

# Education insurance

## APPLICATION FORM

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

You have a duty to present us with a fair presentation of the risks to be insured and must disclose every material circumstance which you know or ought to know about such risks. You do not need to disclose circumstances which reduce the risk or those which the Company already knows or ought to know. If you breach your duty to provide a fair presentation of the risks to be insured, the policy could be cancelled or terms changed in accordance with the policy conditions.

**Please complete in BLOCK CAPITALS and tick where indicated.**

### Applicant details

**1 Name of applicant(s).**

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


**2 Name of establishment to be insured.**

--

**3 Full address of premises to be insured.**

*If there is more than one premises to be insured, please complete an additional application form.*

Postcode	Telephone

**4 Postal address.**

Postcode	Telephone
Email	Website

**5 Please provide details of the regulatory/professional body you are registered with and/or the quality standard scheme with which you are accredited.**

Name

Registration number/Unique Reference Number

**6 Does the business cater for students with special needs?**

Yes

No

If 'Yes', please give details.

**7 Please indicate**

Number of students

Residential

Non-residential

Age range of students

**8 Please give a full description of the business.**

**9 Is the business a registered charity?**

Yes

No

**10 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.*

## Property damage

**1 Are the premises (excluding outbuildings) constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal?**

Yes

No

If 'No', please give details.

**2 Please give details of the construction of any outbuildings to be insured**

**3 Are the premises at least 200 metres away from any natural or man-made watercourse or the sea?**

Yes

No

If 'No', please give details.

**4 Are the premises listed?**

Yes  No

If 'Yes', please state.

Grade I  Grade II  Grade II\*  Other

**5 Inflation protection.**

The standard policy includes index-linking of your buildings and contents sums insured. For a small extra charge you may choose the alternative 'Day One' method of inflation protection which provides you with a specified uplift of the sums insured. This is especially relevant if your buildings may take an extended time to re-build because of planning or other issues, please tick the relevant increase you require.

15%  25%  Not required

**6 Sums to be insured.**

**(a) Buildings (excluding private dwelling houses).** £

This declared value is the cost of rebuilding the insured property – not the market value. This sum should include landlord's fixtures and fittings including fixed glass and sanitary fixtures, outbuildings, storage tanks, walls, gates and fences, yards, car parks, roads and pavements, artificial playing surfaces, tennis courts, swimming pools and associated apparatus and the following items fixed to the buildings: - wind turbines\*, solar panels\* and photovoltaic panels\*.

The Declared value should represent the full rebuilding costs including an allowance for VAT if appropriate, architects' and surveyors' fees, legal charges, debris removal and the cost of meeting public authority requirements.

*\*Cover for these items fixed to the building is subject to a limit of £20,000 in the aggregate in any one period of insurance.*

**(b) Private dwelling houses.** £

This is the cost of rebuilding the insured property – not the market value.

**(c) Contents.**

Contents belonging to the business or entrusted to you including fixtures and fittings, tenants improvements, visual aids, office equipment, computers, sports equipment, boats and associated equipment, scientific equipment, musical instruments, cups and trophies.

The personal belongings of the following is included within the contents cover and the sum insured should make an allowance if appropriate.

Directors, trustees, officials, partners, governors and employees	£2,500 per person
Visitors	£500 per person
Students	£250 per student
Boats and associated equipment (non-motorised boats only)	£ <input type="text"/>
Groundperson's machines and equipment	£ <input type="text"/>
All other contents	£ <input type="text"/>

**(d) Property away from the premises - specified items.**

Note: only complete this if you require cover for individual items exceeding £5,000 away from the premises. Items of a lower value will be covered under the 'Property away from the premises' extension up a maximum of £25,000 any one claim.

Description of property	Location (UK, Europe, Worldwide?)	Sum insured
		£
		£
		£
		£
		£
		£
		£
		£

**7 Please tick if the following extension of cover is required.**

Subsidence

**8 If subsidence cover has been requested please answer the following questions.**

*Note: it may be necessary to complete a separate subsidence questionnaire.*

**(a) Is the property currently insured against subsidence, heave, landslip or settlement?**

Yes

No

**(b) Has the property or any part of it ever been affected by movement of any kind (for example subsidence, heave, landslip or settlement), been underpinned or provided with other means of structural support or situated on made-up ground, underground workings or within 200 metres of a cliff?**

Yes

No

If 'Yes' to (b), please give details.


**Fine art**

You may want this optional cover, if you have fine art, collections or antiques. It allows you to insure these special items on a market or agreed value basis.

If on the other hand a 'modern replacement' basis is acceptable, then the insurance under the Property damage section should suffice.

**1 Is cover required?**

Yes  No

If 'Yes', complete questions 2 and 3 as follows.  
If 'No', please proceed to the Business interruption section.

**2 Art.**

(a) Please specify below all items of art, furniture, china, coins and stamp collections you wish to insure on an agreed value basis.

*Note: a valuation is required for all items insured on this basis.*

Item	Agreed Value
Paintings, prints and drawings	£ <input type="text"/>
Antiquarian books and manuscripts	£ <input type="text"/>
Antique furniture	£ <input type="text"/>
Rugs and tapestries	£ <input type="text"/>
Mirrors and mirror paintings	£ <input type="text"/>
Non-fragile sculptures and bronzes	£ <input type="text"/>
Ceramics, glass and other brittle items	£ <input type="text"/>
Clocks and barometers	£ <input type="text"/>
Gold, silver and plate	£ <input type="text"/>
Coins, stamps and medals	£ <input type="text"/>
Other (please specify)	£ <input type="text"/>

**Please attach copy of valuation or other listing.**

(b) Please provide a sum insured for art, furniture, china, coins and stamp collections you wish to insure on a market value basis.

Unspecified art

**3 Jewellery, watches, guns and furs.**

(a) Please specify the following details for your jewellery, watches, guns and furs

Sum insured for all items for which you have an itemised list

Sum insured for all items for which you do not have an itemised list

*Note: all items in excess of £5,000 should be itemised. We may require a valuation.*

(b) Of your jewellery, watches, guns or furs, what is the maximum value that you will have at any one time out of a safe or bank vault?

(c) Please specify the amount of jewellery that is kept when not being used in the following:

Bank vault

Safe depository

Safe

## Business interruption

### 1 Is cover required?

Yes No 

If 'Yes', complete questions 2 & 3 as follows. If 'No', please proceed to the Terrorism section.

### 2 Indemnity period required:

24 months 36 months other please specify 

*Note: The indemnity period should represent the time it would take to get your business back to normal trading after a loss.*

### 3 Tick which option you require and complete as necessary.

#### (a) Loss of revenue

including additional costs incurred to reduce loss of revenue.

Yes No 

Sum insured

£ 

This should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating e.g. the cost of food and drink etc. If your selected indemnity period is greater than 12 months, increase the sum insured in proportion remembering to allow for factors such as increases in fees and expansion of the business.

#### (b) Additional cost of working only.

no revenue cover

Yes No 

Sum insured (minimum £10,000)

£ 

This should cover all your costs in continuing to operate for the duration of the indemnity period e.g. the cost of moving to, and operating from, temporary premises.

## Terrorism

### 1 For premises located in England, Wales or Scotland (excluding property located in the Channel Islands, Isle of Man and Northern Ireland) do you require cover for terrorist damage?

Yes No 

If 'Yes', complete question 2 & 3 as follows. If 'No', please proceed to the Money with assault extension section.

### 2 Please confirm that all property you insure, whether under this policy or any other policy, is or will be insured for terrorist damage

Yes No 

### 3 Is this cover to exclude terrorist damage for Business interruption?

Yes No 

## Money with assault extension

### 1 Is cover required?

Yes No 

If 'Yes', please complete questions 2 to 4 as follows. If 'No', please proceed to the Personal accident section.

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

£

**3**

**Cash.**

(a) State the maximum cash on the premises during business hours

£

(b) State the maximum cash in transit

£

(c) State the maximum cash in the following locked safe(s) out of business hours

Make of safe	Model	Age	Location and how fixed	Maximum contained
				£
				£

**4**

**Assault extension.**

This extension covers all your staff and volunteers for injuries if attacked whilst carrying your money.

**Is cover required?**

Yes

No

If 'Yes', please state number of units required\*

units

*\*One unit provides £2,500 for Death, for Loss of limb(s) or eye(s) and for Permanent total disablement. £100 per week is provided for Temporary total disablement and £40 per week for Temporary partial disablement. The maximum number of units you can choose is ten.*

**Personal accident**

**1**

**Is cover required?**

Yes

No

If 'Yes', complete questions 2 to 5 as follows. If 'No', please proceed to the Liabilities section.

**2**

**Complete the table below to show the cover you require**

Persons to be insured Complete only the categories you require	Description of duties e.g. teachers, admin, catering, gardening.	Number of persons	Cover required Whilst at work only or 24-hour cover	Number of units per person*
<b>All full-time permanent staff</b>				
<b>All part-time permanent staff</b>				
<b>All volunteers</b>			At work only	
<b>Named persons</b> Insert name and position				

*\*One unit provides £2,500 for Death, for Loss of limb(s) or eye(s) and for Permanent total disablement. One unit also provides £100 per week for Temporary total disablement and £40 per week for Temporary partial disablement. If you would prefer a different basis for determining the level of cover - e.g. benefits linked to staff earnings - please let us know.*

**3 Deferment period.**

The standard deferment 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.

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', please give details.

  
  

**5 Do you require a quotation for Permanent partial disablement?**

Yes  No

**Liabilities****1 Please indicate the cover(s) required by ticking the box(es).**

If you do not require any cover for Liabilities please proceed to the Fidelity section (you will not be able to choose cover for Hirers liability, Professional indemnity or Governors trustees' and management liability if you do not choose the Liabilities section).

Cover	Limit of indemnity	
Employers' liability	£10,000,000	<input type="checkbox"/>
Public and products liability	£10,000,000 (standard)	<input type="checkbox"/>
	£5,000,000	<input type="checkbox"/>
Higher limits can be considered on request		

**2 Employer Reference Number**

Please provide the Employer Reference Number (ERN) for your business (the ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer). Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.

If you do not have an ERN, please confirm that you are exempt from holding one.

Yes



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

Category	Numbers	Employees earnings or, for sub-contractors, Annual payments made
Teachers		£
Clerical, managerial and administrative		£
Groundsperson and maintenance		£
Matrons and care staff		£
Other (please specify)		£

**4 Please advise your gross annual income/revenue/turnover.**


**Hirers Liability**

**1 Is cover required?**

Yes  No

If 'Yes', complete questions 2 to 7 as follows. If 'No', please proceed to the Professional indemnity and Governors' trustees' and management liability section.

**2 Limit of indemnity required.**

£1,000,000  £2,000,000 (standard)  £5,000,000

**3 List of events to be held (please give details of proposed lettings during the next 12 months).**


**4 Anticipated total annual hiring charges.**

£

**5 To the best of your knowledge, do you anticipate that any of the following events will be held on school premises in the coming year?**

(a) Mechanical fairground amusements/rides

Yes  No

(b) Non-static motorised events including racing of any kind

Yes  No

**(c) Shooting or archery**

Yes  No

**(d) Aerial events e.g. flying displays (inc. model aircraft), gliding, ballooning, parachuting, hang-gliding etc.**

Yes  No

**(e) Elastic rope sports or activities e.g. barfly (jumping) or bungee jumping**

Yes  No

**(f) Fireworks displays**

Yes  No

**(g) Armed or unarmed combat sports including martial arts**

Yes  No

If 'Yes' to any of the above, please give details below.


**6 Will any grandstand, tiered seating or similar structure be provided for spectators?**

Yes  No

If 'Yes', will it be inspected by the Local Authority or a qualified surveyor?

Yes  No

**7 In respect of letting activities arranged during the past five years, have there been any occurrences resulting in injury to the public or loss or damage to their property?**

Yes  No

If 'Yes', please give details of all such injury, loss or damage.

Date	Paid or estimated cost	Details

**Professional indemnity and Governors' trustees' and management liability**

**Is cover required?**

Yes  No

If 'Yes', please also complete the relevant questionnaire available from our website at [www.ecclesiastical.com](http://www.ecclesiastical.com)

**Fidelity**

**Is cover required for theft of money and goods by employees?**

Yes  No

If 'Yes', please also complete the additional questionnaire entitled Fidelity insurance application form available from our website at [www.ecclesiastical.com](http://www.ecclesiastical.com)

**Legal expenses**

**1 Is cover required?** Yes  No

If 'Yes', complete questions 2 to 7 as follows. If 'No', please proceed to the General questions.

**2 Limit of indemnity required:**  
 £100,000  £250,000  £500,000

**3 Are any redundancies envisaged in your business within the next 12 months?** Yes  No

**4 Have you or any director, 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 company, business or firm with which any of you have been involved (excluding driving offences)?** Yes  No

If 'Yes' to 3 or 4 above, please give details below.


**5 Do you require the optional cover of debt recovery?** Yes  No

**6 Do you require a quotation for Employment Practices Legal Protection (EPL)?** Yes  No

*Note: with EPL cover we will defend employers at employment tribunals with no dependency on the likelihood of success.*

**7 Total estimated annual wages.** £

**Claims**

**1 In respect of the risks to be insured whether at these premises or elsewhere**  
**(a) has any loss, damage, injury or liability arisen during the past five years whether insured or not?** Yes  No

**(b) are you aware of any circumstances which might give rise to a claim?** Yes  No

If 'Yes', please give details.


**2** Have the premises or the site previously suffered from flooding, however caused?

Yes No 

## General questions

**1** In respect of the risks to be insured whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No 

If yes, please give details, including what insurance this was in respect of?

  


**2** (a) Are all the premises to be insured being used for the purpose of your business?

Yes No 

If 'No', please give details.

  


(b) Are any of the premises or part of the premises hired out?

Yes No 

If 'Yes', please give details.

  


(c) Are any additional activities carried out by you or other parties. Please include details of any hazardous activities, such as water sports, abseiling, parachuting, horse riding, go-karting or fireworks displays?

Yes No 

If 'Yes', please give details.

  


(d) If you are engaged in any hazardous activities, do you always:

(i) use a specialist service provider?

Yes No 

(ii) check that the service provider has public liability insurance in force at the time of the event with a limit of indemnity no less than that sought under this insurance and which includes an 'Indemnity to principal' extension?

Yes No 

(e) Are any activities away from the premises planned for the next 12 months?

Yes No 

If 'Yes', please give details of types of locations within the United Kingdom and abroad, the countries concerned, the approximate periods and the numbers of students/staff involved.

**3** Is there a documented procedure to ensure all activities are supervised and managed by personnel who are competent and qualified?  
This includes third parties as well as staff and volunteers.

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

**4** (a) Do you have a documented Fire Risk Assessment?

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

(b) If 'Yes', is this reviewed annually?

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

**5** Has the fire authority inspected the premises?

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

If 'Yes', have you completed all the fire authority requirements?

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

**6** (a) Are the premises protected by an intruder alarm?

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

(b) Are the premises protected by a fire alarm?

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

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


**7** Please detail if you have any resident members of staff including a caretaker who live on the premises?


**8** What checks/precautions are undertaken on the premises during holiday periods?


**9** Have you previously traded under another name?

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

If 'Yes', please give details.


- |           |  |                              |                             |
|-----------|--|------------------------------|-----------------------------|
| <b>10</b> | <b>(a) Are the premises in a good state of repair?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) Is there a documented programme of preventative buildings maintenance?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>11</b> | <b>(a) Is there an agreed method to ensure competent and qualified contractors are employed for building work including maintenance?</b>       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) Do you ensure a Hot Works Permit system is in place and operated during building works?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>12</b> | <b>(a) Do you ensure any asbestos is professionally removed?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) Where asbestos has been present, do you ensure an asbestos management survey is completed by a competent and qualified person?</b>      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>13</b> | <b>(a) Has an electrical inspection been carried out within the last 5 years?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) If 'Yes', did this result in a satisfactory grade?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>14</b> | <b>(a) Is there a programme for testing portable electrical appliances?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) If 'Yes', are records of such tests maintained?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>15</b> | <b>(a) Do you have an inspection contract in place with a bona fide inspection company for all relevant plant and machinery such as lifts?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) If 'Yes', do you ensure any improvements required following an inspection are completed?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>16</b> | <b>(a) Do you have an accident book for recording all details of incidents which cause personal injury?</b>                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>(b) Are procedures in place to ensure employees/volunteers understand the requirement to report accidents?</b>                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>17</b> | <b>Are written references taken up for all staff?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>18</b> | <b>For all of your personnel, do you undertake appropriate criminal record checks?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'No', please provide details.


**19** Is there a policy to safeguard children and vulnerable adults which is reviewed and updated annually? Yes  No

**20** (a) Is there a documented procedure to ensure that all staff have completed and understood training that has been delivered to them taking into account factors such as experience, capability and language? Yes  No

(b) Are signed training records by trainers/trainees retained on an indefinite basis? Yes  No

**21** (a) Are there annually reviewed documented Health and Safety policy and procedures in place? Yes  No

(b) If 'Yes', are these cascaded to all staff including volunteers? Yes  No

**22** (a) Has any sanction, penalty or corrective action been imposed within the last 5 years as a result of an investigation of the organisation by any regulatory or professional body such as the Health & Safety Executive or Ofsted? Yes  No

(b) Have you or any principal, governor, director, bursar, employee or representative ever been prosecuted under the Factories Act or any similar legislation? Yes  No

**23** Have you or any director or partner, governor, trustee or manager ever:

(a) been convicted of any criminal offence other than a driving offence or have any non-motoring prosecutions pending? You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974. Yes  No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved? Yes  No

(c) had any County Court Judgments made:

(i) against you in a personal capacity? Yes  No

(ii) against any company, business or firm in which any of you have been involved as a director or partner or in a similar capacity? Yes  No

If 'Yes', to any of the above please give details.

**24 Disclosure of additional material circumstances.**

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

**25 Have you been supplied with a summary of cover in respect of this insurance?**      Yes  No

**26 Would you like a quotation for Computer, data and cyber-risks insurance?**      Yes  No

This is a separate policy you can take which will cover you for various risks which could damage your business or reputation whether it be data recovery following a hardware failure or a full scale data breach.

**27 Would you like a quotation for an annual group travel policy to cover your overseas educational trips?**      Yes  No

**28 Would you like a quotation for Inspection services to meet Statutory requirements for engineering plant and equipment?**      Yes  No

**Additional information**



### Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless your business is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

### Fraud prevention

We may check your details with various fraud prevention and credit reference agencies. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. If you make a claim, we will share your information (where necessary) with other companies to prevent fraudulent claims. For further information please refer to our Privacy Policy at [www.ecclesiastical.com/privacypolicy](http://www.ecclesiastical.com/privacypolicy)

### How we will use your data

We hold data in accordance with the Data Protection Act 1998. It may be necessary for us to pass data to other organisations that supply products and services for this policy.

### Declaration

This declaration must be signed and dated. The person(s) signing below must be authorised to sign on behalf of all Insured parties.

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
----------	------

For further information on any of our products, please speak to your insurance broker.

Or visit us at

[www.ecclesiastical.com](http://www.ecclesiastical.com)



Beaufort House, Brunswick Road,  
Gloucester GL1 1JZ

Ecclesiastical Insurance Office plc Reg. No.24869 is registered in England at Beaufort House, Brunswick Road, Gloucester, GL11JZ, UK and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority