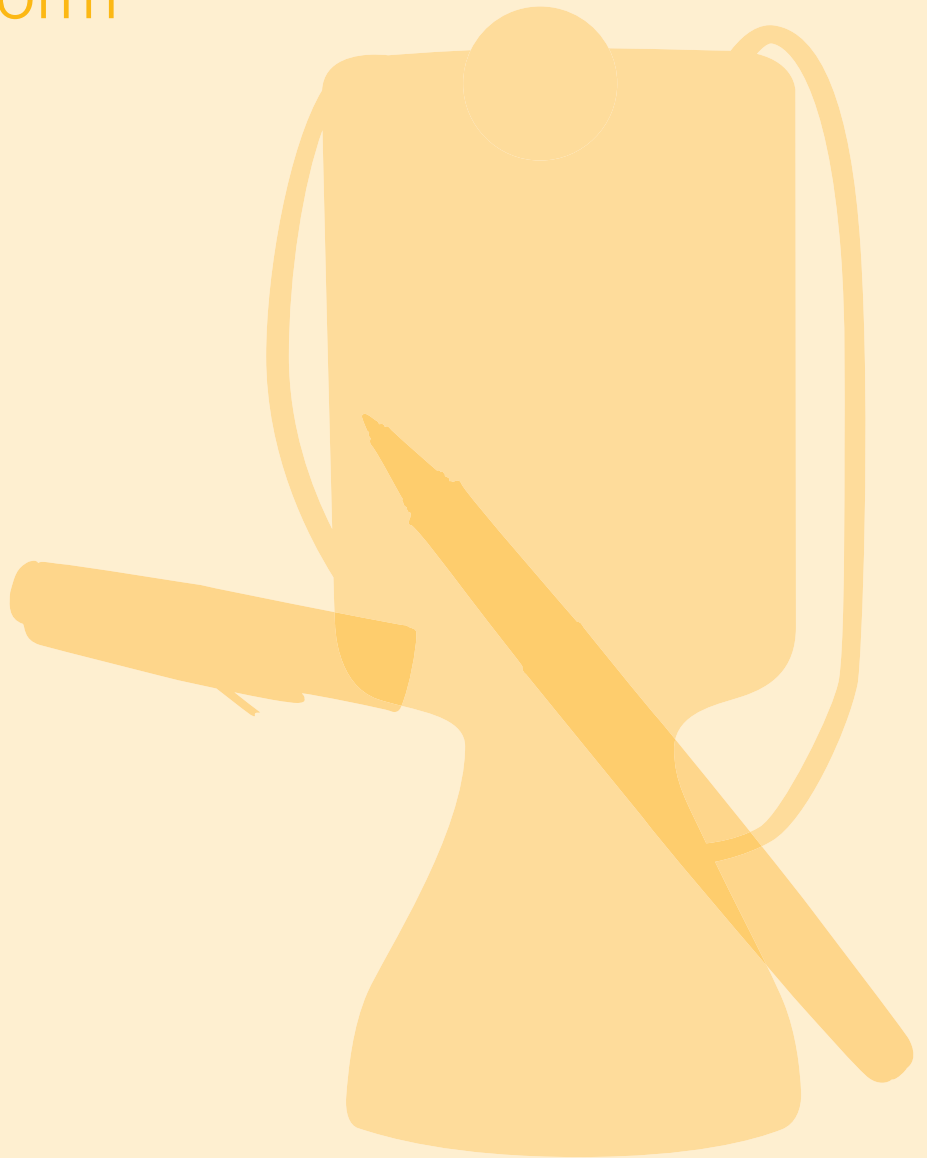


application form

CHARITY INSURANCE



To Ecclesiastical Insurance Office plc, Beaufort House, Brunswick Road, Gloucester GL1 1JZ.

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.

Applicant details**1 Name of applicant(s)**

(Please clearly define all parties to be insured identifying any holding/subsidiary company relationships)

2 Trading name

3 Postal address

<input type="text"/>	
<input type="text"/>	
Postcode	Telephone
Email	Website

4 Date upon which the insurance is to commence

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.

General details**1 What is your charity registration number?**

2 If you are not a registered charity, please define your legal status

3 How many years have you been established at the current premises?

elsewhere?

4 Please advise the number of members in your organisation (if applicable)
5 Please state or enclose a copy of your mission statement outlining your aims and ideals

6 Please also attach any explanatory literature or brochure that you produce to further your aims, together with a copy of your latest Report and Accounts

7 It is most important that you fully describe the business and activities that are carried out at each of your premises and elsewhere. Please detail these in the box below

8 Please advise the annual revenue of your organisation

(a) last year £ **(b) estimated for this year** £

(c) Please indicate the percentage of the revenue between

	This year	Last year
(i) funding from Government, Local Authorities or their agencies	%	%
(ii) subscription and membership fees	%	%
(iii) voluntary collections and donations	%	%
(iv) legacies	%	%
(v) fund raising/sponsorship events and activities (not collections)	%	%
(vi) other (please specify)	%	%
<input type="text"/>	%	%
	100%	100%

9 Registration

(a) Are you registered by any local or other authority for the activities of the organisation? Yes No

(b) Has registration ever been withheld or special conditions imposed? Yes No

If 'Yes' to either (a) or (b) please provide details, and if registered under the Care Standards Act please state the category of registration

10 Have you ever been subject to an investigation by the Charity Commission or any other body? Yes No

If 'Yes' please provide details

Premises to be insured

1 Full address(es) of premise(s) to be insured

Postcode Telephone

2 General description of the premises to be insured
(Please include its original date of construction and purpose)

3 Are the premises listed? Yes No

If 'Yes' please state

Grade I Grade II* Grade II other

Property damage

1 Is cover required? Yes No

If 'Yes' complete questions 2 to 8 below. If 'No' please proceed to Property damage plus section

The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, storm, flood, escape of water, impact, falling trees, falling aerals, escape of oil, subterranean fire. We can also provide cover for the following, please tick if required:

Sprinkler leakage Theft of contents (following forced entry/exit)

Subsidence Glass and sanitary fixtures

Accidental damage Terrorism

Note: if you have any other specific requirements please contact your broker or Ecclesiastical.

2 Sums to be insured
Please refer to the Important note on page 4 of the Summary of cover for information regarding the sums to be insured

(a) Buildings £

This is the cost of rebuilding the insured property – not the market value. The buildings of the premises including landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred ie architects and surveyors fees, consulting engineers fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Contents

- (i) computers and other office machinery
- (ii) residents personal belongings
(limit any one person £500)
- (iii) all other contents

£

£

£

(c) Stock in trade

- (i) cigarettes and tobacco
- (ii) wines and spirits
- (iii) all other stock

£

£

£

**(d) Tenants' improvements and decorations
for which you are responsible**

£

3 Do you want your sums insured to be adjusted by the 'Day One' method of inflation protection?

Yes

No

Note: Day One basis does not apply to stock in trade

If 'Yes' please select the percentage uplift you require

15%

25%

50%

Other limit (please specify)

%

4 Are the external walls and roof coverings of the premises constructed solely of brick, stone, concrete, slates or tiles?

Yes

No

If 'No' please provide details

5 Flood**Are any of the buildings on a site which has suffered from flooding at any time in the past ten years?**

Yes

No

If 'Yes' please provide details

6 Are any of the premises protected by a fire or intruder alarm?

Yes

No

If 'Yes' please provide details of the alarm system(s) and attach a copy of the specification(s)

Business interruption

1 Is cover required?

 Yes

 No

If 'Yes' complete question 2 below. If 'No' please proceed to Liabilities section

2 Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required below

Note: the maximum indemnity period should represent the time it would take for your organisation to resume normal trading after a loss. Where your maximum indemnity period selected exceeds 12 months we will increase your annual sum proportionately.

Item	Is cover required?	Annual sum insured/Estimated sum insured for declaration linked basis*	Maximum indemnity period
Revenue/Gross Profit/ Rent receivable	Yes/No*	£	Months

The sum insured should represent your anticipated annual revenue, gross profit or rent receivable, allowing for any anticipated expansion activities. You should not include any costs you would not incur whilst your organisation is not operating. Our standard gross profit wording takes into account purchases (less discounts) and bad debts. Please specify below any other working expenses to be excluded.

Unless you notify us to the contrary we will assume that the sum insured for annual revenue will be in respect of services rendered by you and does not include Government funding, donations and money received through fund-raising and the like. If the sum insured does include Government funding, donations and the like please specify below the amount and source.

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional cost of working (ie no revenue cover)	Yes/No*	£	Months

The sum insured should cover all your additional costs in continuing to operate for the duration of the maximum indemnity period, eg the cost of moving to, and operating from, temporary premises and moving back once again once repairs are complete.

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional increase in cost of working	Yes/No*	£	Months

*delete as applicable

Liabilities

1 Is cover required? Yes No
 If 'Yes' complete questions 2 to 21 below. If 'No' please proceed to Charity trustee insurance section

2 Please indicate the cover(s) required by ticking the boxes

Cover	Limit of Indemnity	<input type="checkbox"/>
Employers' liability <i>(a higher limit can be considered on request)</i>	£10,000,000	<input type="checkbox"/>
Public liability and Products liability <i>(In respect of products liability this will be the maximum amount payable any one period of insurance)</i>	£1m	<input type="checkbox"/>
	£2m	<input type="checkbox"/>
	£5m	<input type="checkbox"/>

3 Wageroll information

Note: the following allows us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead.

The estimate for wages should include the total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of National Insurance, Income Tax and Holidays with Pay or Contributory pensions.

Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following

Category	Numbers	Annual wages etc. (at your premises)	Annual wages etc. (whilst working away)
Clerical/administrative staff		£	£
Shop assistants		£	£
Employees using hazardous machinery (please describe machinery)		£	£
All other employees (please list occupations and split numbers and wages between each category)	1 2 3 4	£ £ £ £	£ £ £ £

4 Do you engage voluntary helpers? Yes No
 If 'Yes' please advise

Nature of duties	Total number engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

5 Do you provide any services under contract, for example to Local or Central Government?

Yes No

If 'Yes' please provide details

6 Health & Safety

(a) Do you have a written Health & Safety policy?

Yes No

(b) Is responsibility for Health & Safety issues designated to a Senior Manager?

Yes No

If 'No' please provide details of arrangements

7 Do you engage in fundraising activities eg collections, fêtes, etc?

Yes No

(please also see question 8) If 'Yes' please provide details

Full details of the nature and scope of the activity	Approximate numbers attending each activity	Number per year
<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Please tick the box if you engage in any of the following activities

- Sponsored walks or other sponsorship events Mountaineering/rock climbing/caving/pot holing/abseiling/orienteering/gully bashing/waterfall jumping/bungee jumping or any activity involving the use of elasticated ropes
- Horse riding
- Bonfire parties and/or firework displays
- Water sports or water related activities including canoeing/kayaking/rafting/any white water activities/sub aqua diving/snorkelling Parachuting/sky diving/any activity involving the use of aircraft
- Any other potentially hazardous pursuits? Activities involving vehicles, eg karting

Please provide details (if you are in any doubt whether an activity is hazardous or not please disclose it)

9 Risks

(a) Risk assessments

(i) Are all necessary risk assessments undertaken by suitably qualified and competent personnel before taking part in any of the activities described in questions 7 and 8 above and are such activities supervised by suitably qualified people?

Yes No

(ii) In respect of your general activities, have you completed all Risk Assessments as required by relevant legislation eg Control of Substances Hazardous to Health Regulations 1998 (COSHH) or the Manual Handling Operations Regulations 1992?

Yes No

(b) Following completion of risk assessments, have you implemented all necessary remedial action?

Yes No

(c) Please outline your programme to review assessment survey(s), indicating frequency of review

10 Are celebrities ever involved in any of your activities?

Yes No

If 'Yes' please provide details

11 Do you always comply with established codes of practice and safety policies before engaging in any activity?

Yes No

12 Do you always

(a) use specialist service providers for any hazardous pursuit or activity?

Yes No

If 'No' please provide details

(b) check that they hold public liability insurance and that it has an adequate limit of indemnity and an indemnity to principal clause?

Yes No

13 Do you or your representatives offer any advice or counselling to third parties?

Yes No

If 'Yes' please provide details

14 Are your activities limited to the United Kingdom?Yes No

If 'No' please confirm the countries outside the UK in which activities are undertaken

The scope of these activities

Details of any insurance specifically arranged in respect of such activities

15 Do you engage personnel who are not ordinarily resident within the United Kingdom?Yes No

If 'Yes' please provide full details

16 Do you act at all times within the guidelines and advice provided by the Foreign and Commonwealth Office in respect of travel to places abroad?Yes No **17 Are you engaged in any activity involving children and/or young people under the age of 18 years or vulnerable adults?**Yes No

If 'Yes' answer questions 18 and 19 below. If 'No' proceed to question 20

18 Do you have a protection policy to guard against abuse?Yes No

If 'Yes', how often is it reviewed and maintained?

19 Do you comply with all legislation and guidelines applicable to any of your activities which relate to the protection of children/young people/vulnerable adults, including**(a) the 13 guidelines contained in the Home Office Code of Practice 'Safe from Harm'?**Yes No **(b) the National Minimum Standards and Regulations of the Care Standards Act 2001 (or Scottish or NI equivalent)?**Yes No **(c) the use of personnel enquiry procedures including the Criminal Record Bureau's One Stop Shop Disclosure Service (or Scottish or NI equivalent)?**Yes No

20 Do you sell or supply any products? (including second hand items)

Yes No

If 'Yes' please provide details (In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale)

21 Charity trustee insurance extension

(a) Are you or any of your present or former trustees, directors or officers aware (after making enquiries) of any situation or incident which you or they have reason to consider might lead to liability under the charity trustee insurance extension provided under the liability section?

Yes No

If 'Yes' please state the date and details of each incident

(b) Regarding your latest accounts did your auditor or independent examiner adversely qualify his opinion in any way concerning your accounts, accounting procedures or financial position?

Yes No

If you require a higher limit than is provided by this extension or you require cover for mismanagement in the provision of services, please complete the following trustee insurance section questions.

Charity trustee insurance

1 Is cover required?

Yes No

If 'Yes' complete questions 2 to 9 below.
 If 'No' please proceed to Legal expenses section

2 Limit of indemnity required

Standard £250,000
 Other (please specify) £

3 Are all the applicants detailed on page 2 to be covered by this section?

Yes No

If 'No' please confirm the organisations to be covered

13 Please describe your procedures for

(a) situations where it is apparent that a client receiving your service(s) should be encouraged to seek independent professional advice

Three horizontal lines for text input.

(b) monitoring the workload, activities and, where appropriate 'best practice', de-briefing those providing your service(s)

Three horizontal lines for text input.

Legal expenses

1 Is cover required? Yes No
If 'Yes' complete questions 2 to 4 below.
If 'No' please proceed to Money (with assault extension) section

2 Limit of indemnity required
£50,000 £100,000

3 Have you or any trustee, director, principal, officer, partner, employee or representative ever been involved in any action, legal dispute, prosecution, dispute with or investigation/inquiry by HM Revenue & Customs or DSS review in connection with any organisation, company, business or firm with which any of you have been involved (excluding driving offences)? Yes No
If 'Yes' please provide details

Three horizontal lines for text input.

4 Are there any redundancies envisaged in your organisation within the next 12 months? Yes No
If 'Yes' please provide details

Five horizontal lines for text input.

Money with assault extension

1 Is cover required?

Yes No

If 'Yes' complete questions 2 to 5 below. If 'No' please proceed to fidelity section

2 What is the estimated total amount of money carried annually?

£

3 For the following, please state the maximum sums that apply

Money (other than non-negotiable money)

(i) on the premises during business hours

£

(ii) in transit

£

(iii) in the following locked safe(s) overnight

Make of safe	Model	Age	Location and how fixed	Maximum contained
				£ <input type="text"/>
				£ <input type="text"/>
				£ <input type="text"/>
				£ <input type="text"/>

4 Is money carried by a security company?

Yes No

If 'Yes' please provide the following details

(a) Name of company

(b) Does the company accept liability for loss of money from their custody?

Yes No

5 What is the estimated amount of money (other than non-negotiable money) carried annually by

You? £

Security company? £

Fidelity

1 Is cover required?

Yes No

If 'Yes' complete question 2

If 'No' please proceed to Goods in transit section

The limit of indemnity you choose will be the maximum we will pay for any one claim and unless you tell us otherwise also in any period of insurance. If more than one category is insured the total of the limits of indemnity will be the maximum we will pay in any one period of insurance.

Section A – All employees

Excluding any employees covered by Section B

2 Do you require cover for all employees?

Yes No

If 'Yes' complete questions 3 to 6 below. If 'No' please proceed to question 7

3 Limit of indemnity required for all employees

4 Please confirm the total number of employees

5 What is the estimated total wagheroll for all employees?

Section B – Named employees to be insured for specific amounts

Only available with Section A

 Yes No

6 Do you require cover for named employees?

If 'Yes' complete the table below. If 'No' please proceed to question 7

Full name of each employee	Nature of employment	Limit of indemnity
		£
		£
		£
		£

Section C – All volunteers

Excluding any employees covered by Section D
Standard cover of £5,000 for all volunteers is provided if another cover from this section is operative.

7 Do you require cover for all volunteers?

If 'Yes' complete questions 8 to 10. If 'No' please proceed to question 11

 Yes No

8 Total limit of indemnity required for all volunteers

9 Please confirm the total number of volunteers

Section D – Named volunteers to be insured for specific amounts

Only available with Section A or C

10 Do you require cover for named volunteers?

If 'Yes' complete the table below. If 'No' please proceed to question 11

 Yes No

Full name of each volunteer	Nature of tasks carried out	Limit of indemnity
		£
		£
		£
		£

11 Have you ever found the need to question the honesty or conduct of any person to be insured?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' please provide details

12 Are written references obtained directly from former employers for the whole of the preceding three years of engagement immediately prior to the engagement of any employee or volunteer (covered by Section D) who have responsibility for money, accounts or goods?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'No' please describe procedure

13 System of Check and Supervision

The terms of this insurance require the System of Check and Supervision declared on this application to remain fully operative during the currency of the policy. It is essential, therefore, that any alterations in check and supervision are advised to the Company and their agreement to such alterations confirmed.

If you answer 'No' to any question below please give full details of the controls you have in operation in the Additional information box below. If there is insufficient space please continue on a separate sheet.

(a) Are two manually applied signatures required on all cheques drawn for more than £10,000?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) When cheques are signed will supporting vouchers be examined independently of the persons preparing the cheques?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) Are the wages and salaries checked independently of the person preparing them before payment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(d) Are all monies, cheques and postal orders, received or collected, banked in full on day of receipt or next banking day?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(e) Are statements of account sent to customers direct by post at least monthly and independently of the persons receiving or collecting monies, cheques or postal orders?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(f) Will there be at least monthly physical checks, independently of the persons respectively responsible for

(i) Cash book entries against bank statements, paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with cash and unrepresented cheques?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) Petty cash account against vouchers, receipts and the cash balance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iii) All stocks against verified stock records?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(g) Will the ordering, certification of receipt and the authorisation of payment for goods, subcontracted work and services be carried out by different persons acting independently?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(h) If you use a computer or rent computer time in connection with your business are computer checks built into your security system?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(i) Do all persons who are responsible for money, goods, accounts or computer operations/programming take an uninterrupted break away from your premises of at least two weeks every year?

Yes No

Additional information

14 Audits

Do your professional auditors undertake at least one full audit annually?

Yes No

If 'Yes' please state their name and address

15 Internal audits

(a) Do you have an internal audit team or department?

Yes No

(b) Do they undertake at least one full audit annually at each of your premises?

Yes No

If 'No' to either (a) or (b) please describe procedure

Goods in transit

1 Is cover required?

Yes No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to Personal accident section

2 Please provide details of the type of goods to be sent

3 Estimated annual carryings

Additional information

(a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings

£

Limit required any one vehicle (including trailer)

£

(b) If you require cover for goods carried other than in your own vehicles please complete the following

Carrier	Limit	Type	Estimated annual carryings
Hauliers	£	any one parcel /consignment	£
Parcel	£	any one parcel /consignment	£
Rail	£	any one parcel /consignment	£

Personal accident

1 Is cover required?

Yes

No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to General questions section

2 Complete the table below to show the cover you require

Note: one unit of cover provides £2,500 in permanent disablement benefits, £25 per week for temporary total disablement.

Individual cover is available for directors, trustees and employees only

Name or positions of persons to be insured	Occupation	Cover required	No. of Units (max ten)
		Whilst at work only / 24-hour*	
		Whilst at work only / 24-hour*	
		Whilst at work only / 24-hour*	

**delete as applicable*

3 The standard deferred period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period?

Yes

No

If 'Yes' state the number of weeks

4 To the best of your knowledge or belief are all the persons to be insured

(a) in good physical and mental health?

Yes

No

(b) free from any physical disability or infirmity?

Yes

No

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

Personal accident insurance is also available on a 'selected benefits' or 'wages and salaries' basis. If cover is required on this basis please contact your broker or Ecclesiastical.

General questions

1 Are all the premises to be insured in a good state of repair and will they be so maintained? Yes No

If 'No' please give details

2 In respect of the risks to be insured whether at these premises or elsewhere has any

(a) loss, damage, injury or liability arisen during the past five years whether insured or not? Yes No

(b) company or underwriter declined to issue or renew a policy or imposed special terms? Yes No

If 'Yes' to either (a) or (b) please provide details

3 During the last five years

(a) has the name of the charity changed? Yes No

(b) has any other charity amalgamated with or been merged with the charity? Yes No

If 'Yes' to either (a) or (b), please provide details

4 Have you or any trustee, director, partner, employee or representative ever been

(a) prosecuted under the Factories Act or the Health & Safety at Work etc. Act or any similar legislation? Yes No

(b) served with a Prohibition Notice under the Health & Safety at Work etc. Act? Yes No

If 'Yes' to either (a) or (b) please provide details

Extending your cover

If you are interested in extending your cover in any of the following areas please tick the box or discuss with your broker or Ecclesiastical.

- Extra deterioration of stock**
- Statutory inspection of plant machinery**
- Business interruption following damage at specified suppliers or customers premises**

Declaration

**I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.
I/We agree to accept a policy in the Company's usual form for this class of business.**

Name

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date



Beaufort House, Brunswick Road,
Gloucester GL1 1JZ

Ecclesiastical Insurance Office plc. (EIO) Reg. No. 24869. Ecclesiastical Insurance Group plc. (EIG) Reg. No. 1718196. Ecclesiastical Life Ltd. (ELL) Reg. No. 243111. Ecclesiastical Group Asset Management Ltd. (EGAM) Reg. No. 2170213. Allchurches Investment Management Services Ltd. (AIMS) Reg. No. 2170173. Allchurches Mortgage Company Ltd. (AMC) Reg. No. 1974218. All companies are registered in England at Beaufort House, Brunswick Road, Gloucester GL1 1JZ UK. Tel: 01452 528533. EIO, ELL, EGAM & AIMS are authorised and regulated by the Financial Services Authority and are members of the Financial Ombudsman Service. EIO & ELL are members of the Association of British Insurers and AIMS is a member of the Investment Management Association.