



# Not for profit

Application form  
United Kingdom

## INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

## HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

## SECTION 1: DETAILS OF THE ORGANISATION

1.1 a) Please provide the following details:

Applicant organisation:	
Address:	
Postcode:	
Company or charity registration number:	Country of incorporation:
Year of foundation:	Website:

b) If the organisation has been operating for less than 12 months, please confirm how you are to be funded during the first two years?


1.2 Please confirm the legal structure of the organisation (tick as appropriate):

Charity-trust:	<input type="checkbox"/>	Company limited by guarantee:	<input type="checkbox"/>
Company limited by shares:	<input type="checkbox"/>	Company set up by Royal Charter:	<input type="checkbox"/>
Industrial and provident association:	<input type="checkbox"/>	Friendly society:	<input type="checkbox"/>
Other (please provide details):	<input type="checkbox"/>		


1.3 Please describe below the nature of your activities:  
*If you have a brochure or organisation literature, please attach to this form*

_____
_____
_____
_____
_____
_____

1.4 Please state the number of employees (including volunteers) and organisation locations:

Territory:	Number of employees:	Number of locations:
UK:	_____	_____
Ireland:	_____	_____
Europe:	_____	_____
USA:	_____	_____
Rest of the World:	_____	_____
Total:	_____	_____

1.5 Please confirm:

- a) Your gross income for the last completed financial year:
- b) The percentage of income derived from the USA:  %
- c) You achieved a surplus for the last completed financial year:  Yes  No
- d) Your total assets for the last completed financial year:
- e) The percentage of assets within the USA:  %
- f) You have a positive net worth for the last completed financial year:  Yes  No

1.6 Have you in the past 3 years, or do you during the next 12 months, have plans to:

a) Wind up the organisation?

Yes  No

b) Be involved in any mergers or acquisitions?

Yes  No

1.7 Has the organisation reviewed and updated its Health and Safety policies within the last 12 months?

Yes  No

If you have ticked any of the shaded boxes in questions 1.5 to 1.7, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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## SECTION 2: EMPLOYMENT PRACTICES LIABILITY

Only complete this section if you require employment practices liability cover

2.1 Do you have a human resources department:

Yes  No

a) If yes, how many employees are in this department?

b) If no, how is this function handled?

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2.2 Are your employees issued with an employee handbook?  
If yes, please provide a copy

Yes  No

2.3 Do you have written procedures for the following:

a) Disciplinary procedures?

Yes  No

b) Termination of employment?

Yes  No

c) Preventing discrimination?

Yes  No

d) Preventing harassment?

Yes  No

e) Any complaint of discrimination or harassment?

Yes  No

f) Grievance procedures?

Yes  No

If you have ticked any of the shaded boxes in question 2.3, please explain in the box below and continue on the *ADDITIONAL INFORMATION* page if necessary:

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2.4 In the past 24 months has there been or, in the next 12 months is it anticipated there will be, any redundancies?

 Yes  No

If yes, please provide full details:

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### SECTION 3: BENEFIT PLAN LIABILITY

*Only complete this section if you require benefit plan liability cover*

3.1 Please state the total asset size of all of your benefit plans:

3.2 Please complete the following information for your three largest benefit plans:

Name of benefit plan:	Benefit plan assets:	Type of benefit plan (i.e. defined contributions or defined benefits):
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

*Please forward your latest actuarial report (if applicable) and the latest benefit plan Report and Accounts for your largest Scheme.*

3.3 Are the benefit plans funded in accordance with the actuary's recommendation?

 Yes  No

3.4 Are the organisation and employee contributions fully and promptly paid to the benefit plans?

 Yes  No

3.5 Have you ever had to make a notification to the Pensions Regulator in respect of any benefit plan?

 Yes  No

3.6 Are the benefit plan assets held independently of the organisation?

 Yes  No

3.7 Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan?

 Yes  No

3.8 Is any benefit plan currently, or anticipated to be, wound up?

 Yes  No

3.9 Has any benefit plan merged with, or assumed the responsibilities of, another benefit plan in the last 3 years?  Yes  No

3.10 Are any benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA)?  Yes  No

If you have ticked any of the shaded boxes in questions 3.3 to 3.10, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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**SECTION 4: PROFESSIONAL INDEMNITY**

Only complete this section if you require professional indemnity cover

4.1 Please provide details of the professional or advisory services the organisation provides:

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4.2 Please state your fees received in respect of the professional or advisory services in respect of the following years:

Territory:	Last completed financial year:	Estimate for current financial year:	Estimate for next financial year:
UK:	<hr/>	<hr/>	<hr/>
USA:	<hr/>	<hr/>	<hr/>
Rest of the World:	<hr/>	<hr/>	<hr/>
Total:	<hr/>	<hr/>	<hr/>

4.3 Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client:	Business of client:	Nature of your work undertaken for this contract:	Your annual income from this contract:	Start date:	Completion date:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 4.4 Do you engage sub-contractors to provide professional or advisory services on your behalf:  Yes  No
- If yes, do you ensure that they have their own public liability and professional indemnity insurance?  Yes  No

## SECTION 5: EMPLOYERS' LIABILITY AND PUBLIC LIABILITY

*Only complete this section if you require employer's liability or public liability cover*

5.1 Please state the following:

- a) Your estimated payroll for the next financial year:
- b) Your payroll relating to non-manual work away from your premises (such as consulting or similar):

Please detail the nature of this work below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c) Your payroll relating to manual work away from your premises:

Please detail the nature of this work below:

\_\_\_\_\_

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d) Your payroll relating to hazardous work away from your premises:

Please detail the nature of this work below:

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**SECTION 6: CYBER AND PRIVACY**

*Only complete this section if you require cyber and privacy cover*

- 6.1 Do you have procedures and protocols in place covering compliance with all applicable privacy regulations?  Yes  No
- 6.2 Do you have IT security procedures and protocols in place that govern the handling and storage of sensitive information?  Yes  No
- 6.3 Do you ensure that all sensitive personally identifiable data (including credit and debit card details) is encrypted when stored on portable devices?  Yes  No
- 6.4 Do you have anti-virus software installed and enabled on all desktops, laptops and servers excluding database servers) and is it updated on a regular basis?  Yes  No
- 6.5 Do you also have firewalls installed on all external gateways?  Yes  No
- 6.6 Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe or can you confirm that your outsourced service provider meets this requirement?  Yes  No

*If you have ticked any of the shaded boxes in questions 6.1 to 6.6, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:*

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6.7 a) Please detail which of the following data types you collect:

Credit or debit card details

Yes  No

Credit history or ratings

Yes  No

Medical records or health information

Yes  No

Customer bank records or details

Yes  No

Third party corporate confidential data

Yes  No

b) If you collect credit or debit card data, are your internal systems accredited by the PCI as being compliant?

Yes  No

*If no, please confirm when you anticipate achieving PCI accreditation?*

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## SECTION 7: RISK MANAGEMENT

7.1 Do you outsource the handling of sensitive data to a third party?

Yes  No

If yes, does the third party provide you with an indemnity to cover a breach of sensitive data?

Yes  No

*If no, please explain why:*

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7.2 Have you got a fully documented and tested business continuity plan in place?

Yes  No

7.3 Have your systems been subject to a third party security audit?

Yes  No

If 'yes', have all high risk recommendations from your most recent audit been implemented?

Yes  No

If not all high risk recommendations have been implemented, please explain why:

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7.4 Have your systems been audited as being compliant with ISO 27001 or equivalent?

Yes  No

SECTION 8: CRIME

Only complete this section if you require crime cover:

- 8.1 Do you have dual control procedures in place for the transfer of assets, funds, investments, disbursements and for the signing of cheques in excess of £2,500?  Yes  No
- 8.2 Are bank statements independently reconciled at least every 30 days by staff who are not authorised to make payments?  Yes  No
- 8.3 Please list all locations containing sums of money in excess of £10,000 and the security at each location:

Location:	Security:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 8.4 Does any individual independently control the appointment of suppliers or award contracts?  Yes  No
- 8.5 In the event of a merger or acquisition, are the recommendations arising out of the due diligence process adhered to in full?  Yes  No
- 8.6 Prior to the appointment of finance, accounts and treasury employees, do you obtain written references covering their most recent 3 year employment history?  Yes  No
- 8.7 Are the finance, accounts and treasury department employees required to take two weeks consecutive holiday each year?  Yes  No
- 8.8 Do you investigate any variance in the monthly management reports against the budget forecast?  Yes  No
- 8.9 Are salaries checked by staff not authorised to administer the payroll against personnel records for unusual or excessive payments?  Yes  No
- 8.10 Do you undertake an audit of raw materials, work in progress and stock at least every 6 months?  Yes  No
- 8.11 Do you have procedures in place for the use of passwords for your computer systems and is authorisation automatically withdrawn at cessation of employment?  Yes  No
- 8.12 Do you have internal audits performed?  Yes  No

If you have ticked any of the shaded boxes in the above questions, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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**SECTION 9: KIDNAP AND RANSOM**

Only complete this section if you require kidnap and ransom cover

9.1 Please provide the following information in respect of each planned foreign trip in the coming 12 months by your employees:

Country of destination:	Number of employees travelling:	Duration of visit:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

If you have more than 10 trips planned in the coming 12 months, please provide an itinerary

9.2 Please state any special security precautions taken prior to and during foreign travel:

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SECTION 10: COMMERCIAL PROPERTY AND BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

10.1 Please state the address of the premises to be insured (if different from the address given earlier):

<p>PREMISES 1</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p>
<p>PREMISES 2</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p>

Please continue on a separate sheet if more than 2 premises are to be insured.

10.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

<p>Name of party: _____</p> <p>Interest of party: _____</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p>
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10.3 Are all of the premises:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete metal, asbestos or any other, non-combustible material? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) In a good state of repair and occupied solely as offices?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Self contained with a lockable entrance door?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f) Protected by an intruder alarm that is subject to an annual maintenance contract?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.*

- g) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- j) Fitted with sprinklers, either fully or partially?  Yes  No

*NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.*

If you have answered 'no' to any of the above questions then please give further details:

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**10.4** Please detail the amounts to be insured below for each premises:

*NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.*

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:	<hr/>	<hr/>
Landlord's fixtures & fittings and tenant improvements:	<hr/>	<hr/>
Personal computers, printers and ancillary computer equipment at the office:	<hr/>	<hr/>
All other contents at the Office:	<hr/>	<hr/>
Portable computers and associated equipment at home / away from the office:	<hr/>	<hr/>
All other contents at home / away from the office:	<hr/>	<hr/>

**10.5** Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items):

**10.6** Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (flexible First Loss) :	<hr/>	<hr/>

**SECTION 11: INSURANCE REQUIREMENTS**

11.1 Please provide details of your current insurance or the cover you require if this is the first time you are applying for insurance:

	Limit:	Excess	Prior and Pending or Retroactive Date:
Trustee Liability:	_____	_____	_____
Corporate Liability:	_____	_____	_____
Employment Practices Liability:	_____	_____	_____
Benefit Plan Liability:	_____	_____	_____
Professional Indemnity:	_____	_____	_____
Employers' Liability:	_____	_____	_____
General Liability:	_____	_____	_____
Cyber and Privacy:	_____	_____	_____
Crime:	_____	_____	_____
Kidnap and Ransom:	_____	_____	_____

11.2 When would you like your insurance to start?

**SECTION 12: CLAIMS EXPERIENCE**

Regarding all of the types of insurance to which this application form relates AFTER FULL ENQUIRY:

- a) are you aware of any circumstances which may give rise to a claim against any of the organisations to be insured or their directors, trustees or employees, or
- b) have any directors or trustees of the organisation to be insured, or the organisation itself, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- c) are you aware of any loss or damage, whether insured or not, that has occurred to any of the organisations to be insured within the last 5 years, or
- d) have the organisations to be insured, or anyone working for the organisations to be insured, experienced any kidnap, extortion, hijack, wrongful detention or a political threat, or
- e) have you ever suffered a loss of data that has resulted in a privacy breach?

With reference to questions a, b, c, d and e above:

Yes  No

If the answer to the above is 'yes' then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 13: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: _____	Full name: _____
Position held: _____	Date: <u>DD / MM /YY</u> _____

*Please enclose with this Application Form your last annual report and accounts*

ADDITIONAL INFORMATION: