

Social welfare

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.

Service users

For the purpose of the proposal the term 'service user' means those persons taking advantage of the client services, e.g. those being looked after, undergoing treatment, being cared for etc.

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. 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)	
Date of establishment	

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:

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2. Income

(i) What is the organisation's total gross income for:

(a) current financial year (estimate)

£

(b) last financial year

£

(c) previous financial year

£

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

(a) funding from government, local authority or government/local authority agencies

%

(b) subscriptions and membership fees

%

(c) voluntary income/donations

%

(d) fee-generating activities*

%

(e) other*

%

Total

100%

*if income is derived from 'fee-generating activities' or 'other' sources please provide full details:

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3. Employees and service users

(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?*

(ii) How many service users do you cater for?

PART B – YOUR ACTIVITIES

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

4. General

(i) Please describe the aims and activities of the Organisation (or attach brochures providing this information).

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(ii) Can you confirm that there have not been any fundamental changes in the Organisation's activities over the last five years? Yes No*

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

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

--

(iv) Can you confirm that you have had and maintained an up to date accident and incident book? Yes No*

** if 'No' please explain how you record such occurrences:*

--

(v) Are you registered with a regulatory body? Yes* No

* if 'Yes' please answer the following questions:

(a) with whom are you registered and as what?

(b) can you confirm that:

- 1 there are no outstanding requirements which might affect future applications or continuation of your certificate
- 2 there have been no objections to any applications for registration nor any complaints lodged with the regulatory authority in respect of your business
- 3 you know of no reasons why there might be objections to future applications or to the continuation of your certificate

Yes No*

* if 'No' please provide full details:

5. Service users

(i) Please indicate (✓) into which of the following age categories your service users fall:

	Under 8	8-15	16-17	18-60	Over 60
People with physical disabilities					
People with mental health problems					
People with learning difficulties					
People with sensory loss including dual sensory loss					
Other *					

* if any service users are declared under 'other' please provide full details:

(ii) Please indicate (✓) which of the following levels of care you provide:

Intimate personal care	
Other personal care	
Social care	
Other*	

* if any service users are declared under 'other' please provide full details:

(iii) Do you

(a) provide services for users who:

- | | | | | | |
|---|---|------|--------------------------|----|--------------------------|
| 1 | display (or have the potential to display) challenging, aggressive or violent behaviour? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | have a history of committing or attempting sexual offences? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | have been the subject of sexual abuse | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | have a history of arson or attacks on persons or property? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | have a history of alcohol, drug or substance abuse? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | have criminal convictions or are on bail or are subject to an ASBO or have been excluded from school? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |

** if 'Yes' to any of the above can you confirm that appropriate risk assessments are in place and staff receive appropriate training to deal with such service users?* Yes No*

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

(b) provide

- | | | | | | |
|---|---|------|--------------------------|----|--------------------------|
| 1 | services for people who are detained or restrained under the Mental Health Act? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|---|------|--------------------------|----|--------------------------|

** if 'Yes' please provide full details:*

(c) provide

- | | | | | | |
|---|--|------|--------------------------|----|--------------------------|
| 1 | services for young people who have been the subject of sexual abuse or have sexually abused others? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | crisis intervention services e.g. for young people who are regarded as a danger to others or themselves | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | specialist support services e.g. for young people who might otherwise be placed in secure accommodation or who have just come from secure accommodation or who have attempted to commit arson? | Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> |

** if 'Yes' please provide full details:*

6. Safeguarding

Can you confirm that:

- (i) you have a written safeguarding policy to guard against abuse of your service users by any person? Yes No*
- (ii) you review and update your safeguarding policy at least annually and when legislation requires? Yes No*
- (iii) all staff and volunteers are aware of the policy and are provided with formal training at induction and throughout the course of their employment Yes No*

* if 'No' please explain why not:

- (iv) in the last 12 months, have you been subject to any safeguarding investigations which have been substantiated? Yes* No

* if 'Yes' please provide full details:

- (v) where you are responsible for service users money, you have a policy in place to monitor, record and audit such transactions at least monthly Yes No*

* if 'No' please explain why not:

7. Drugs and medicines

Do you dispense prescription drugs, medicines and the like? Yes* No

* if 'Yes' please answer the following questions:

- (i) Can you confirm that
- (a) you have procedures in place to ensure that all drugs, medicines and the like are dispensed in accordance with prescribed treatment plans and that such dispensing is fully recorded and documented?
- (b) all drugs, medicines and the like are kept either in a
- 1 locked cabinet, or
 - 2 locked room with restricted access.
- and in accordance with manufacturer's recommendations Yes No*

* if 'No' please explain why not:

8. Residential/overnight accommodation

Do you provide any residential or overnight accommodation facilities for service users?

Yes* No

* if 'Yes' please answer the following questions:

(i) how many service users can you accommodate?

(ii) do all service users have their own room?

Yes No*

(iii) can you confirm that

(a) where service users do not have their own room, consideration has been given to the compatibility of those sharing rooms (including, but not limited to, age, sex, disability, behavioural and/or psychiatric history)

(b) where appropriate, you have signing-in/signing-out procedures in place to ensure that you are aware which of your service users are on or off the premises

(c) you have procedures in place (including search and confiscation) to ensure that service users

- do not smoke on the premises
- do not have access to alcohol or drugs (other than those prescribed for medication) or other hazardous substances

Yes No*

* if 'No' please explain why not:

(iv) do you provide residential facilities for members of service user's family?

Yes* No

* if 'Yes' please provide details

9. Children

Are any of your members or persons using your services under the age of 18?

Yes* No

Are any of your volunteers under the age of 18?

Yes* No

* if 'Yes' to either of the above please answer the following questions:

(i) what is the age range of the children?

(a) service users

(b) volunteers

(ii) what is your policy on the prevention of 'one to one' situations (i.e. one unsupervised adult with one unaccompanied child)?

(iii) what are your signing-in/signing-out procedures (and, in the case of young children, your procedures for the collection of children by persons other than their custodial parent)?

10. Foster care

Do you provide foster care services?

Yes* No

* if 'Yes' please answer the following question:

- (i) Can you confirm that a 'Form F' is completed for all foster carers and presented to the fostering panel?

Yes No*

* if 'No' please explain why not:

* if 'Yes', within the last 24 months were any concerns of significance raised?

Yes* No

* if 'Yes' were these satisfactorily addressed?

Yes No*

* if 'No' please provide full details:

11. Domiciliary care

Do you provide domiciliary care services?

Yes* No

* if 'Yes' please answer the following question:

- (i) what checks do you have in place to ensure that care workers comply with your procedures and practices whilst providing domiciliary care services?

12. Adult placement/assisted living

Do you provide assisted adult placement/assisted living services?

Yes* No

* if 'Yes' please answer the following question:

- (i) Can you confirm that appropriate background checks are undertaken on persons providing adult placement facilities including members of their family and/or other persons living with them (including, but not limited to, skills and ability, experience, background (inc. DBS/police checks etc), home environment and health)?

Yes No*

* if 'No' please provide full details:

13. External activities and fundraising events

- (i) Do you
- (a) undertake or provide any activities away from your premises for your service users? Yes* No
- (b) undertake any fund-raising events? Yes* No

* if 'Yes' to either of the above questions please provide details including details of risk assessment undertaken:

PART C – YOUR STAFF (INCLUDING VOLUNTEERS)

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

14. Qualified/unqualified staff

(N.B. for the purpose of this question 'staff' includes volunteers as well as employees)

- (i) What are your usual ratios of
- | | Day | Night * |
|--|-----|---------|
| (a) staff (excluding ancillary staff) to service users | | |
| (b) qualified to unqualified staff when on duty | | |

* only complete 'night' if residential or overnight facilities

- (ii) how many of your staff are qualified in relation to your activities and to what level?

- (iii) do you employ or use the services of any doctors, surgeons, physicians, prescribing nurses, midwives, dentists or anaesthetists? Yes* No

* if 'Yes' please note that it is a condition of the policy that you ensure such persons

- (a) are current members of their recognised UK governing professional body or association (e.g. Medical Defence Union, Royal College of Nursing etc)
- (b) are indemnified or insured against their professional errors, omissions, negligence or malpractice under their own insurance, indemnity or mutual defence arrangements or similar.

15. Training

- (i) what training is provided to your staff and/or volunteers
- (a) for the special needs of your service users (including, if applicable, the handling of violent or aggressive behaviours, restraining techniques and the identification of and dealing with abuse etc?)
- (b) in health and safety procedures (e.g. manual handling regulations)?
- (c) in the implementation of your policy and procedures (e.g. protection policies)

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

- (iii) do you keep a written record of the training provided for each staff member Yes No *

* if 'No' please explain why not:

16. Background checks etc.

- (i) Can you confirm that all staff and volunteers working with or who might come into contact with children (including children engaged as volunteers) or vulnerable adults undergo DBS (or Disclosure Scotland or DHSSPS/PSNI as appropriate) 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 explain why not:

- (ii) do you recruit staff originating from, or who have worked outside the UK? Yes* No

* if 'Yes' where from and what are your procedures for conducting overseas DBS-type checks?

- (iii) Can you confirm that you undertake other background checks on staff/volunteers (previous employment records, references etc) to supplement any DBS checks that are undertaken? Yes* No

* if 'Yes' please explain what checks are undertaken; if 'No' please explain why not:

- (iv) Do you use agency staff? Yes* No
 * if 'Yes' please answer the following questions:
- (a) do you only use agencies that conduct DBS type checks and other background checks to at least the same level as yourself? Yes No*
 (b) do you ensure that agency staff are made fully aware of the special needs of your service users and are familiarised with your health & safety procedures? Yes No*

* if 'No' to either of the above questions please explain why not:

PART D – BUSINESS ASPECTS

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

17. 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:

18. Status

- (i) Is the organisation
- (a) a limited liability company? Yes* No
 (b) a company limited by guarantee? Yes* No

* if 'Yes' to (a) above please provide a percentage breakdown of the shareholdings in the organisation:

- Directors of the organisation
- members of director's families
- financial institutions
- other *

* if any shareholdings are declared under 'other' please provide full details:

N.B. for the purpose of this question 'financial institution' is meant in its broadest sense, i.e. a bank, insurance company, venture capital company, building society, investment trust etc

- (ii) Does the organisation have any subsidiary companies? Yes* No
** if 'Yes' please answer the following question:*
 are they 100% owned by the organisation? Yes No*
** if 'No' please provide details and extent of the minority interest:*

- (iii) is the organisation a subsidiary of another company Yes* No
** if 'Yes' please answer the following questions:*

- (a) what is the name of the ultimate holding company?
 (b) what is the country of registration of the ultimate holding company?

19. Financial status

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

- (i) 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
 (ii) 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?
 (iii) none are the subject of an administration order or an application for an administration order?
 (iv) they are all able to pay their debts as they fall due?
 (v) they have not changed their auditors within the last two years? Yes No*
** if 'No' please provide full details:*

20. Pension schemes

Can you confirm that

- (i) any pension scheme provided by the organisation is **not** a final salary (defined benefit scheme)
 (ii) the implementation of FRS (Financial Reporting Standard 17) has not highlighted a deficit in the fund value of any pension scheme? Yes No*
** if 'No' please provide full details:*

PART E – DOCUMENT RETENTION AND OTHER INFORMATION

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

21. 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) | records of Criminal Record Bureau (or similar agencies) Disclosure reference numbers/applicant names and details and dates for all the relevant personnel (N.B. the actual 'disclosure' must be dealt with in accordance with the relevant agency concerned) | Yes <input type="checkbox"/> No* <input type="checkbox"/> |
| (iii) | training records relating to staff and volunteers | Yes <input type="checkbox"/> No* <input type="checkbox"/> |
| (iv) | accident/incident registers, records of abuse occurrences including notification to the appropriate authorities | Yes <input type="checkbox"/> No* <input type="checkbox"/> |
| (v) | service users files including referral, assessments, treatment and care plans | Yes <input type="checkbox"/> No* <input type="checkbox"/> |
| (vi) | records of your historical liability insurance policies | Yes <input type="checkbox"/> No* <input type="checkbox"/> |

* if 'No' please provide full details:

22. Other information

If there is any other information you would like to bring to underwriter's attention that you feel would help them better understand your activities, risk management controls and/or vetting procedures please provide full details in the 'Additional Information' section at the end of this proposal form

PART F – COVER REQUIREMENTS

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

23. General (PL/products), professional and management liability

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

General liability (PL/products)

£
£
£

Professional liability

Management liability

- (ii) Is cover required for Entity Defence? Yes* No

* if 'Yes' what limit is required?

£ 100,000	<input type="checkbox"/>
£ 250,000	<input type="checkbox"/>
£ 500,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>

24. Employers liability

Is cover required for Employers Liability?

Yes* No

* if 'Yes' please answer the following questions

(i) Are you exempt from holding an ERN (Employer Reference Number)?

(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 (£503 monthly)

Yes No*

* if 'No' please answer the following question

Please provide your ERN number

(ii) Are any subsidiaries to be covered by this insurance?

* if 'Yes' please provide the following information for **each** subsidiary

Yes* No

(if there is insufficient space for all subsidiaries please show additional subsidiaries in the 'Additional 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		
Support workers		
Care workers		
Teaching staff		
Nursery staff		
Manual workers *		
Other *		
Total		

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

25. Employment law protection (not available in Northern Ireland)

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) Does your total number of employees exceed 100?

Yes* No

* if 'Yes' 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 consulted 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 out come 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?

* 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 applies 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 Market employment helpline whenever TUPE issues could arise

Yes* No

* if 'Yes' please provide full details:

26. Personal accident

Is cover required for Personal Accident?

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

Yes No

27. Fidelity

Is cover required for Fidelity

* if 'Yes' please answer the following questions

Yes* No

(i) what indemnity limit is required?
(Maximum limit £1,000,000)

£

(ii) please provide a split of your locations and employees in the UK

(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

(c) number of all other employees (including working directors) and volunteers

(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 of 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 and 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
- (f) all cheques and other bank instruments with a value of £25,000 or greater require a minimum of dual authorisation Yes No*

* if 'No' please provide full details:

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28. Property damage

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

(if you elect to have this cover your policy will automatically include 'Money and Personal Assault', 'Transit' and 'Refrigerated Stock' covers). Yes* No

* if 'Yes' please answer the following questions

- (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:

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- (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

Yes No*

* if 'No' please provide full details:

- (v) is cover required for subsidence damage? Yes* No

* if 'Yes' please answer the following question:

- (i) can you confirm that the premises have never suffered from subsidence and are not situated in an area troubled by subsidence, Yes No*

* if 'No' please provide full details:

29. Business interruption

Is cover required for loss of revenue, rent receivable or additional cost of working Yes* No

* if 'Yes' please answer the following questions

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

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

Sum insured	Indemnity period
£	months
£	months
£	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.

30. Specified all risks

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

* if 'Yes' please fully describe each item of property to be insured (including, for example, make, model and serial numbers) together with the sum insured for that item.

Yes* No

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

31. Legal expenses

Is cover required for Legal expenses?

Yes* No

*If 'yes' what indemnity limit is required?

£100,000

£250,000

PART G – GENERAL

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

32. 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:

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 Market 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.

33. Declaration

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.

ADDITIONAL POLICY HOLDER BENEFITS

As part of your Markel social welfare insurance policy you are entitled to access our Markel Care portal where you have access to a range of complementary services including specialist consultancy services, a legal and business helpline, DIY legal toolkits, training services and third party discounts.

To take advantage of the Markel Care portal please enter your email address in the box below to enable the Markel Care team to provide you with secure login details.

Please send secure login details to the following email address:

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Your information will be held by Markel International Insurance Co Ltd. For details on how we use your personal information, please see our Privacy Policy at www.markelinternational.com/foot/privacy-policy/

You can opt out at any time by e-mailing markelcare@markelintl.com or by clicking the unsubscribe link on any e-mails we send to you.

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. Your Certificate of Insurance shall be endorsed accordingly.

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 Syndicate 3000 at Lloyd's and Markel International Insurance Company Limited.

Prior to any placement being concluded, the Proposer will be advised which insurer is to write this contract of insurance.

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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www.markelinternational.com/uk

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 by the Prudential Regulatory Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority.