

Bickley Insurance Services Ltd - Terms of Business

Note

1. No section of our cover extends to the supply of computer hardware.
2. Cover is subject to year 2000 exclusion (date recognition clause). Full details are available on request.
3. Please note this policy is not suitable for the following professional contractors:

Accountants

Solicitors

Valuers

Architects

Estate Agents

Civil Engineers

Surveyors

IFAs

Mortgage Brokers

Building Contractors

Consulting Engineers

Quantity Surveyors

Structural Engineers

Pharmaceutical Industry

Railway Industry

FSA regulated work

Legal Advice including contract preparation

For clarification, please contact: **Bickley Insurance Services Ltd**

T: 020 8773 E: info@bickleyins.com

Status

Bickley Insurance Services Ltd is an independent intermediary. This means we act for you in identifying an appropriate policy from a range of insurance companies to meet your needs. In arranging your insurance Bickley Insurance Services Ltd accepts responsibility for the advice given to you.

Bickley Insurance Services Ltd is authorised by the Financial Services Authority under Firm reference 305533.

Confidentiality

All personal information will be treated as private & confidential (even when you are no longer a customer), except where the disclosure is made at your request, with your consent, in relation to administering your insurance or where required by law. As part of the FSA's duties, we may be asked to provide them with access to our customer records in order that they may carry out a review of our activities.

Consequences of non-disclosure and inaccuracies

You are responsible for ensuring that all information provided to the insurer is complete and accurate. If it is found that information was incomplete or inaccurate, there is a possibility that the insurance policy may be invalid and any claim made on it may be refused.

If you are unsure about the relevance of any fact, or the implications of omitting to disclose information to the insurer, do not hesitate to ask us for guidance.

Insurance cover

In arranging your insurance we will seek to provide you with cover, which is suitable to your demands, needs and resources. We will endeavour to draw to your attention to any non-standard restrictions, conditions or exclusions to the insurer's standard policy. It is our intention to place cover with the insurer offering the most competitive premium in relation to the cover provided. For certain classes of business, where we have negotiated special facilities, we will not carry out a full broking exercise.

Continued

Insurance Solution

Start Date:

PI Level: £100,000 £250,000 £500,000 £1M

Computer consultants proposal form

1.

Company Name:
Correspondence Address:
Tel:
Email:
Incorporation Date:

2. Please tick the box which most accurately describes your general activities

- a) Computing b) Engineering Business & Finance
 Are you a member of The British Computer Society? Yes No

3. Please give the following details of the Directors of the company.

Name	Qualification or Experience	How long as Director

4. Number of a) practising Directors/Contractors b) other staff

5. Please provide a full and clear description of your business activities.

- | | |
|--|---|
| | Yes No |
| 6. Does your turnover exceed £200,000 per annum? | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Are any of the Directors, after enquiry, aware of or suspect or have any grounds for suspecting any circumstances which might give rise to a claim against the business or any present or former Directors? | |
| If Yes, please provide details on a separate sheet. | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Has any claim such as would be covered by the proposed insurance ever been made against the company or any of its Directors whilst in this or any other company? | |
| If Yes, please provide details on a separate sheet. | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Has any insurer ever declined a proposal or renewal for this business or any Director? | |
| If Yes, please provide full details | <input type="checkbox"/> <input type="checkbox"/> |
| 10. Do you have final sign off | <input type="checkbox"/> <input type="checkbox"/> |
| 11. Do you work as part of a team | <input type="checkbox"/> <input type="checkbox"/> |

Declaration

I/We declare that the statements and particulars are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform insurers of any material alterations to these facts whether occurring before or after completion of the contract of insurance.

Signature of Director _____

Name _____

Date _____

Send completed proposal form with cheque, made payable to Bickley Insurance Services Ltd, to:

Bickley Insurance Services Limited
Vulcan House Restmor Way Hackbridge Surrey SM6 7AH

Upon receipt, cover will be issued and the appropriate insurance confirmation will be sent.

For more information contact Bickley Insurance Services Ltd

Authorised and Regulated by the Financial Services Authority
 Tel: 020 8773 8123 x 277 Fax 020 8773 9597 Email: jeff@bickleyins.com