

## OISC Members Short Form For Professional Indemnity Insurance

1. Business Name:

Address:

Postcode:

Telephone No:

Fax No:

Website:

Establishment date:

Renewal Date:

2. Number of  
Directors/Partners:

Number of other  
Employees:

3. Please give details of any qualifications and how many years in the industry:

4. Total Wage Roll: (tick appropriate box if known)      Under £25K      £25K-£50K      £50K-£75K      Over £75K

Please split between:      Work at your own office premises:      £      Work away from your own office premises:      £

If more than £75k, please state approximate figure:      £

5a. Annual turnover for the last financial year: (or estimate for next 12 months if new startup):      £

5b. Estimated Split:      Immigration Work:      %      Non-Immigration Work:      %

6. Please give full business description giving approximate percentage breakdown of income as disclosed in Question 5b:

Level 1      Level 2      Level 3  
Activity details:.....

Field House, Station Approach, Harlow, Essex, CM20 2FB  
T: 01992 566 985 E: enquiries@mercury-insurance.co.uk

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Registered Office : 5 Technology Park, Colindale Lane, London, NW9 6BX. Registered No. : 07757031. Registered in England & Wales

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- |            |  |     |    |
|------------|--|-----|----|
| <b>7.</b>  | Do you currently buy professional indemnity insurance?                               | YES | NO |
| <b>7b.</b> | Have you had a quotation or do you already have cover with Hiscox Insurance Company? | YES | NO |

- |           |  |          |          |            |
|-----------|--|----------|----------|------------|
| <b>8.</b> | What level of Indemnity is required by the OISC? | £250,000 | £500,000 | £1,000,000 |
|-----------|--|----------|----------|------------|

- |           |  |     |    |
|-----------|--|-----|----|
| <b>9.</b> | Do you require cover for Office Contents and Equipment? (Note: An additional premium is payable) | YES | NO |
|-----------|--|-----|----|

Scheme cover:	Office contents	£ 15,000
	Computer and Electronic Equipment	£ 10,000
	Laptops and other equipment worldwide	£ 2,500
	Increased Costs of working (12 Mths)	£100,000

If cover is required for higher values than those indicated above, please specify the amount that you require.

- |            |   |     |    |
|------------|---|-----|----|
| <b>10.</b> | Do you require cover for Employer's Liability and Public Liability (Note: An additional premium is payable) | YES | NO |
|------------|---|-----|----|

- |            |  |     |    |
|------------|--|-----|----|
| <b>11.</b> | For the insurance to which this form relates, have any claims been made or threatened against you or are you aware of any shortcomings in your work which is likely to lead to a claim or complaint? | YES | NO |
|------------|--|-----|----|

If YES, please give details:

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Please note that before entering into an insurance contract, you must disclose to insurers all material information which is relevant to their decision whether to accept the risk and on what terms and ensure that all material representations to insurers are true. Any failure will entitle insurers to treat the insurance as if it never existed.

### Data Protection Act

By signing this Form you consent to us 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 2018. 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.

### Declaration

I/we declare that the contents of this form are true and that I/we have not omitted any material information.  
If this information alters before the contract of insurance is concluded I/we will tell insurers.

Name:

Date:

Signed:

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