

# Not-for-profit combined

## Proposal form

### Important notice:

1. This is a proposal for a contract of insurance, in which 'proposer' or 'you / your' means the individual, company, partnership, trust, charity, establishment or association proposing for cover.
2. This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any question fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. You are recommended to request a specimen copy of the proposed policy or certificate from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover. The proposed insurance covers only those losses which arise from certain events discovered or claims made against the Assured during the period of insurance, as specified in the policy or certificate.

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**Please note:** This proposal is not suitable if your activities include the involvement of children or vulnerable adults as a service user or volunteer. If this is the case, please complete our Social Welfare Combined proposal form or discuss your insurance requirements with your insurance broker.

## PART A – GENERAL INFORMATION

(If there is insufficient space to answer a question please continue in the 'Additional Information' at the end of this proposal form).

### 1. Suitability of product

Do your activities involve children or vulnerable adults<sup>♦</sup> as a service user<sup>♦</sup> or volunteer?

Yes\*  No

**\*If 'Yes' this product is not suitable for you. Please do not complete any further questions and instead complete our Social Welfare Combined proposal form or discuss your insurance requirements with your insurance broker.**

<sup>♦</sup>a vulnerable adult means an adult who is aged 18 years or over and who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself against significant harm or exploitation.

<sup>♦</sup> Service Users means those persons taking advantage of your services this can include clients, members, those receiving advice from you, being looked after, undergoing treatment, being cared for etc.

Please note we **do not** provide cover for any registered offices, subsidiaries or employees within the European Union (excluding the United Kingdom of Great Britain and Northern Ireland and its territories).

Please confirm whether this is sufficient for your requirements

YES  NO\*

If \*'no' please provide full details:

### 2. Proposer

Name

Address of registered or principal office

Postcode

Telephone number

Email address

Website address

Company Registration Number (if applicable)

Charity Registration Number (if applicable)

Legal Status (e.g. Limited Company, Charity, LLP)

Please list all subsidiary companies for whom cover is required.

NB. Cover will not be provided for subsidiaries not listed

### 3. Employees

(i) For your current financial year what is the total number of:

- (a) full time employees
- (b) part time employees
- (c) volunteers\*


**Total**

\*If you have volunteers, how many are 'active' at any one time?

**4. Income**

(i) What is your total gross income for the last financial year

£
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(ii) Please provide a percentage breakdown of your income between UK, European Union and elsewhere

UK	EU*	Elsewhere*
%	%	%

(iii) Provide a percentage breakdown of the source of such income between:

- (a) funding from local authority or government
- (b) subscriptions and membership fees
- (c) voluntary income/donations
- (d) fee-generating activities\*
- (e) other\*

	%
	%
	%
	%
	%
Total	<b>100%</b>

**Total**

\* if income is derived from 'European Union', 'Elsewhere', 'fee-generating activities' or 'other' sources please provide full details.

(iv) Can you confirm that there have been no significant fluctuations in your income or change in your activities over the last 3 financial years and none are anticipated in the forthcoming year?

Yes <input type="checkbox"/>	No* <input type="checkbox"/>
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\* If 'No' please provide full details:

**5. Aims and Activities**

(i) Please describe your aims and activities

(ii) Do you provide financial or legal services and/or advice?

Yes* <input type="checkbox"/>	No <input type="checkbox"/>
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Do you undertake scientific or medical research?

Yes* <input type="checkbox"/>	No <input type="checkbox"/>
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Do you undertake certification, examination, licensing or regulatory activities or functions?

Yes* <input type="checkbox"/>	No <input type="checkbox"/>
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Do you undertake any design or construct work?

Yes\*  No

Are you a trade union or similar?

Yes\*  No

• If 'yes' please provide full details

[Empty text box for details]

(iii) Please provide background details of the experience of managers/owners of the organisation within the field of your activities

[Empty text box for details]

**6. Mergers and acquisitions**

Can you confirm that

- (i) during the last three years you have not
  - (a) merged with or been taken over by any other entity?
  - (b) acquired or disposed of any entities?

(ii) there are no plans presently under consideration for the merger with or take over by another company or the acquisition or disposal of any of your operations?

Yes  No\*

\* If 'No' please provide full details.

[Empty text box for details]

**7. Shareholding**

(i) Are you an organisation with shareholders

Yes\*  No

\* If 'yes' please answer the following question

Are all shares owned by the organisation's parent or ultimate holding company)

Yes\*  No\*

• If 'yes' please advise name of ultimate holding company and its country of registration

[Empty text box for name and country]

\* If 'no' please provide a percentage breakdown of your shareholding

- directors of the organisation  %
- members of director's families  %
- financial institutions  %
- other  %

□ if any shareholdings are declared under 'other' or 'financial institutions' please provide full details.

[Empty text box for details]

(ii) Are any of your subsidiaries not wholly owned by you?

Yes  No\*

*\* if 'No' please provide details and the extent of the minority interest*

## 8. Financial status

(i) In respect of the organisation and its subsidiaries can you confirm that

- (a) none have had a pre-tax loss or negative net worth (share capital plus reserves) in any of their last two complete financial years nor is a pre-tax loss or negative net worth anticipated in their current financial year
- (b) none are insolvent (liabilities exceed assets), in liquidation, the subject of a winding up petition or have issued notice of a meeting to consider a resolution for liquidation?
- (c) none are the subject of an administration order or an application for an administration order?
- (d) they are all able to pay their debts as they fall due?
- (e) they have not changed their auditors within the last two years?

Yes  No\*

*\* if 'No' please provide full details:*

(ii) Can you confirm that your funds are managed by suitably qualified external professional managers

Yes\*  No\*

*\* If 'No' Please provide full details of who manages the organisation's funds, the length of time they have undertaken such duties and their experience in fulfilling this function*

*• If Yes please answer the following questions*

Can you confirm that

- (a) there has been no change in the external professional managers used by the organisation within the last three years
- (b) The organisation and/or its trustees/directors maintain full legal rights against such external professional managers?

Yes  No\*

*If 'No' please provide full details*

## 9. External activities and fundraising events

- (i) (a) Do you undertake or provide any activities away from your premises for your service users?

Yes\*  No

*\* If 'Yes' provide details including details of risk assessments undertaken:*

- (b) *Cover automatically includes the following fundraising events where attendance does not exceed 500 people*

- *Anniversary parties/birthday parties*
- *Baby show competitions*
- *Bazaars*
- *Charity auctions*
- *Coffee mornings and the like*
- *Collections*
- *Conferences/Seminars*
- *Craft fairs*
- *Dances*
- *Exhibitions/displays/flower shows*
- *Fun runs and walks (other than those that require local authority and/or police approval)*
- *Garden parties/street parties/barbecues (other than those which require police and/or competent local authority approval)*
- *Golf days*
- *Jumble sales/bring and buy sales/car boot sales and the like*
- *Training courses*
- *Village hall/local theatre promotions, recitals or concerts*

Do you undertake any fund-raising events not listed above or where the attendance is likely to exceed 500 people?

Yes\*  No

*\* If 'Yes' please provide full details*

## 10. Media

- (i) Do you publish any material of a contentious nature on your website?

Yes\*  No

*\* If 'Yes' please provide full details of the nature of this material, your risk management procedures prior to publication including legal readings or reviews where appropriate*

- (ii) Do you offer guidance, recommendations or advice on your website?

Yes\*  No

*\* If 'Yes' please provide full details including the experience and expertise of those providing the information and disclaimers of liability displayed*

**11. Sub-consultants**

Are any of your professional services provided on your behalf by a third party?

Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
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*\* If 'Yes' please provide full details of the services provided and checks you make to ensure they are adequately insured: Please note underwriters retain rights of recourse against third party service providers unless specifically agreed otherwise. We may endorse the policy to require third parties to carry their own insurance to specified indemnity limits*

**12. Training**

- (i) what training is provided to your staff and/or volunteers
  - (a) in health and safety procedures?
  - (b) in the implementation of your policy and procedures? (Including any manual handling training where appropriate)

- (ii) how frequent is such training provided (e.g. induction training for new staff, ongoing and 'refresher' training for existing staff)?

**13. Document retention policy**

Please confirm that you securely retain the following records and have contingency arrangements in place for long-term secure retention should you cease to operate/trade:

- |                                                                                                                                       |                              |     |                          |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----|--------------------------|
| (i) employment/engagement application forms, declarations, references and identity verification for all your personnel and volunteers | Yes <input type="checkbox"/> | No* | <input type="checkbox"/> |
| (ii) training records relating to staff and volunteers                                                                                | Yes <input type="checkbox"/> | No* | <input type="checkbox"/> |
| (iii) accident/incident registers                                                                                                     | Yes <input type="checkbox"/> | No* | <input type="checkbox"/> |
| (iv) records of your historical liability insurance policies                                                                          | Yes <input type="checkbox"/> | No* | <input type="checkbox"/> |

*\* if 'No' please provide full details:*

**PART B – YOUR COVER REQUIREMENTS**

(If there is insufficient space to answer a question please continue in the 'Additional Information' at the end of this proposal form).

**14. Public Liability / Products Liability, Professional and Management Liability**

(i) Public liability/products liability, professional liability and management liability are included under the policy. What indemnity limit do you require for each one?

Public liability/products liability

£

Professional liability

£

Management liability

£

(ii) Is cover required for **ENTITY DEFENCE**?

Yes\*  No

\* If 'Yes' what limit is required?

£ 100,000

£ 250,000

£ 500,000

£1,000,000

**15. Other covers**

In order for us to direct you to the correct questions in our proposal form relevant to the cover you require please answer the following questions:

(i) Is cover required for Employers' Liability?

Yes\*  No

\* If 'Yes' please answer question 16

(ii) Is cover required for Employment Law Protection?

Yes\*  No

\* If 'Yes' please answer question 17

(iii) Is cover required for Personal Accident?

Yes\*  No

(Cover only applies in respect of injury incurred as a result of their employment by you)

\* No additional questions required for this cover

(iv) Is cover required for Fidelity

Yes\*  No

\* If 'Yes' please answer question 18

(v) Is cover required for accidental damage (including theft) to your buildings and/or contents?

Yes\*  No

\* If 'Yes' please answer question 19

(if you elect to have this cover your policy will automatically include 'Money & Personal Assault', 'Transit' and 'Refrigerated Stock' covers).

(vi) Is cover required for loss of revenue, rent receivable or additional cost of working

Yes\*  No

\* If 'Yes' please answer question 20

(vii) Is cover required for accidental damage to specified items anywhere in the world?

Yes\*  No

\* If 'Yes' please answer question 21



## 16. Employers liability

Only answer this question if Employers' Liability cover is required

- (i) Are you exempt from holding an ERN (Employer Reference Number)? Yes  No\*

*(an ERN is allocated to all employers where PAYE is operated. A minority of employers do not have an ERN and this only occurs when all of their employees are paid less than the current PAYE threshold)*

*\* If 'No' please provide your ERN number*

- (ii) If subsidiaries are to be covered by this insurance (as per question 1) please provide the following information for each subsidiary

*(if there is insufficient space for all subsidiaries please show additional subsidiaries in the 'Supplementary Information' at the end of this proposal form)*

Name	Address	ERN

- (iii) Please provide a breakdown of all wages/salaries paid during your last complete financial year

**Type of employee**

**Number**

**Wage roll**

Clerical

	£
--	---

Teaching/training staff

	£
--	---

Manual workers \*

	£
--	---

Other \*

	£
--	---

**Total**

	£
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*\* If any wages are declared under 'manual workers' and/or 'other' please provide full details:*

## 17. Employment law protection (not available in Northern Ireland)

Only answer this question if Employment Law Protection cover required

Is cover required for Employment Law Protection?

Yes\*  No

*\* If 'Yes' please answer the following questions*

- (i) Are all employees domiciled in and work in England, Scotland or Wales?

Yes  No\*

*\* if 'No' please provide full details:*

- (ii) can you confirm that
- (a) you do not anticipate any major changes in the number of employees employed?
  - (b) your total number of employees employed in each of your last three financial years and your estimated number of employees in your current financial year does not vary from one successive year to another by more than  $\pm 20\%$ ?
  - (c) you do not envisage any redundancies or early retirement within your business in the next twelve months?
  - (d) there are no plans to revise any existing employee benefits during the next twelve months (e.g. pensions etc)?

Yes  No\*

\* if 'No' please provide full details:

(iii) within the last twenty four months how many employees have

- (a) taken early retirement?
- (b) resigned?
- (c) had their employment terminated (with or without cause)?

(iv) If your total number of employees exceeds 100 please answer the following question

Can you confirm that you have your own human resource (HR) department staffed by qualified employment solicitors or employees qualified to Certificate in Personnel Practice level or higher (as issued by the Chartered Institute of Personnel and Development), or that you use external consultants qualified to a comparable standard?

Yes  No\*

\* If 'No' please explain why not:.

(v) Can you confirm that

- (a) a contract of employment is issued to all employees?
- (b) written instructions and procedures are issued to all staff in the proper implementation of personnel policies and procedures including disciplinary, grievance and equal opportunities policies?
- (c) training is provided to all staff regarding the correct implementation of such policies and procedures and such training is fully recorded?
- (d) all grievance procedures and/or disciplinary hearings are fully minuted?
- (e) such contract, instructions, and procedures were drafted in accordance with the latest ACAS guidelines/recommendations and relevant anti-discrimination codes of practice and that these are regularly updated and reviewed?

Yes  No\*

\* If 'No' please explain why not:

- (vi) Please provide details of solicitors or any other employment law specialists/consultants used by you in the drafting of the standard contract(s) of employment and generally in connection with employment matters

- (vii) Do you utilise the services of volunteers?

Yes\*  No

*\* If 'Yes' please answer the following questions*

Can you confirm that:

- (a) 'flat' expenses are **not** paid and volunteers receive reimbursement for out-of-pocket expenses only and collect receipts and transport tickets?
- (b) all perks are clearly made at the discretion of the organisation with no enforceable rights on the part of the volunteer?
- (c) no time commitments are made of the volunteers who are free to leave at any time?
- (d) it is clearly stated in volunteer documents that there is no intention to create a legally binding relationship between the volunteer and the organisation?
- (e) a clear distinction is made between paid staff and volunteers?
- (f) all volunteers are included in anti-discrimination training and have clear written procedures for dealing with problems and grievances?

Yes  No\*

*\* If 'No' please explain why not:.*

- (viii) Can you confirm that you have not, in the last five years

- (a) had any employees or volunteers who have
  - made, or have had made against them, allegations of bullying and/or harassment (whether sexual, racial or otherwise)?
  - been absent for work related reasons, including alleged stress?
- (b) become involved in a dispute with another party which has or could have resulted in an employment tribunal (or similar) or legal proceedings?

Yes  No\*

*\* If 'No' please provide full details (including, in respect of any employment tribunals, full details of the allegations, the outcome and any settlement or compensation payments) :*

- (ix) Have you any plans to tender for contracts, change contracts or make any changes to the business that may involve TUPE \* Regulations?

Yes\*  No

- N.B.*
- 1 *TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) can apply in a diverse range of circumstances, not just when businesses change hands and apply equally to the commercial and voluntary sectors. If you have any doubts as to whether or not TUPE applies you are recommended to answer 'Yes' to this question and provide full details below.*
  - 2 *It is a condition of the policy that you must use the Markel employment helpline whenever TUPE issues could arise*

*\* If 'Yes' please provide full details:*

## 18. Fidelity

Only answer this question if Fidelity cover is required

- (i) what indemnity limit is required? (*Maximum limit £1,000,000*) £
- (ii) please provide a split of your locations and employees in the U.K.
- (a) number of locations
- (b) number of employees (including working directors) and volunteers with responsibility for money and/or stock and/or accounts and/or computer systems
- (iii) can you confirm that any consultants, contract personnel, temporary staff or volunteers are supervised and controlled by you in the same way as your own employees? Yes  No\*

*\* If 'No' please provide full details:*

- (iv) Can you confirm that
- (a) you do not use pre-signed cheques
- (b) physical stock (if you have stock) and inventory checks are carried out at least annually by persons other than those responsible for stock
- (c) in respect of all persons applying for employment or volunteering
- as a computer analyst, programmer or operator, or
  - who will be involved in the handling of money, or
  - who will have responsibility for money, books or accounts or goods
- you obtain written or verbal references to cover a minimum period of two years immediately preceding their employment or volunteering
- (d) professional external auditors audit your accounts at least once a year within six months of the financial year end, and all recommendations are acted upon
- (e) the payment for goods and services are authorised by an employee/volunteer not responsible for ordering or certifying receipt of such goods or services Yes  No\*

*\* If 'No' please provide full details:*

- (v) Are the duties of each employee arranged so that no individual can:
- (a) sign cheques or authorise payments above £2,500
- (b) issue fund transfer instructions
- (c) open new accounts
- (d) amend fund transfer procedures
- (e) make investments in shares, other security or valuables

(f) control any transaction from start to finish

Yes  No\*

\* If 'No' please provide full details:

### 19. Property damage

Only answer this question if Property Damage cover is required

(i) Address of the premises to be insured:

Premises 1	Premises 2	Premises 3
Postcode:	Postcode:	Postcode:

*If more than three premises please show addresses, sums insured etc of all additional premises in the 'Additional Information' at the end of this proposal form*

(ii) What sums insured are required for:

	Premises 1	Premises 2	Premises 3
Buildings	£	£	£
Stock	£	£	£
Computers	£	£	£
General contents	£	£	£
Tenants improvements	£	£	£

*N.B.*

- the sum insured for buildings should represent the cost of rebuilding the building in a condition equal to but not better or more extensive than its condition when new
- the sums insured for contents should represent their current replacement value (i.e. 'as new') other than stock which should represent its current value

(iii) Are the premises occupied solely by you for the purpose of the business as described to us?

Yes  No\*

\* If 'No' please provide full details:

(iv) Can you confirm that:

- (a) the buildings are not listed buildings
- (b) the buildings were built after 1800
- (c) the buildings are constructed of brick, stone or concrete and roofed with slates, tiles, metal, concrete, asphalt or other non-combustible materials
- (d) the buildings are in a good state of repair and, along with all walls, gates, fences, car parks, yards, private roads, pavements and paths on or around the premises for which you are responsible, are well maintained and free from damage
- (e) no more than 20% of the total roof area of the buildings consist of a flat roof and such roof is not more than ten years old

- (f) the premises have never suffered from flooding and are not situated in an area troubled by flooding
- (g) there are no large trees within 3.5 metres of the premises
- (h) the premises have never suffered from subsidence and are not situated in an area troubled by subsidence

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

\* If 'No' please provide full details:

## 20. Business interruption

Only answer this question if Business Interruption cover is required

(i) what sums insured and indemnity periods are required for:

- (a) Revenue
- (b) Rent receivable
- (c) Additional cost of working

	Sum insured	Indemnity period
(a)	£	months
(b)	£	months
(c)	£	months

- N.B.*
- the maximum indemnity period should represent the length of time it would take to get your business back to normal trading after a loss
  - the sum insured on revenue should represent your anticipated revenue (i.e. the money paid or payable to you in respect of work done and services rendered in the course of your business), less an amount for any costs that you would not incur whilst your business was not operating. If the maximum indemnity period chosen is greater than 12 months the sum insured should be proportionally increased making due allowance for inflationary factors.

## 21. Specified all risks.

Only answer this question if Specified All Risks cover is required.

Item description	Sum insured
(i)	£
(ii)	£
(iii)	£
(iv)*	£

\* if more than four items please show details, sums insured etc of all additional items in the 'additional information' at the end of this proposal form

*N.B.* the sum insured should represent the current replacement value (i.e. 'as new') of the item

## **PART C – DECLARATIONS**

### **To be answered by all proposers**

*(If there is insufficient space to answer a question please continue in the 'additional information' at the end of this proposal form).*

#### **22. Other information**

Is there any other information that you would like to bring to our attention that you feel would help them better understand your activities, risk management controls and/or vetting procedures?

Yes\*  No

*\* If 'Yes' please provide full details in the 'additional information' at the end of this proposal form.*

#### **23. Claims and circumstances**

Can you confirm that

- (i) neither you, nor any governor, director, council member, officer, trustee, manager or partner of the organisation or any person insured or proposing for insurance has
  - (a) been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence?
  - (b) been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administrative order?
- (ii) the organisation has never had an application for this type of insurance declined by any insurer, had a renewal of such insurance declined, nor had similar insurance cancelled or made subject to special conditions?
- (iii) within the last five years neither the organisation, nor any person insured or proposing for insurance to which this proposal relates
  - (a) has any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise?
  - (b) has suffered any loss or made any claim (whether insured or not) which would have fallen within the scope of the proposed insurance irrespective of whether or not such loss or claim relates to the property insured or proposed for insurance?
- (iv) neither the organisation nor any person insured or proposing for insurance is aware AFTER ENQUIRY, of any circumstance or incident which they have reason to suppose might afford grounds for any future claim that would fall within the scope of the expiring insurance or the proposed insurance?

Yes  No\*

*\* If 'No' please provide full details:*

## 24. Declaration

### Important information concerning your personal information

*Please carefully read the following before you sign and date the declaration.*

Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). We collect and use relevant information about individual insureds to provide you with your insurance cover and to meet our legal obligations.

This information includes individual insureds' details such as their name and address [and may include more sensitive details such as information about their health and criminal convictions].

We will process individual insureds' details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our full Markel privacy notice, a copy of which is available online at <http://www.markelinternational.com/foot/privacy-policy/> or on request.

#### Information notices

To enable us to use individual insureds' details in accordance with current data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this short form information notice on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

#### Minimisation and notification

We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You must promptly notify us if an individual insured contacts you about how we use their personal details in relation to your insurance cover so that we can deal with their queries.

### Important information concerning your duty to make a fair presentation of risk

*Please carefully read the following before you sign and date the declaration.*

Before the insurance policy takes effect you have a duty to make a fair presentation of the risks to be insured.

*A fair presentation of the risk is one*

- which discloses to us every material circumstance which you know of or ought to know of, or
- gives us sufficient information to put us on notice that we will need to make further enquiries for the purpose of revealing those material circumstances, and
- which makes that disclosure in a manner which is reasonably clear and accessible to us, and
- in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

*A material circumstance* is one that would influence our decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to us.

Failure to make a fair presentation of risk could prejudice, reduce or modify your rights under the policy.

I declare that

- I am authorised to complete this proposal on behalf of the Proposer
- every statement and particular within this proposal form
  - which is a statement of fact, is substantially correct, and
  - which is a matter of expectation or belief, is made in good faith

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I will undertake to provide details of all such changes to you in order to comply with my obligation to provide a fair presentation of the risk to be insured under the insurance policy.



Signed\*:

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Name:

--

Capacity\*:

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Date:

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\* the signatory should be a director or senior officer of, or partner in, the proposer.

## **ADDITIONAL INFORMATION**

**Please provide additional information as requested within the proposal quoting the question number to which your comments refer.**

*(if there is insufficient space please continue on a separate sheet and attach to this proposal)*

Question no.	Additional information.

## **EASY PAYMENT PLAN**

Markel (UK) Limited has negotiated a highly competitive 10 month premium finance plan with a premium finance company, for the exclusive use of its assureds.

To take advantage of these facilities please tick the box below enabling the finance company to dispatch a pre-prepared agreement directly to you for completion and return.

The level of charge, applied to total premium (including IPT where appropriate), will be confirmed on the agreement. Contact your broker or ourselves for a note of current charge.

I WISH TO TAKE ADVANTAGE OF THE 10 MONTH EASY PAYMENT PLAN (TICK AS APPROPRIATE)

## **NOTICE TO THE PROPOSER**

### **The underwriters**

Markel (UK) Limited underwrites business on behalf of Markel International Insurance Company Limited.

### **THE LAW OF THE INSURANCE CONTRACT**

The parties to this proposed insurance are free to choose the law applicable to the insurance contract. Unless you specifically agree otherwise with Underwriters, your proposed contract will be governed by English law.

### **Markel (UK) Limited**

Verity House, 6 Canal Wharf, Leeds, LS11 5AS. Tel: +44 (0)345 351 2600 Fax: +44 (0)345 351 2601  
[www.markelinternational.com/uk](http://www.markelinternational.com/uk)

Offices at Birmingham, Bristol, Leeds and Croydon  
Registered office: 20 Fenchurch Street, London EC3M 3AZ Registered in England number 2430992

Markel (UK) Limited is an Appointed Representative of Markel International Insurance Company Limited who are authorised and regulated by the Financial Services Authority