



## Charity & Associations Insurance Proposal Form

Please answer all questions leaving no blank spaces. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Partner, Director or Principal of the Proposer.

Insurance cover is not effective until the Insurers have accepted this proposal form.

**Duty to disclose material facts:** Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated.

This Proposal Form shall be relied upon by Underwriters in deciding whether or not to enter into the Policy and on what terms, including premium and conditions.

If you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

### Insurance Act 2015

The Insurance Act 2015 ('the Act') applies to this Proposal Form and any subsequent Policy. The terms of any such Policy will in most cases be no less advantageous to the insured than the Act would otherwise provide; in the event of any apparent conflict between the terms of this Policy and the Act, the Act will prevail. There could be, however, certain terms which, while capable of being more advantageous to the insured than the Act would otherwise provide, may in certain cases be less advantageous to the insured than the Act would provide. All terms such as this will be clearly referenced in the Policy.

### Proposer Details

1. Name of Proposer(s) including Subsidiaries and Predecessors
2. Charity Registration Number (if applicable)
3. Principal Address
4. Website
5. Date Established
6. Please detail the principal aims of the Proposer
7. a) Does the Proposer have an office or any assets or carry out any activities outside the UK or Ireland? Yes  No

**Proposer Details** Continued

8. Please state the number of individuals engaged by the Proposer, split as follows:

Governors, directors, council members, officers and trustees	
Employees	
Volunteers	

9. Has the Proposer merged with, been acquired by or acquired another entity during the past 2 years

Yes  No

If Yes, please give details


**Income and Assets**

10. If the Proposer has been established for less than 12 months please provide financial forecasts and a business plan and go to question 12.

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11. a) Please state the Proposer's gross income for the last complete financial year split as follows:

Source of Income	Gross annual Income
Voluntary donations	
Subscriptions and membership fees	
Funding from national or local government	
Fee generating activities	
Other	
Total	

b) If any income is derived from fee generating activities or 'other' sources' please give details


12. Please state the Proposer's gross assets

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13. Can the Proposer confirm that the Charity or Association

a) has a positive net worth?

Yes  No

b) has a positive operating profit?

Yes  No

c) is able to meet its liabilities as they fall due?

Yes  No

d) has, if required to submit audited accounts, been given an independent unqualified auditors opinion for the last financial year ?

Yes  No

**Income and Assets** Continued

If No, please provide details


14. Can the Proposer confirm that the assets of the Charity or Association are managed by external professional managers with their own Professional Indemnity insurance?

Yes  No

If No please provide details


**Proposer's Professional Services**

15. Is cover required for Professional Services carried out by the Proposer?(Please note cover will only apply to the services declared)

Yes  No

If No, please go to question 16

If Yes:

a) Please provide full details of the professional services provided to third parties in the last complete financial year split as appropriate where more than one service is provided:

Professional Service	Number of personnel involved in carrying out the service	Annual income earned from providing the service if applicable

b) Is the Proposer engaged in any of the following:

i) the provision of providing medical advice, diagnosis, treatment or other medical services, medical research including clinical trials or the dispensing of drugs, medicines or medical supplies or equipment?

Yes  No

ii) the care, supervision or training of minors or vulnerable adults?

Yes  No

iii) the provision or management of residential care homes?

Yes  No

iv) structural or mechanical design?

Yes  No

v) certification, regulation or licensing?

Yes  No

vi) the provision of legal or investment advice?

Yes  No

If Yes, please provide details


**Proposer's Professional Services** Continued

c) Are the services listed in a) and b) above representative of the Proposer's services:

i) over the past 5 years?

Yes  No

ii) expected over the next year?

Yes  No

If No to either a) or b) please provide details


d) Is the Proposer able to confirm that the majority of the individuals providing the service have a minimum of 3 years relevant experience and/or relevant qualifications?

Yes  No

If No, please give details


e) Does the Proposer undertake any contract which involves

i) sale or supply of products, materials or equipment?

Yes  No

ii) manufacture, construction, installation, maintenance, alteration, repair or treatment?

Yes  No

If Yes, please provide details.


**Employment Practice Liability**

16. Is cover required for Employment Practice Liability?

Yes  No

If No, please go to question 17

If Yes, can the Proposer confirm that:

a) they have formal internal grievance/complaints procedures

Yes  No

b) contracts of employment issued to all employees

Yes  No

c) no redundancies or change to employee benefits have taken place in the last 3 years or are planned

Yes  No

d) written instructions are issued to all employees in relation to employment practices - discrimination, harassment, grievance and disciplinary matters

Yes  No

If No to a), b), c) or d) please give details


**Fidelity**

17. Is cover required for Fidelity

Yes  No

If No, please go to question 18

If Yes, can the Proposer confirm that:

a) no one is allowed to sign cheques without a counter- signature?

Yes  No

b) bank statements, receipts, counterfoils and supporting documentation are independently checked at least monthly against the cash book entries and bank statements of the employee making the entries or paying into the bank?

Yes  No

c) cheques and cash paid into the bank daily?

Yes  No

If No to a), b), or c) please give details as to the alternative system used


**Current and Previous Coverage**

18. a) Please provide details of the Proposer's current Charity and Association insurance as follows:

Limit of Indemnity	
Premium	
Excess	
Insurer	
Renewal Date	
Retroactive Date	

b) Has the Proposer ever had any Charity and Association insurance cancelled, voided or declined at renewal by an Insurer?

Yes  No

If Yes, please give details


**Coverage Required**

c) Please provide details of the quotation required:

Limit(s) of Indemnity	
Excess(es)	

**Claims and Circumstances**

19. a) Has any claim or complaint been made, or disciplinary proceedings been brought by any Regulatory Body against the Proposer or any of its current or former governor, director, council member, officer or trustee in relation to the risks to be insured over the past 5 years? Yes  No
- b) Has any loss or expense been incurred by the Proposer over the past 5 years which might have been insured under this policy? Yes  No

If Yes to a) or b) above, please provide the following:

Date of claim/complaint/disciplinary proceedings/loss	
Name of claimant/complainant/disciplinary body (if applicable)	
Brief details of allegations/ complaint/ disciplinary matter/loss	
Amount claimed for/lost including costs and expenses (if applicable)	
Insurer payment (if applicable)	
Insurer reserve (if applicable)	
What action has been taken to prevent a re-occurrence?	

- c) Is any aware, after enquiry, of any governor, director, council member, officer or trustee circumstances which might give rise to a claim or request for indemnity under this policy? Yes  No

If Yes, please provide the following:

Date	
Brief details	
Amount claimed for/lost including costs and expenses (if applicable)	

**Declaration**

I/We declare that the above answers, statements, particulars and additional information are true to the very best of our knowledge and belief and that after full enquiry, I/We have disclosed all information and material facts that may affect the Insurer's assessment of the risk.

Signature of Governor, Director, Council member, Officer or Trustee

For and/on behalf of the Proposer:

Name in capital letters (Printed):

Date: