



Social welfare

Renewal proposal form

To enable us to calculate renewal terms could you please provide the information below

To enable us to renew the policy we shall require this information AND the Renewal Declaration on the reverse of this form – completed by the Assured

Copies of this form are available on our website (www.markelinternational.com/uk) and can be downloaded, completed and emailed to us.

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.

(1) What is the Assured's gross income/fees for their last financial year? £

(2) Please provide a percentage breakdown of the source of such income between:

(a) Funding from Government, Local Authorities or Government/Local Authority agencies	%
(b) Subscription and membership fees	%
(c) Voluntary income/donations	%
(d) Fee-generating activities	%
(e) Other	%

(3) Please provide a breakdown of

(a) ALL wages/salaries paid during the Assured's last complete financial year split between their various class of employee (e.g. between clerical/admin, care/nursing assistants, maintenance staff etc.)

(b) the NUMBER of employees engaged in each of the categories declared under (a) above

Type of Employee	Number	Wageroll
		£
		£
		£
		£
		£

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:

(4) Are ANY other changes required to the cover currently being provided? (e.g. sums insured, indemnity limits, change in activities etc.) - If so please provide FULL details

PLEASE NOTE:

Prior to renewal we will require the Assured to complete, sign and return the Renewal Declaration on pages 3 & 4 of this form.

Renewal declaration

(This declaration must be completed by the Assured)

1 Name of Organisation

2 **Other than as already declared to and acknowledged by Underwriters** can you confirm that

(a) there have been no significant changes:

- (i) in the activities or the services you provide (including fees generated or other activities previously declared)
- (ii) in the profile and number of your service users (i.e. those persons taking advantage of the client services you provide, e.g. those being looked after, undergoing treatment, being cared for etc.) and the facilities and level of care provided to them.
- (iii) in your employment procedures, supervision or control of both staff and volunteers or in their recruitment, training or the benefits provided to them
- (iv) in the structure, management, ownership or financial stability of the Organisation or any of its subsidiaries
- (v) in your procedures for the handling of money or goods
- (vi) in your use and protection of accounting and general IT systems

(b) 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

(c) there has been no change in the construction of your premises

and that you do not anticipate any such changes in the forthcoming period of insurance

YES NO

If NO please provide full written details and attach to this declaration.

3 **Other than as already declared to and acknowledged by Underwriters** can you confirm that

(a) no person insured or proposing for insurance has

- (i) been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence
- (ii) been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administration order

(b) neither the Organisation nor any person insured or proposing for insurance to which this proposal relates

- (i) has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise
- (ii) 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

(c) 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 such as would fall within the scope of the expiring insurance or the proposed insurance

which has not already been advised to Underwriters?

YES NO

If NO please provide full written details and attach to this 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.

DECLARATION

4. 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 governor, director, council member, trustee or senior officer of, or partner in, the Organisation

Important Note.

If you have **any** doubts as to what has previously been advised to and agreed with Underwriters you should discuss this with your broker/intermediary and/or complete a full Proposal Form.

If you are unable to confirm **any** part of this declaration you should provide full written details and attach to this declaration or complete a full Proposal Form.

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:

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.

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

Offices at Birmingham, Bristol, Leeds, London and Reigate
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 Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

If you wish to obtain a quotation for any non-operative Insuring Clauses you should complete a full Proposal Form available from your broker/intermediary or via our website www.markelinternational.com/uk