

# Not-for-profit management liability

## 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.

Please Note:

This product is only suitable for charities and 'not for profit' organisations.

## GENERAL INFORMATION (Mandatory)

TO BE COMPLETED BY ALL ASSUREDS

### 1. Proposer

Name

Address of registered or principal office

Postcode

Telephone number

Email address

Website address

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. Please indicate (✓) which sections are required

Executive Liability (Mandatory)

Professional Indemnity (Mandatory)

} (Please answer part A)

Entity Defence (N.B. not available in isolation)

(Please answer part B)

Employment Law Protection (not available in Northern Ireland)

(Please answer part C)

Fidelity

(Please answer part D)

N.B. You must complete the declaration on Page 13

## PART A – EXECUTIVE LIABILITY & PROFESSIONAL INDEMNITY (Mandatory)

TO BE COMPLETED BY ALL ASSURED(S)

### 3. Can you confirm that you are a charity or a 'not for profit' organisation?

YES

NO

If NO this product is unsuitable for you. Please contact your Insurance Broker or intermediary

### 4. What are your gross income/fees for your last financial year?

£

*This should include your total revenue including any fees earned.*

### 5. Please select which of the following categories best describes your activities

✓

- a charity or 'not for profit' organisation whose activities are restricted to:
  - fund raising and support to an identifiable group or community, or
  - a general community group, social group, local interest group or club
- a charity or 'not for profit' organisation whose activities may include fund raising and support but also extends to include the provision of associated general advice in your specialist area.

<input type="checkbox"/>
<input type="checkbox"/>

### 6. CHILDREN

Do you

- have any volunteers or members who are children (i.e. under 18s), or
- provide services or facilities for children?

YES

NO

If YES please answer the following questions:

- (a) in respect of your volunteers, members and the like who are children can you confirm that you
- have a Child Protection Policy that is reviewed and kept up to date
  - have procedures in place to prevent 'one to one' situations (i.e. one unsupervised adult with one unaccompanied child)
  - have 'signing-in/signing-out' procedures in place to ensure
    - that you are always aware whom are using your facilities
    - that children up to and including the age of eight are collected by their custodial parent or persons authorised by such parent
  - give consideration to the segregation of age ranges when providing your services
  - ensure that all staff and volunteers working with or who might come into contact with children (including children engaged as volunteers) undergo CRB (or, where appropriate, Disclosure Scotland) checks and that, where allowed, such checks are at 'Enhanced' level irrespective of whether or not this is a requirement.

YES

NO

If NO please provide full details

(b) Do you provide residential care facilities for children?

YES  NO

## 7. VULNERABLE ADULTS

Do you

- o have any volunteers or members who are Vulnerable Adults, or
- o provide services or facilities for Vulnerable Adults?

YES  NO

If YES please answer the following questions:

(a) In respect of your volunteers, members and the like who are Vulnerable Adults, do you provide services in the Vulnerable Adult's own home?

YES  NO

If YES, do you ensure that all staff and volunteers providing services in the Vulnerable Adult's own home undergo CRB (or, where appropriate, Disclosure Scotland) checks and that, where allowed, such checks are at 'Enhanced' level irrespective of whether or not this is a requirement

YES  NO

If NO, please provide full details

(b) Do you provide residential care facilities for Vulnerable Adults?

YES  NO

## 8. Do you, or any subsidiary of yours, provide professional advice and/or consultancy work for a fee and/or undertake contracts for the provision of professional services?

YES  NO

If YES, please provide full details of the professional or consultancy work and the fees generated

## 9. Do you:

- o undertake work or activities outside of the UK
- o provide any form of treatment and/or medical/surgical care or advice (including the dispensing of drugs, medicines and the like)
- o undertake any scientific or medical research
- o undertake any certification, examination, licensing or regulatory activities or functions
- o act as a trade union?

YES  NO

If YES please provide full details of such activities/work

**10. Do you provide services for persons**

- displaying (or having the potential to display) challenging, aggressive or violent behaviour
- having a history of committing or attempting to commit sexual offences
- having a history of arson or attacks on persons or property
- having a history of alcohol, drug or substance abuse
- having criminal convictions or on bail or who are subject to an ASBO or have been excluded from school?

YES             NO

If YES please provide full details (including experience, training and background of staff)

**11. YOUR PROCEDURES**

Can you confirm that

- all staff and volunteers are suitably qualified, experienced and trained in respect of the services provided
- your funds are managed by suitably qualified external professional managers and you maintain full legal rights against them

YES             NO

If NO please provide full details:

## 12. REGULATORY AUTHORITY

Are you registered with a regulatory authority?

YES  NO

If YES please answer the following question:

Can you confirm that

- you do **not** have any outstanding issues with such regulatory authority which might affect your ability to continue to operate and do not anticipate that such issues will arise within the proposed period of insurance
- you are **not** aware of any unresolved or pending objections to any application for or renewal of registration
- you are **not** aware of any complaints lodged with the regulatory authority in respect of your activities.

YES  NO

If NO please provide full details

## 13. GENERAL

Can you confirm that

- you are registered within the United Kingdom
- there have been no significant fluctuations in your income or change in activities over the last three financial years and none are anticipated in the forthcoming year (not applicable where you have been established for less than three years)
- you are able to meet your financial obligations as they fall due (including pensions and benefit obligations)

YES  NO

If NO please provide full details

**14. Have you had any Executive or Professional Liability claims within the last 5 years?**

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Executive and Professional Liability insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise.*

YES

NO

If YES please provide full details:

## **PART B – ENTITY DEFENCE (Optional)**

ONLY COMPLETE THIS SECTION IF YOU REQUIRE ENTITY DEFENCE COVER

**N.B.** Cover is not available in isolation. Cover is only available if Directors and Officers and/or Employment Law Protection is purchased).

### **15. Have you had any Entity Defence claims within the last 5 years?**

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Entity Defence insurance has suffered any loss or had any claim, prosecution, proceedings or investigations made or instigated against them involving public relations crisis management, identity fraud, official investigations, Corporate Manslaughter, breach of contract, pollution, taxation or Data Protection whether successful or otherwise.*

YES

NO

If YES please provide full details



**PART C – EMPLOYMENT LAW PROTECTION (Optional)** (NOT AVAILABLE IN NORTHERN IRELAND)

ONLY COMPLETE IF YOU REQUIRE EMPLOYMENT LAW PROTECTION COVER

**16. What are your total number of:**

- full time employees
- part time employees
- seasonal employees

**TOTAL**


*N.B. Employees include anyone under a contract of employment, including Directors and Officers*

**17. Are all employees domiciled in and work in England, Scotland or Wales?**

YES  NO

If NO please provide full details:

**18. HUMAN RESOURCES**

If your total number of employees exceed 100, can you confirm that you have your own Human Resources (HR) department staffed by qualified employment solicitors or employees qualified to Certificate in Personnel Practice level or higher\*, or that you use external consultants qualified to a comparable standard?

YES  NO

*\*N.B. As issued by the Chartered Institute of Personnel and Development*

**19. PROCEDURES**

Can you confirm the following good practice?

- A contract of employment is issued to all employees.
- Written instructions are issued to all staff in the proper implementation of personnel policies and procedures.
- Such contract, instructions and employment policies were drafted in accordance with the latest ACAS guidelines/recommendations and are regularly updated and reviewed
- There are no plans to revise any existing employee benefits during the next twelve months (e.g. Pensions etc)?
- Redundancy procedures comply with all statutory requirements and follow ACAS guidelines and good practice

YES  NO

If NO please provide full details:

## 20. WORKFORCE

Can you confirm that:

- there have been no fundamental changes in the number of employees employed during the last year and none are anticipated
- the number of employees who have either taken early retirement, resigned or had their employment terminated (with or without cause) has not exceeded 20% of the total workforce over the last 2 years
- there has been no adverse reaction to any previous redundancies

YES       NO

If NO please provide full details:

## 21. MERGERS OR ACQUISITIONS

Can you confirm that during the last 12 months you have not merged with or been taken over by any other company nor have you acquired or disposed of any companies?

YES       NO

If NO please provide full details

## 22. Have there been any Employment Law Protection claims/allegations or tribunals within the last 5 years?

YES       NO

*You should answer 'Yes' to this question if, within the last five years*

- *you or any person insured or proposing for Employment Law Protection insurance have had any claim, prosecution, proceedings or investigations made or instigated against you whether successful or otherwise*
- *you have any employees who have*
  - *made, or have made against them, allegations of discrimination, bullying and/or harassment (whether sexual, racial or otherwise)*
  - *become involved in a dispute with another party which has or could have resulted in an Employment Tribunal (or similar) or legal proceedings.*

If YES please provide full details:

## PART D – FIDELITY (Optional)

ONLY COMPLETE IF YOU REQUIRE FIDELITY COVER

### 23. How many of your employees handle money etc?

*You should include all employees (including working directors) who have responsibility for handling money, stock, accounts or computer systems.*

### 24. ACTIVITIES

Can you confirm that you do **not** engage in any of the following activities:-

- trading securities, commodities, currencies and the like
- make loans or extended credit
- transport or store valuables for others
- leasing

YES  NO

If NO please provide full details:

### 25. VALUES

Does

- the amount above which all cheques and other bank instruments require two hand-written signatures exceed £25,000
- the maximum value of stock at any one location exceed £250,000
- the annual amount of funds transfer instructions given to banks or other financial institutions exceed £1,000,000

YES  NO

If YES please provide full details:

## 26. PROTOCOLS

Can you confirm that

- you do not use pre-signed cheques
- physical stock and inventory checks are carried out at least annually by persons other than those responsible for such stock
- you operate and maintains a system of controlled access to computer systems which utilize individual user IDs and passwords the latter being changed at least every 60 days.
- you obtain written references for all persons applying for employment where they will have responsibility for money, stock or computer operations\*
- professional external auditors audit your accounts at least once a year and all recommendations are acted upon?

*\*References to be obtained from all former employers within the previous three years for all persons applying for employment (including contract staff and volunteers) where they have responsibility for money, stock or computer operations.*

YES  NO

If NO please provide full details:

## 27. Have there been any Fidelity claims within the last 5 years?

*You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Fidelity insurance 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 proposed for insurance.*

YES  NO

If YES please provide full details:

## PART E - DECLARATION (Mandatory)

28.

- (i) Has any director, manager, partner or trustee of yours or any person insured or proposing for insurance
  - (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 administration order
- (ii) Have you ever had an application for this type of insurance declined by an insurer, had a renewal of such insurance declined, or had similar insurance cancelled or made subject to special conditions
- (iii) Is anyone proposing for insurance aware, **after enquiry**, of any **circumstance or incident** which they have reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance which has not already been advised to us

YES  NO

If YES please provide full details

### 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.

**29.** 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

Name

\*Capacity

Date

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

## **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 Assured's.

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. Your Certificate of Insurance will be endorsed accordingly.

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

## **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**

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