

# Your application for PI and PL insurance

Please complete the Application Form on the adjacent page, as well as the Acceptance and Direct Debit Mandate Forms overleaf and then sign below.

Please then return to:

WPS Insurance Brokers and Risk Services  
 Brunswick House  
 Brunswick Road  
 Plymouth  
 PL4 0NP

## DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

**Signature of Principal:**

**Date:**

<b>1</b>	Name .....	Establishment Date .....								
	Address .....	SRA Membership No .....								
<b>2</b>	Details of all Principals, Partners or Directors									
	Name	Age                      Qualification								
.....										
<b>3</b>	Do you undertake any activity other than 100% Social Research Consultancy? <b>If YES, please provide full details.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>4</b>	Does your fee income exceed £75,000?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>5</b>	Do you undertake any work of a manual nature? For the avoidance of doubt this does not include the installation of IT, Telecommunications and other audio / visual equipment but would include the type of work expected of an electrical contractor e.g. the complete re-wiring of an office.	YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>6</b>	Do you undertake any work offshore or do you have offices overseas?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>7</b>	Are you involved in any process of manufacture or construction?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>8</b>	Do you undertake any asbestos, oil & gas, rail or aviation industry related work?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>9</b>	Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?  Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY, aware of any circumstance which might give rise to any such claim?  Has any proposal in respect of the risks to which this form related ever been declined or has any such insurance ever been cancelled or renewal refused?  <b>If YES, please provide full details</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>If you have answered NO to questions 3 - 9 inclusive, please tick to accept this quotation</b>										
<b>Limit of Indemnity</b>							<b>Total Premium</b>	<b>Tick here to Accept</b>		
<b>Professional Indemnity</b>	£250k	any one claim defence costs in addition	<b>Public Liability</b>	£5m	any one occurrence	<b>Products Liability</b>	£5m	any one occurrence and in the aggregate	<b>£300 plus IPT</b>	<input type="checkbox"/>
<b>Professional Indemnity</b>	£500k	any one claim defence costs in addition	<b>Public Liability</b>	£5m	any one occurrence	<b>Products Liability</b>	£5m	any one occurrence and in the aggregate	<b>£400 plus IPT</b>	<input type="checkbox"/>
<b>Professional Indemnity</b>	£ 1m	any one claim defence costs in addition	<b>Public Liability</b>	£5m	any one occurrence	<b>Products Liability</b>	£5m	any one occurrence and in the aggregate	<b>£500 plus IPT</b>	<input type="checkbox"/>

# ROLLING MONTHLY POLICY ACCEPTANCE FORM

(The Insured and Broker should retain a copy of this for future reference)

Your monthly premium has been assessed based on the proposal (as defined in the Rolling Policy Endorsement). As there is no annual proposal form requirement, it is crucial that you inform us of any changes to the information contained in the proposal promptly and within the terms of the policy / certificate. By signing below, you are warranting that you will inform us promptly, and in any event before the end of the period of insurance immediately after that in which the relevant change occurred, of any material change to the information contained within the proposal. In particular if (but not limited to):

- 1 The total fees/turnover for your most recently completed financial year exceeds £100,000
- 2 There is any material change in your principal activity or activities
- 3 There is any change in your management
- 4 There is any change in the persons constituting your partners, members or directors
- 5 There is any change in your ownership
- 6 Your business is merged with that of another business
- 7 You acquire a new business as a subsidiary business (whether wholly or only partly owned by the Insured) to the business previously declared and to and accepted by us

Signed .....

Name .....

Date .....

Name of Insured/s .....

Address for notices .....

## DEFINITIONS:

You / your: The Insured/s stated in the Schedule of the Policy / Certificate and as defined within the Policy / Certificate.

We / us / our: HCC International Insurance Company Plc

Direct Debit Mandate: The original signed and dated mandate must be forwarded to your broker.



Please fill in the whole form including official use box using a ball point pen and send it to:

WPS Insurance Brokers and Risk Services  
Brunswick House  
Brunswick Road  
Plymouth  
PL4 0NP

Name(s) of Account Holder(s)

Bank / Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To the Manager	Bank / Building Society
Address	
Postcode	

Reference

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



Instruction to your  
Bank or Building Society  
to pay by Direct Debit

Originator's Identification Number

8	3	8	0	6	7
---	---	---	---	---	---

FOR HCC International Insurance Company Plc OFFICIAL USE ONLY  
This is not part of the instruction to your Bank or Building Society.

Instruction to your Bank or Building Society

Please pay HCC International Insurance Company Plc 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 HCC International Insurance Company Plc and if so, details will be passed electronically to my Bank/Building Society.

Signatures

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 HCC International Insurance Company Plc will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by HCC International Insurance Company Plc 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.

# Social Research Association

## Professional Indemnity Insurance

## Public Liability Insurance

WPS Insurance Brokers & Risk Services  
Brunswick House - Brunswick Road - Plymouth - Devon - PL4 0NP

Tel: (01752) 670440

Fax: (01752) 229125

Email: mail@wpsinsurance.co.uk

Registered in England Company No 1022632

