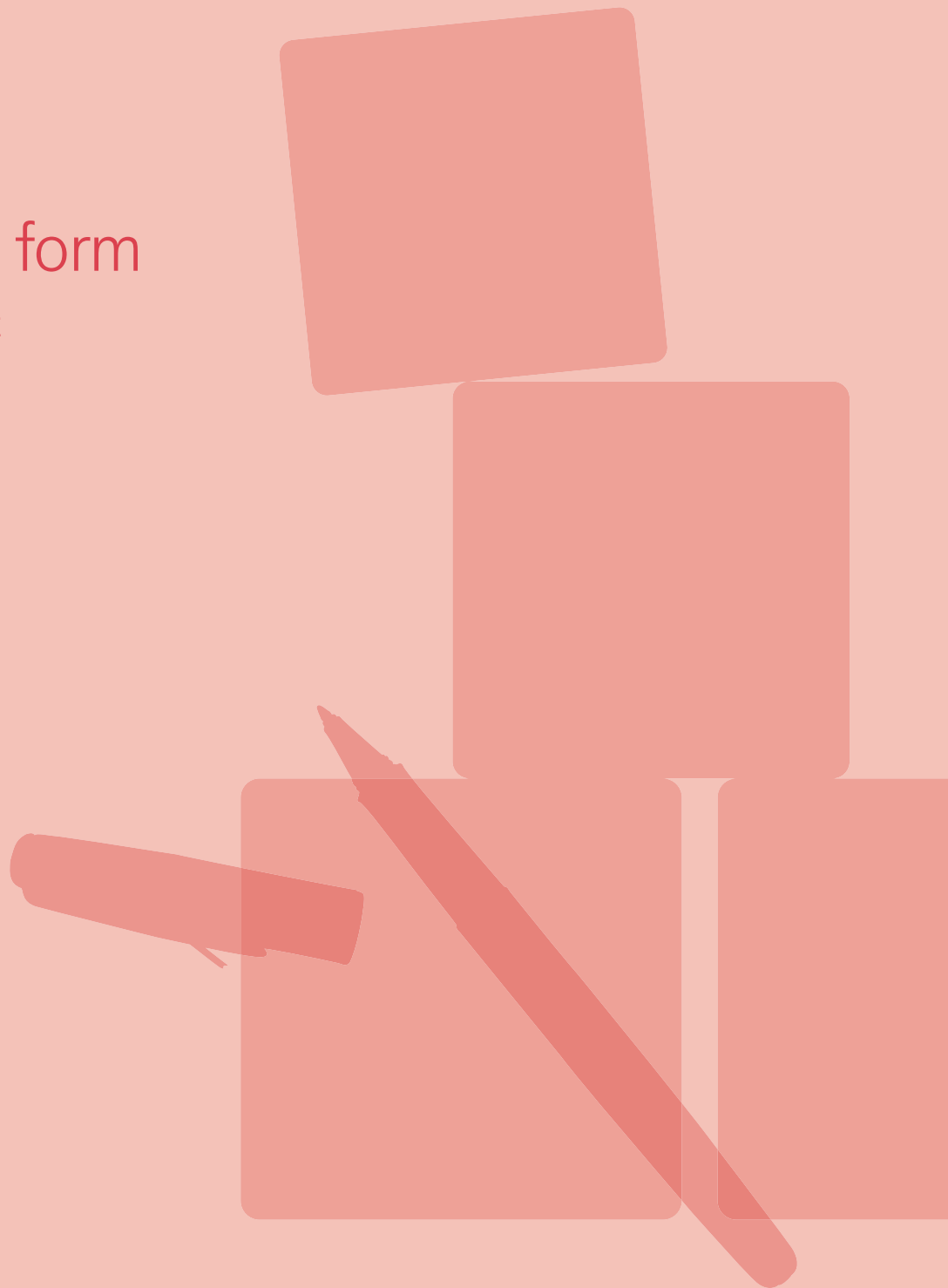


# application form

NURSERIES INSURANCE



Version 4



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

Answers to the following questions and details presented to the Company assist us in the assessment of the risk. All relevant facts must be disclosed. Failure to do so may result in the policy being inoperative. Relevant 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 relevant it should be disclosed. 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 booklet is also available.

**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 Trading name**

--

**3 Postal address**

Postcode	Telephone
Email	Website

**4 Date on which the insurance is to commence**

--

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

**Business details**

**1 Address of nursery to be insured**

Postcode	
Telephone	

**2 Please state the length of time the business has been operating under your management at:**

**(a) this premises?**

--

**(b) any other premises?**

--

**3 Is the business VAT registered?**

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

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

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

**5 Maximum number of nursery children**   
(excluding out of school clubs/holiday scheme children)

**6 Number of employees**

NNEB qualified

Other

**7 Estimated annual turnover of the business**

**8 Estimated annual waggeroll. Please complete the following table**

Occupation/nature of work undertaken	Number	Estimated annual waggeroll
Management staff		£
Nursery nurses and teachers		£
Childrens' carers		£
Clerical/administrative/receptionist		£
Caretakers		£
Cleaners		£
Maintenance		£

**9 Out-of-school clubs and holiday schemes**

**(a) Please complete the following table**

	Location (if not 'main premises' state full address)	Maximum number of children	Age range	Number of supervisors
<b>Out-of-school clubs</b>				
<b>Holiday schemes</b>				

**(b) Is the out-of-school club or holiday scheme run as part of the existing business under the same trading name?**

Yes

No

If 'No' please give details of any other companies/businesses involved


**(c) Are all of the children regular users of the main day nursery?**

Yes  No

If 'No' please give full details

**(d) Are the staff who run the out-of-school club or holiday scheme also employed at the main day nursery?**

Yes  No

If 'No' please give full details

**(e) What activities are provided for the children at the out-of-school club or holiday scheme?**

Please give full details

**10 Your business**

It is most important that you give us a complete picture of your business and the activities that are carried out. Use the following space to tell us about your business. Include details of any residential care offered, facilities for children who are registered with a disability, or special activities undertaken outside the premises

**11 Please give details of**

**(a) the owners, principals, directors and partners of the business**

Name(s)	Occupation(s)	Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>

Experience (including any current or previous business experience)

**(b) the person in charge of the nursery**

Name	Occupation
Qualifications	
Experience (including any current or previous business experience)	

**12 Registration of the nursery****(a) Please name the authority or authorities under which the nursery is registered and provide details of any outstanding requirements**

Authority	
Date of registration	Registration number
Outstanding requirements?	
Date given for completion of requirements	

**(b) Have there been objections to any applications for registration or any complaints lodged with the registration authority in respect of your business?**

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

**(c) Do you know of any reasons why there might be objections to future applications or to the continuation of your certificate?**

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

If 'Yes' to (b) or (c) please give details


**Property damage****1 Sums to be insured****(a) Buildings**

£
---

This is the cost of rebuilding the insured property – not the market value. Include: the buildings, including landlord's 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 eg architects and surveyors fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

**(b) Tenant's improvements and decorations**

£
---

For which you are responsible.

**(c) Contents**

£

Include all business contents and equipment except items to be listed in computer equipment or 'all risks' below. Computer systems records are included up to 5% of the sum insured you select for contents.

**(d) Computer equipment**

£

Include all computer equipment such as PCs, printers and scanners.

**(e) 'All Risks' for specified items**

All risks cover is provided for unspecified items anywhere in the UK subject to limits of £5,000 in any one period of insurance and £1,000 any single item.

If you require additional cover for specified higher value items list them here, do not allow for them in item (c) contents.

Item description	Location (UK, Europe, Worldwide?)	Sum insured
		£
		£
		£
		£

**2 Please state the year the premises were built**

(give an approximation if you don't know the exact year)

**3 Are the premises listed?**

Yes  No

If 'Yes' please state

Grade I  Grade II  Grade II\*  other

**4 Please state the number of storeys in height of the premises**

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

If 'No' please give details


**6 Fire prevention**

**(a) Has the fire authority inspected the premises?**

Yes  No

**(b) Have you completed all the fire authority requirements?**

Yes  No

If 'No' please list outstanding requirements

7

**Are the premises protected by an intruder alarm or fire alarm?**

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

If 'Yes' please give details of alarm


8

**Flood risk**

**(a) Does the land bounding the property contain any watercourses, ponds, lakes, other areas of water, quarries, mineral extraction pits, mines, caves or tips?**

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

**(b) Is the property on a site which has suffered from flooding at anytime in the past 10 years?**

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

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


9

**Do you require cover for subsidence, heave or landslip?**

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

If 'Yes' please answer the following

**(a) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?**

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

**(b) Has the property been underpinned or provided with other means of structural support?**

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

**(c) Is the property situated on made-up ground, underground workings or near a cliff?**

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

If 'Yes' to any of (a) to (c) above, please give details


10

**Do you require cover for terrorist damage?**

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

11

**Are any additional interests to be noted on the policy such as bank, mortgagee, freeholder or lessor?**

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

If 'Yes' give names, addresses and nature of interest




### Business interruption – sum to be insured

*Note: the sum to be insured should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating eg the purchase 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.*

**1 Sum insured** (Minimum £100,000)

**2 Indemnity period required (please tick as required)**

12 months (standard)  18 months  24 months  36 months

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

**3 Do you require cover for terrorist damage?** Yes  No

### Liabilities

**1** 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

**2 After enquiry, are you aware of**

**(a) any professional negligence incident which may give rise to a possible claim?** Yes  No

**(b) any principal, director, partner or member of staff having been involved in any professional negligence incident while engaged elsewhere?** Yes  No

If 'Yes' to either (a) or (b) please give details together with any payments made or outstanding (whether insured or not)

Date(s)	Details

**3 Health & safety**

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

**(b) Who is responsible for Health & Safety matters?**

Name

Position

Relevant qualifications

**4 Do you have a safeguarding policy which is reviewed annually?**  Yes  No

If 'No', please provide details

**5 For all of your personnel, do you undertake appropriate criminal record checks?**  Yes  No

If 'No', please provide details

**Money with assault extension**

**1 Money limits**

**(a) Does the maximum amount in the premises during working hours or in transit exceed £5,000?**  Yes  No

**(b) Does the maximum amount in the safe(s) overnight exceed £1,500?**  Yes  No

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

**2 Please give details of make, model and age of each safe**

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

## Personal accident

*Note: automatic cover is provided for accidental bodily injury suffered by any child attending the nursery whilst engaged in organised and supervised nursery activities for benefits of £5,000 in respect of Death, Loss of limb(s) eye(s) or permanent total disablement.*

**1 Do you require personal accident cover for other persons?** Yes  No

If 'Yes' please complete the following table

Persons to be insured <small>Complete only the categories you require</small>	Yes or No	If 'Yes'	Number	Description of duties	Whilst at work only	24-hour cover	Number of units per person*
<b>All full-time permanent staff</b>		→					
<b>All part-time permanent staff</b>		→					
<b>Named persons</b> <small>Insert name and position</small>		→					

*\*One unit provides £2,500 in permanent disablement benefits, £25 per week for temporary total disablement. The maximum number of units you can choose is ten.*

**2 To the best of your knowledge and 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 give details

---

---

---

---

## Loss of registration

The optional cover provided by this section is for the depreciation of your financial interest in the business following withdrawal of the certificate that allows you to run the business. The loss must be fortuitous, ie a loss not caused by your own acts or omissions. Cover is not provided where the loss has occurred because of redevelopment in the area or changes in the law.

**1 Is this cover required?**

 Yes

 No

**2 Sum to be insured** (maximum £100,000)

£

## General questions

**1 Are the premises in a good state of repair and will they be so maintained?**

 Yes

 No

If 'No' please give details


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

 Yes

 No

If 'Yes' please give details


**3 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 give details

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

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

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

**(c) involved in any legal disputes during the past five years in connection with any company, business or firm with which any of you have been involved?** Yes  No

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

**5 Have you or any director or partner**

**(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

**6 Disclosure of additional relevant facts**

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

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

## Law applicable

The policy shall be governed by and construed in accordance with the law of England and Wales unless the policyholder's habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland in which case the law of Scotland will apply.

## 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](http://www.ecclesiastical.com/privacypolicy).

## 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

# Notes

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

Or visit us at

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



Beaufort House, Brunswick Road,  
Gloucester GL1 1JZ

Ecclesiastical Insurance Office plc (EIO) Reg. No. 24869. Registered in England at Beaufort House, Brunswick Road, Gloucester, GL1 1JZ, UK. EIO is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.