

## **Management Liability Policy**

## **Employment practices liability only**

#### Who can use this proposal form

This proposal form is only for:

UK registered companies, charities or associations with no more than 200 employees.

If your organisation is larger than this, or is a listed company, please use our extended proposal form.

This product is **NOT** suitable for:

- law firms, or other companies in the legal sector
- professional football or rugby clubs
- financial services companies that are directly regulated by the Financial Services Authority
- sole traders, partnerships or limited liability partnerships.

#### **Checking the form**

Before completing this form, please check that you have the latest version. You can do this by speaking to your nearest AXA Trading Centre.

Please check all the details you have provided are full and true. Please make sure that you include all relevant information: this is information that could affect our decision to give you insurance or affect the terms we give you. If you are not sure if something is important or relevant you should tell us. These details will form the basis of the insurance contract between us.

If you fail to give full and true answers, your policy may not protect you in the event of a claim.

Please read the Data Protection notice at the end of this proposal form carefully.

Please keep a record of all information given to us (including copies of letters or emails), and a copy of this proposal form as it is part of your insurance policy.

#### **Copies of documents**

If you need a copy of this proposal form, please contact us. We can supply copies up to 3 months after receiving the form. Please also contact your insurance adviser if you would like a copy of the policy wording.

#### Law applicable to the policy

You and we can choose the law which applies to this policy. We propose that the Law of England and Wales apply. Unless we and you agree otherwise, the Law of England and Wales will apply to this policy.

AXA Insurance UK plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. This can be checked on the FCA's register by visiting the FCA's website at www.fca.org.uk/register or by contacting them on 0800 111 6768.

### 1 Your details

<b>′</b> ou	r business
L.1	Type of company or organisation
	Charity
	Club
	Association
	Private Limited company – please tick your business sector
	Construction
	☐ Education/social
	Leisure
	Manufacturing
	☐ Motor trade
	Professional services
	Property owners or managers
	Retail or wholesale
	☐ Transport
	Other – please give details
L.2	Registered name
	Degistared address
L.3	Registered address
	Postcode
<b>′</b> ou	r cover
L.4	Turnover or income in the last 12 calendar months
	£
L.5	When would you like the cover to start?
	Your cover will only start when AXA accepts your proposal.
	D D M M Y Y
L.6	Please tick if you only need a quote
	Quote only

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2	General questions					
	ou tick a highlighted box for any of the questions in section 2, please provide full details at end of the section.					
2.1	Have you been trading for at least 12 months?  ☐ Yes ☐ No					
2.2	Did you make a profit (that is, a net profit after tax) in the last 12 months?					
	☐ Yes ☐ No					
2.3	Have you made any redundancies in the last 6 months, or do you plan to make any redundancies in the next 12 months?					
	Yes No					
2.4	Do you use external Human Resources consultants or legal advisors to review all employment terminations?					
	Yes No					
2.5	Do you communicate written employment and grievance policies to all new and existing employees?					
	Yes No					
2.6	In the last 5 years, have there been any claims or investigations made against you, or against any directors, trustees, officers or employees, that this policy might have covered if it had been in force?					
	Yes No					
2.7	Have you previously held Employment Practices liability cover?					
	Yes – when did your previous cover first start?    D   D   M   M   Y   Y					
	□ No					
2.8	After full enquiry, are you or any of your directors, trustees, officers, or employees aware of any fact or circumstance that may lead to a claim under the proposed policy?					
	Before answering this question, you must ask all directors, trustees, officers and employees for full information.					
	Yes No					
	If you cannot comply with the above, please provide full details here. If you need more room, please attach additional sheets, adding your company name to each.					

If you have attached any additional sheets, please write your company name on each sheet, and fill in the number of additional sheets here.

additional sheets

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#### 3 Limit of cover, premium and excess

Please note: if you cannot comply with the standard acceptance criteria shown on page 3 and have given extra information, we will need to consider the information you have given us before we can confirm your premium and excess level. This means that your premium and excess may be different from those shown below. Our terms of cover may also be different.

Please fill in this section to show the cover you need, and we will confirm your premium as soon as we have reviewed the extra information you provided.

#### **Limits of cover**

Employment practices liability only.

#### 3.1 Please tick the limit of cover you require for your company

Limit (any one claim	Number of UK employees					
including costs)	Up to 25	25 to 50	51 to 100	101 to 150	151 to 200	
£250,000	£300	£375	£525	£700	£800	
£500,000	£400	£500	£675	£850	£950	
£1,000,000	£500	£700	£900	£1000	£1100	
£2,000,000	£700	£900	£1,150	£1,275	£1,400	

The premiums shown above do not include Insurance Premium Tax, which we will add at the current rate. Your insurance adviser will be able to confirm the current rate of Insurance Premium Tax.

#### **About these premiums**

These premiums only apply if you meet the standard acceptance criteria shown on page 3.

These premiums change from time to time. Please check that you are using the latest version of this form.

#### **Your excess**

 $\pm 3,750$  each and every claim including defence costs. This excess shall not apply where the advice of the agreed solicitor has been obtained and followed for any matter that may lead to a claim under the policy.

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#### 4 Declaration

If you have not given full and true answers to all questions asked on this proposal form, your insurance may not protect you in the event of a claim.

#### Before signing the declaration, please read the following Data Protection notice

AXA Insurance UK plc is a member of the AXA Group. In order to supply your quote and then to administer your insurance policy, we will hold and use information including sensitive personal data and claims information you provide and may send it in confidence for secure processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European economic area.

#### Please read this declaration carefully and then sign below

- I/We agree that the policy, the policy schedule and this proposal form and any additional information given will be the basis of the contract between me/us and AXA Insurance UK plc.
- I/We understand that all relevant information, which is information that may influence AXA Insurance UK plc in the acceptance of this insurance and the terms provided, has been disclosed and recorded.
- I/We declare that all particulars given in this proposal form whether made by me/us or on my/our behalf are true and complete.
- I/We understand that if full and true answers have not been given or if all relevant information has not been disclosed that this insurance may not protect me/us in the event of a claim.
- I/We will tell you of any change to the details given before the start date of the contract

I/We confirm that my company/organisation complies with the standard acceptance criteria.				
Yes				
Signature of Chairman, Managing Director, Trustee or equivalent				
×				
Name				
Position in company				
Date  D D M M Y Y				
AXA Insurance UK plc may occasionally contact you with details of our other products and services. If you do not wish to receive this information from AXA Insurance UK plc, tick this box.				
■ We may provide information supplied by you to selected third parties, who may contact you in relation to the provision of insurance-related services. If you do not wish us to provide your details to third parties, tick this box.				
Agent name and address				

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# This document is available in other formats.

If you would like a Braille, large print or audio version, please contact your insurance adviser.

www.axa.co.uk

ACLD0420X-D (02/14) T28566