

# Hiscox Professional Indemnity

## **PROPOSAL**

Crop Consultants

## **THE INSURANCE WE PROVIDE**

We, at Hiscox, have tailored this insurance for the specific needs of Agricultural Consultants.

We fully appreciate the value of your time and thank you for providing the important information which will allow Underwriters to accurately assess the risks which you face.

The purpose of our insurance is to indemnify you against:

Your liability to others which arises from:-

- Your breach of duty of care;
- Breach of copyright or intellectual property rights;
- Libel and slander;
- Breach of confidentiality;
- Dishonesty of your employees;
- Loss of or damage to any documents, electronic media, artwork or models entrusted to you by a client;
- The costs and expenses of investigating and defending a claim.

Your in house losses arising from:-

(there are specific conditions relating to these coverages)

- The cost of successfully avoiding a claim;
- Payments properly made to sub-contractors and your fees which you cannot recover from your client due to your breach of duty of care;
- Dishonesty of your employees;
- The costs incurred to replace or restore your own documents, electronic media, artwork or models.  
(This cover is sublimited)

You must refer to our insurance policy which fully explains the rules governing the way we provide the cover, those things which are not covered and your obligations to us.

## **THIS PROPOSAL FORM**

The purpose of this proposal form is for us to find out who you are and what you do and it does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this proposal form must be true and accurate. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your proposal for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed.

If a contract of insurance is agreed between us this proposal form will form the basis of the contract.

Whoever fills out the form must be a principal, partner or director of the proposer and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

**YOUR  
BUSINESS**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

When was your business established? \_\_\_\_\_

**ASSOCIATED  
AND  
SUBSIDIARY  
COMPANIES**

2. We can extend this insurance to include associated and subsidiary companies provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all the companies named.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Have you ever conducted business with any other company with which you have a financial or managerial connection?

YES

NO

If **YES**, please give full details:

\_\_\_\_\_

**YOU AND/OR  
YOUR  
PARTNERS &  
DIRECTORS**

3. Please list below your details and those of any partners or directors of the companies listed above:

Name	Qualifications	Years in the Industry

Where a partner or director has been working in the relevant industry for less than 5 years please send us their brief CV along with this proposal form.

**OTHER EMPLOYEES**

4. Please provide the total number of:

Professionally qualified technical staff (with industry recognised qualifications)

Other technical staff

Administrative and secretarial staff

**SUB CONTRACTORS**

5. Do you use independent sub-contractors?

YES  NO

If YES:

a) What approximate percentage of your turnover is paid to sub-contractors?

 %

b) For which work are they used?

c) Do you ensure they have their own P.I. insurance?

YES  NO

**MEMBERSHIP OF AN ASSOCIATION**

6. Are you a member of the AICC or BIAC?

YES  NO

If NO, have you applied for membership?

YES  NO

**YOUR TURNOVER**

7. We need to know your turnover including fee income and where it comes from. Please fill out the table below:

	Past Year ending / /	Current Year	Estimate for coming Year
Total Turnover Including Fee Income	£	£	£

Estimated percentage split of your turnover including fee income for:

Work carried out for UK clients	%	%	%
Work carried out for Overseas clients excluding USA/Canada	%	%	%
Work carried out for USA/Canada clients subject to non USA/Canada law	%	%	%
Work carried out for USA/Canada clients under a contract subject to USA/Canada law	%	%	%

**CONTRACTS**

8. Please give details of the five largest contracts you have carried out in the past three years:

Name of client	Nature of business (including crop advised on where appropriate)	Total value of contract	Total acreage consulted over
1.			
2.			
3.			
4.			
5.			

Within the past three years what is the average value and average acreage of the contracts you get involved in?

£	Acres
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**WAGEROLL**

9. We need to know your annual wageroll- please split this between that derived from manual and non- manual activities by filling in the table below:

Current Year		Estimate Next Year	
Manual	Non Manual	Manual	Non Manual

**YOUR  
BUSINESS  
ACTIVITY**

10. Your turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

- |     |                                  |   |
|-----|----------------------------------|---|
| (a) | Farm Management Advice           | £ |
| (b) | Agronomic Consultancy            | £ |
| (c) | Expert Witness                   | £ |
| (d) | Loss Assessing                   | £ |
| (e) | Single Farm Payment Applications | £ |
| (f) | Off Label Advice                 | £ |
| (g) | The Supply of Products           | £ |
| (h) | Other, please state:             | £ |

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Does the above split accurately reflect:

(i) your business activities including IACS applications in the past? YES  NO

(ii) your estimated business activities during the coming year? YES  NO

If **NO** to either of the above, please explain the differences:

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**CURRENT  
INSURANCE**

11. Do you currently have Professional Indemnity insurance? YES  NO

If **YES**, what is the renewal date?  /  /

If you currently have Professional Indemnity insurance with someone other than Hiscox then please answer the following:

Name of insurer:	<input type="text"/>
Limit of indemnity:	<input type="text"/>
Excess:	<input type="text"/>
Premium:	<input type="text"/>

**CLAIMS  
DECLARATION**

12. a) Has any claim been brought against you, or has anyone threatened to bring such a claim as a result of the performance of your business activities as detailed in this proposal form? **YES**  **NO**

If **YES**, please provide full details:

- b) After reasonable enquiry, are you aware of any circumstances that could lead to a claim against you in the future? **YES**  **NO**   
This includes criticism of your work even if you regard it as unjustifiable.

If **YES**, please provide full details:

- c) Have you suffered any loss from the dishonesty or malice of any employee, subcontractor or self-employed freelancer? **YES**  **NO**

Do you currently have any grounds for suspecting that such a person has acted dishonestly or maliciously when working for you or on your behalf? **YES**  **NO**

If **YES** to either, please provide full details:

## **MATERIAL INFORMATION**

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Please provide us with details of any other 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:

## **DECLARATION**

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1. 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.
2. 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.
3. 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 of  
Principal/Partner/Director

Date

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