

The products on this form are designed for members of the Irish Tax Institute and arranged by ERM Financial Services.

**1. Your details**

Full name

Address

Postcode

Telephone  Mobile

Email

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)

In which year was your business established?

**2. Cover**

All premiums are inclusive of government levy of 5% and apply only if you can comply with the statement of fact in section 3.

Professional indemnity packages - please select income category					
Limit of indemnity (any one claim excluding defence costs)	Turnover				Excess
	€0 - €50,000	€50,001 - €100,000	€100,001 - €150,000	€150,001 - €250,000	
<b>€325,000</b>	€459 <input type="checkbox"/>	€510 <input type="checkbox"/>	€ 663 <input type="checkbox"/>	€969 <input type="checkbox"/>	<b>€500</b>
<b>€650,000</b>	€561 <input type="checkbox"/>	€638 <input type="checkbox"/>	€791 <input type="checkbox"/>	€1,071 <input type="checkbox"/>	<b>€750</b>
<b>€1,300,000</b>	€791 <input type="checkbox"/>	€943 <input type="checkbox"/>	€1,173 <input type="checkbox"/>	€1,524 <input type="checkbox"/>	<b>€1,000</b>
<b>€2,600,000</b>	€1,020 <input type="checkbox"/>	€1,224 <input type="checkbox"/>	€1,530 <input type="checkbox"/>	€1,937 <input type="checkbox"/>	<b>€2,000</b>

Excess applies to each claim or loss excluding defence costs

**Period of insurance**

The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.

**Retroactive cover**

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

**3. 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, or if any material information is not disclosed we will be entitled to treat this insurance as if it had never existed.

**Business activities**

1. You are a member of the Irish Tax Institute.
2. You are not already insured with Hiscox for the risk being proposed.
3. You have not been the subject of disciplinary proceedings within the last five years.
4. Your Average fee is not greater than €2,500.
5. You largest fee is not greater than €25,000.
6. You do not carry out insolvency work, mergers and acquisitions.
7. You do not provide investment advice.
8. You do not carry out audit work for listed companies.

**4. Claims and losses**

You confirm the following statements to be true:

1. In the last three years no claim or loss, whether successful or not, has occurred or been made against you or your predecessors in business, or any past or present partner, principal, director or employee.
2. You are not aware after reasonable enquiry of any matter which may lead to a claim against you. This includes, but is not limited to:
  - a. a shortcoming or problem in your work known to you which you cannot reasonably put right;
  - b. a complaint about your work or anything you have supplied which cannot be immediately resolved;
  - c. an escalating level of complaint on a particular project;
  - d. a client withholding payment due to you after any complaint.
3. You are not aware of any loss from the dishonesty or malice of any employee or self-employed freelancer.
4. You have not had a professional indemnity insurance policy or proposal cancelled, withdrawn, declined or made subject to special terms.

**5. Insurance details**

**Important notice for your protection**

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

**6. Acceptance**

**I would like to proceed with 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 will be rejected if you choose a commencement date in the past or more than 30 days in the future.

**Please note that cover will only commence when you have received confirmation from ERM Financial Services.**

I confirm that I have read the statement of fact above and I accept and agree the offer of insurance based on the cover and limits detailed above.

Yes  No

If **no**, please speak to ERM Financial Services:

**Telephone:** +353 1 845 4361

**Email:** info@ermfinancialservices.ie

**Address:**

ERM Financial Services  
7 St. James Terrace  
Malahide  
Co. Dublin

**7. 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.

**8. Data protection**

By signing this proposal acceptance 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.

**9. Declaration**

I/We declare that (a) this proposal acceptance 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 my/our proposal for insurance have been disclosed.

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 my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to avoid this insurance.

I/We agree that this proposal acceptance form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to ERM Financial Services 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.

## 10. 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 ERM Financial Services:

**Telephone:** +353 1 845 4361

**Email:** [info@ermfinancialservices.ie](mailto:info@ermfinancialservices.ie)

**Address:**

ERM Financial Services  
7 St. James Terrace  
Malahide  
Co. Dublin

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  
Hiscox House  
Sheepen Place  
Colchester  
CO3 3XL

or by telephone on 01206 773705  
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 Bureau. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to your right to take legal proceedings.

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 Limited on behalf of Hiscox Insurance Company Limited.