property.

Occupied properties

Address of property	Use to which property is put	Is any property subject to a lease or tenancy agreement? If Yes, please advise which and give the date and length of any agreement

Only answer questions 2,3 and 4 if you require Section E2 - Property occupied by the Insured (construction)

2. On a separate piece of paper please specify the construction agreements to be covered and include the following information in respect of each:

- | | |
|----------------------------------|-------------------------------------|
| (i) Name of parties. | (iv) Value of contracts. |
| (ii) Date contract entered into. | (v) Subject of contract. |
| (iii) Date of completion. | (vi) Current stage of construction. |

3. Please attach copies of agreements together with any subsequent amendments.

4. Has the Proposer previously employed the building constructors?

Yes No

If Yes, please give details.

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5. Properties owned by the Proposer

Please only answer question 5 if you require Section E3 - Property not occupied by the Insured

Address of property	Use to which property is put	Please give expiry date of any lease/rental agreement

Section F - Taxation

1. Are the Proposer's accounts audited or compiled annually by a member of one of the recognised accountancy associations?

Yes No

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Section G - Data Protection

1. Has the Proposer (or any business in which directors or partners of the Proposer have been involved) been served with a statutory notice under the Data Protection Acts 1984 or 1998 during the last 5 years?

Yes No

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Section H - Statutory Licence

1. On a separate piece of paper please specify the licence/s to which the Proposer is subject and include the following information in respect of each:
- (i) Address of property subject to licence. (iii) Date licence obtained.
(ii) Type of licence. (iv) Date next due for renewal.
2. Are any of the licences specified above subject to special conditions? Yes No
3. In the last 5 years:
- (a) Has there been any notice, caution or complaint given to or made against the Proposer relating to a licence held by the Proposer? Yes No
- (b) Has there been any opposition to the grant, renewal or transfer of a licence held by the Proposer? Yes No
- (c) Has a regulatory body or court revoked, suspended, altered the terms of or refused to renew a licence held by the Proposer or ever attempted any of these measures? Yes No

If the answer to question 2 or any part of question 3 is **Yes**, please give details.

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Section I - Motor Vehicle

1. Please give details of vehicles in the Proposer's possession.

Types of vehicle (eg. HGV, PSV etc)	Number of vehicles

2. Does the Proposer own all the vehicles listed above? Yes No
- If **No**, please give details.

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3. What level of excess does the Proposer carry on its motor insurance?
4. Please state the number of accidents involving vehicles in the Proposer's possession in the last 12 months.
5. Who conducts the recovery of uninsured losses on behalf of the Proposer?
6. What is their recovery rate?
7. Is the Proposer party to a vehicle maintenance contract? Yes No

If **Yes**, please give details.

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Part 3 - Other Details

1. At any time in the last 5 years has the Proposer (including any principal, partner, director, officer or manager of the Proposer) been:

- (i) Involved in any legal proceedings or other form of legal action; or
- (ii) Convicted of a criminal offence,

(other than those disclosed elsewhere on this form) in respect of the risks to which this proposal relates? Yes No

If **Yes**, please give details including:

- (a) The date;
- (b) The parties involved;
- (c) The nature of the dispute or action;
- (d) The outcome;
- (e) The legal costs of the Proposer whether or not recovered;
- (f) The amount of settlement, compensation or damages awarded against each party.

If the answer to any part of question 1 is **Yes**, please give details.

2. In respect of the risks to which this proposal relates, has the Proposer:

- (a) Previously held this cover? Yes No
- (b) Ever been refused such insurance, or its renewal or had it terminated by the insurer? Yes No
- (c) Been required to accept special conditions and/or an increased premium? Yes No

If the answer to any part of question 2 is **Yes**, please give details.

3. Is the Proposer aware, after enquiry, of any circumstances which may:

- (a) Give rise to a claim being made under this insurance? Yes No
- (b) Otherwise affect the Insurer's assessment of this risk? Yes No

If the answer to any part of question 3 is **Yes**, please give details.

DECLARATION

I/We declare that the above statements made by me/us on my/our behalf are to the best of my/our knowledge and belief true and complete and I/we agree that this proposal will form part of the contract between me/us and the Insurer. I/We agree to accept a policy in the Insurer's usual form for this insurance.

Signature:	Name in block capitals:
Position:	Date:

Law Applicable to the Contract

The law applicable to this contract is subject to agreement between the parties. Unless a special endorsement to the contrary has been requested by you and agreed by us the law applying to this insurance contract will be as follows:

- a) If you are applying for insurance protection as a private individual the law applicable to that part of the United Kingdom Channel Islands or Isle of Man in which you or the first named policyholder normally resides;
- or
- b) If you are applying for insurance protection in your capacity as a sole trader the law applicable to that part of the United Kingdom Channel Islands or Isle of Man in which you have your principle place of business;
- or
- c) If neither of the above applies the Law of England & Wales.

This insurance is issued in the United Kingdom by FirstAssist Insurance Services Limited, and underwritten by Great Lakes Reinsurance (UK) PLC.

FirstAssist Insurance Services Limited is registered in England and Wales No. 04617110. Registered office at Marshall's Court, Marshall's Road, Sutton, Surrey SM1 4DU.

Great Lakes Reinsurance (UK) PLC is registered in England and Wales No. 2189462. Registered office at 1 Minster Court, Mincing Lane, London EC3R 7YH.

FirstAssist Insurance Services Limited is authorised and regulated by the Financial Services Authority. FSA Register No. is 310671.

Great Lakes Reinsurance (UK) PLC is authorised and regulated by the Financial Services Authority. FSA Register No. is 202715.

You can check this information on the FSA's Register by visiting the FSA's web site www.fsa.gov.uk/register or by contacting the FSA on 0845 6061234.

FSCS Information

Great Lakes Reinsurance (UK) PLC is a member of the Financial Services Compensation Scheme. This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under its policies. The first £2,000 of a claim is protected in full. Above this threshold, 90% of the remainder of the claim will be met. Further information can be obtained from the Financial Services Compensation Scheme (www.fscs.org.uk).

Register by visiting the FSA's web site www.fsa.gov.uk/register or by contacting the FSA on 0845 6061234.

Complaints Procedure

As a customer of FirstAssist, you have the right to expect the best possible service and support. If we have not delivered the service that you expect or you are concerned with the service provided, we would like the opportunity to put things right.

Our complaints process

In our experience many problems can be resolved by speaking to the staff directly responsible for the handling of your policy or claim. They will do their best to address the problem and in our experience most issues can be resolved satisfactorily at this stage.

When you contact us we promise to;

- fully investigate your complaint
- keep you informed of progress
- do everything possible to resolve your complaint
- learn from our mistakes
- use the information from your complaint to proactively improve our service in the future.

If your complaint is not resolved or if you are unhappy with our response, then you can progress your complaint with our Customer Relations Team.

They will carry out a separate investigation and full review that will be concluded by us issuing a final response letter. We will issue our final response within eight weeks of your original complaint. If it is not possible to issue our response within this timescale we will write to you explaining why.

Customer Relations Office

FirstAssist Insurance Services Limited

Marshall's Court

Marshall's Road

Sutton

Surrey

SM1 4DU

Telephone: 020 8652 1313

Fax: 020 8661 7604

Email: corporate.info@firstassist.co.uk

What to do if you are still not satisfied.

If you are still not satisfied with our response then you may be able to refer your complaint to the Financial Ombudsman Service. You must approach the Financial Ombudsman Service within 6 months of our final response to your complaint. We will remind you of the time limits in our final response.

Financial Ombudsman Service
(Insurance Division)
South Quay Plaza
183 Marsh Wall
London
E14 9SR
Telephone: 0845 080 1800
Email: enquiries@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Your rights

We must accept the Ombudsman's final decision, but you are not bound by it and may take further action if you wish.

Your rights as a customer to take legal action remain unaffected by the existence or use of our complaints' procedure. However the Financial Ombudsman Service will not adjudicate on any cases where litigation has commenced.

Please note that the Financial Ombudsman Service will only consider complaints if you are a private policyholder, a business with a group annual turnover of less than £1 million, a charity with an annual income of less than £1 million or a trustee of a trust with a net asset value of less than £1 million.

Data Protection Notice – How we protect your personal data

Introduction

Please make sure that you read and understand this Data Protection notice as it explains to you what we will do with the information that you give us. If you apply for our products and/or services it is highly likely that we will need both personal and sensitive data about yourself and anyone else who is covered by the application form in order to administer the insurance policy and any claims which may arise. You should show this notice to any other person covered under your insurance policy. If your application includes other individuals we will assume that they have given their consent to you for you to give their information to us.

The Data Controller

The Data Controller is FirstAssist Insurance Services Limited.

Protection of your personal data

The security of your personal information is very important to us and we are compliant with all current data protection legislation. All personal information that you supply to us either in respect of yourself or other individuals in connection with our products and/or services will be treated in confidence by us and will be held by us for the purpose of providing and administering our products and services. This may involve the collection and processing of sensitive data (as defined in the Data Protection Act 1998) and if you complete an application form for our products and/or services you will be giving your consent to such information being processed by us (which may include other companies within the FirstAssist Group) or our agents. Your personal & sensitive data may also be shared with the underwriter of our insurance products.

It may be necessary to pass your personal and sensitive data to other companies for processing on our behalf. Some of these companies may be based outside Europe in countries which may not have the laws to protect your personal data, but in all cases we will ensure that it is kept securely and only used for the purposes for which it was provided.

Inaccurate Data

If you believe that we are holding inaccurate information about you, please contact the team responsible for administering your policy and they will be happy to correct any errors.

Telephone calls

Please note that for our mutual protection telephone calls to FirstAssist may be monitored and/or recorded.

Fraud prevention, detection & claims history

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to;
 - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
 - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
 - Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to.

Customer Satisfaction Surveys

We aim to continuously improve the services we offer to our customers. Occasionally we carry out customer satisfaction surveys which may be for our own benefit or for more general interest, and we may need to collect further information about you in connection with them. Surveys will usually be carried out by FirstAssist but in some circumstances we will use an external firm. Your participation in such a survey is entirely optional but your help and feedback would be appreciated.

Marketing

We would like to keep you informed (by telephone, post or email) of selected products and services available from us and our carefully chosen suppliers. If you would prefer not to receive this information, please let us know when you call or write.