



## UK Trustee Indemnity Insurance

### Short Proposal Form for Turnovers up to £5M

The term “Proposer” on this form includes the Proposer Company/ Charity/ Organisation/ Association and all of its current and former subsidiaries. If any question is answered ‘False’, our longer Application Form may need completing.

#### 1 Risk Information

1.

2. (i) Country of Incorporation (Domicile if n/a): UK

(ii) Charity Registration Number:

3.

4. The Proposer has been operating for 12 months and is not an Industrial and Provident Society. True  False

5. (a) The Proposer has not sold any subsidiary or acquired any company or concerns since its last financial year end that have increased total gross assets by 30% or more. True  False

(b) The Proposer has no mergers, acquisitions or disposals planned. True  False

6. Proposer and subsidiaries' (including former) professional or advisory services:

7. Fees received in respect of professional or advisory services: £

If Applicable, please provide a fee breakdown %UK  %EU  %Other  \*

\* (please provide a further breakdown in the Additional Information Section)

8. The Proposer ensures that any sub-contractors providing professional or advisory services on their behalf have their own public liability and professional indemnity insurance True  False  N/A

**1 Risk Information** Continued

9. No past, present or future planned business of the Proposer or its subsidiaries is involved in:

- Regulatory, financial or legal advice
- Medical advice, diagnosis, treatment (including the dispensing of medicines)
- Provision of loans or extended credit
- Working with/ the supervision of children or vulnerable persons\*
- For Profit Subsidiaries or Associated Fundraising Companies
- Nightclubs, Bars, Pubs, Restaurants, Private Members Clubs, Doctor Surgeries, Dental Practices, Church Organisations, Legal sectors

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |

\* If the Proposer is involved in this area, are Disclosure and Barring Service (DBS) or any other appropriate background checks conducted on the relevant staff? If any part of Q9 is False, please provide details including full details of service, % of total income derived from this area and qualifications of relevant persons in the Additional Information Section

10. The Proposer's latest financial statements:

- Are reviewed by a qualified accountant every year
- Are less than 18 months old
- Are NOT qualified and do not contain any concerns

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |

11. The Proposer has sufficient funds to continue operating for the next 12 months.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

12. The Proposer has robust procedures and controls in place concerning all incoming and outgoing money. Checks are made at regular intervals ensuring all funds have been properly drawn and correctly accounted for.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

13. The number of Full Time Equivalent employees does not exceed 25.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

14. There have not been any dismissals or redundancies within the last 6 months and none are planned or being contemplated for the next 12 months. Prior to any disciplinary action, suspension, redundancy or dismissal, the Proposer consults with a human resources consultant, qualified employment consultant or law firm specialising in employment law.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

15. At least 75% of the Proposer's turnover is derived from the UK/EU.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

16. The Proposer has no subsidiaries, assets, directors or shareholders in the USA/Canada.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

17. After a full investigation:

- The Proposer, its Directors, Officers, Trustees and Committee Members are not aware of any claims that have previously been made, or any fact, circumstance or allegation which may give rise to a claim being made in the future.
- The Proposer, its Directors, Officers, Trustees and Committee Members have not been found guilty of any criminal, dishonest or fraudulent activity, have not been disqualified from acting as a Director, Trustee or Committee Member and have not been the subject of an investigation by any government authority, official body or institution, accountants, liquidators or receivers.
- The Proposer, its Directors, Officers, Trustees and Committee Members have not been refused this type of insurance or had similar insurance cancelled or special terms imposed.

|      |                          |       |                          |
|------|--------------------------|-------|--------------------------|
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |
| True | <input type="checkbox"/> | False | <input type="checkbox"/> |

If any questions are answered False, please provide details in the Additional Information Section.

**2 Additional Information** (including any information you feel may be material to the risk. If you are unsure as to whether any information is material, please disclose it)

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**3 Coverage Options**

|                                 | Trustee Indemnity                   | Organisational Liability            | Organisational Employment Practices Liability     |
|---------------------------------|-------------------------------------|-------------------------------------|---|
| Type of Coverage (please tick): | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                          |
| Limits (please tick):           | £250,000 <input type="checkbox"/>   | £500,000 <input type="checkbox"/>   | £1,000,000 <input type="checkbox"/>               |
|                                 | £2,000,000 <input type="checkbox"/> | £3,000,000 <input type="checkbox"/> | Other: <input style="width: 100px;" type="text"/> |

**4 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. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the contract effected therein.

Signature of Partner/Director/Principal:

For and/on behalf of the Proposer:

Name in capital letters (Printed):

Date: