

Fidelity insurance

SUPPLEMENTARY QUESTIONNAIRE

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.

To be completed by the applicant or policyholder. Please complete in BLOCK CAPITALS and tick the boxes as appropriate. If there is insufficient space to provide your answer, please use the 'Disclosure of additional material circumstances' box at the end of the form, or provide details on a separate sheet.

In the case of existing business to enable us to provide renewal terms, this form must be completed and returned to your Broker or us no less than three weeks before the renewal date.

Insured's details

1 Name of applicant(s)/Insured.

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

For existing business only, please provide the following.

Policy number:

Renewal date:

2 Name of establishment.

3 Postal address.

Postcode

Telephone

Email

Website

4 For New business only**Date upon which the insurance is to commence:** *Note: Unless we have confirmed otherwise, no insurance will be in place until we have accepted this application.***5 Please give a full description of the business including any ancillary activities.**

General Information**1 Please confirm the total number of employees.** **2 What is the estimated total wagheroll for all employees?** £ **3 What is the estimated annual turnover?** £ **Cover**

Please complete Option 1 or Option 2 as appropriate.

If cover is required for all employees but you require higher limits for specific employees, please complete both sections.

1 Option 1 - All Employees / All Volunteers**(a) Do you require cover for all employees?**Yes No Limit of indemnity required any one loss. £ Limit of indemnity required for all losses in any one period of insurance. £ **(b) Is cover required for all volunteers?**Yes No If yes, please confirm the total number of volunteers.

Do you require a lower limit of indemnity for volunteers?

Yes No If yes, please specify. £

The total limit for all losses in any one period of insurance for Volunteers and Employees will be the limit requested in (a) above.

2 Option 2 - Named Employees / Named Volunteers

Please complete if you require higher limits for specific employees or volunteers.

Full name of employee	Nature of tasks carried out	Limit of indemnity required any one loss
		£
		£
		£
		£

Full name of each volunteer	Nature of tasks carried out	Limit of indemnity required any one loss
		£
		£
		£
		£

General questions

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

Yes No

If 'Yes', please provide details.

2 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 who has responsibility for money, accounts or goods?

Yes No

If 'No', please describe procedure.

3 Minimum standard of control

The terms of this insurance require the following Minimum standard of control to remain fully operative during the currency of the policy, unless otherwise agreed with us. All employees with responsibility for money, accounts, goods, computer operations or computer programming must be instructed as to their duties and responsibilities in respect of part 1 of the Minimum standard of control and be expected to comply with it.

continued

Part 1.

- (i) All cheques or other bank instruments exceeding £10,000 shall require two manually applied signatures to be added after the amount has been inserted. No cheque or instrument shall be signed until one signatory has examined the supporting documentation.
- (ii) At least quarterly and independently of persons responsible, the payroll shall be checked to minimise the possibility that fictitious names and enhanced payments have been included.
- (iii) Employees receiving cash and cheques in the course of their duties shall be required to remit all monies received and/or bank in full on the day of receipt or next banking day.
- (iv) Statements of account for all amounts due will be issued at least monthly and direct to customers independently of employees receiving or collecting monies. Action by management shall be taken if an account becomes three months overdue.
- (v) Bank statements, receipts, counterfoils and supporting documents shall be checked independently of the responsible employees, at least monthly against the cash book entries and the balance tested with cash and unpresented cheques.
- (vi) Cash in hand and petty cash shall be checked independently of the responsible employees at least monthly and additionally without warning every six months.
- (vii) There will be a physical check on all stock and materials held against verified stock records independent of the responsible employees at intervals of not more than 12 months.
- (viii) Different employees acting independently shall be responsible for the ordering of stock and materials, the recording of receipt of such and the authorising of payment for them.
- (ix) Security checks will be built into all computer functions with reconciliations made as necessary. Responsibilities for authorisation of transactions, processing of transactions and handling of output shall be exercised by different employees.
- (x) Your accounts including the account of any subsidiary companies shall be examined by external auditors every 12 months. All recommendations or alternatives acceptable to the auditors shall be implemented without unreasonable delay.
- (xi) Every employee who is responsible for money, goods, accounts, computer operations or programming must take an uninterrupted break of at least two weeks in each calendar year during which
 - (a) they carry out no duties on your behalf; and
 - (b) other than electronic mail they have no means of external access to your computer systems; and
 - (c) they stay away from any of your premises.
- (xii) All supplier/creditor accounts received for payment shall be carefully and independently (of those employees placing orders or settling such accounts) checked and validated directly with the supplier/creditor before payment is authorised. No instructions or requests to change any supplier's/creditor's settlement account details shall be accepted or implemented without
 - (a) the supplier or creditor in question being contacted independently and directly to confirm the change; and
 - (b) written confirmation of the change being obtained from a suitably authorised and recognised contact at the supplier/creditor; and
 - (c) written confirmation of the change being received independently and directly from the supplier's/creditor's bank.

Part 2.

- (i) You shall obtain satisfactory references to confirm the honesty of all employees who are responsible for money, goods, accounts, computer operations or computer programming. Such references shall be obtained directly from former employers for the three years immediately preceding engagement and before the employee is entrusted without supervision.
- (ii) Upon the termination of service of any employee you shall take all reasonable precautions to prevent a loss including, but not limited to,
 - (a) the changing of all alarm and other security codes or passwords the employee had or may have had knowledge of; and
 - (b) the deletion or invalidation of any access codes or passwords the employee had to access computer or other systems.

4 Are you able to comply with all of the Minimum standard of control specified above?

Yes No

If 'No', please provide details below.

5 Audits

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

Yes No

If 'Yes', please state their name and address.

6 Internal audits

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

Yes No

(b) If yes, 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.

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

(a) loss 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.

8 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?

Yes No

You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974.

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.

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

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(s)

Date

Name

Signature

Position(s)

Date

FOR OFFICE USE ONLY

Initials	Date
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Beaufort House, Brunswick Road,
Gloucester GL1 1JZ