

COMMUNITY GROUPS PROPOSAL FORM



Ansvar Insurance Company Limited
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Agent
Agent No. Agency Ref.
Quote Ref./Policy no.



Please use BLOCK CAPITALS and, where applicable, answer the questions by putting a [✓] in the square adjoining the correct answer. If you [✓] any of the shaded boxes please provide details.

PROPOSER'S DETAILS

Full name of club, group or society (state full legal entity including, where appropriate, the Committee/Trustees for the Time Being etc).

Type of club, group or society (✓ one or more):

Recognised Charity Applying for charity status Registered charity
Limited by guarantee Charitable Incorporated Organisation Charity registration number
Voluntary organisation Not-for-profit company/organisation

Address(es) of premises that you use for the club, group or society's activities:

1)
2)

Postcode

Postcode

Name and address for correspondence (if different from the first address above):

Postcode

Telephone numbers

Office Daytime (if different)

Other contact numbers

Fax E-mail address
Website address

Period of Insurance

From To

Do you have any other policies with Ansvar?

Yes No

If YES, provide details

Please indicate if you would like details of the following:

Church Connect Charity Shops Charity Minibus Business Insurance Home Connect Special Events Travel Connect

GENERAL DETAILS (to be completed in all cases)

If you [✓] any of the shaded boxes please provide details

1) Describe the type of club, group or society:

2) Full description of all activities undertaken by your club, group or society:

at or away from your premises:

PLEASE ENCLOSE ANY AVAILABLE LITERATURE DESCRIBING YOUR CLUB, GROUP OR SOCIETY AND THE ACTIVITIES UNDERTAKEN

3) Do you undertake any fund-raising, unusual or one-off events that involve any adventure or hazardous activity, sport or pursuit?

Yes No

(Our quotation and Policy wording will list specified types of activities that we normally exclude from the Public Liability and Personal Accident (if operative) covers)

If YES, list and give full details of activities:

i) where you only use recognised and independent activity centres or facilities that supply, organise, run and supervise such activities:

ii) otherwise than in i) above, arranged or provided by you:

4) In respect of any activity arranged or provided by you, do you always ensure that established codes of practice and safety are complied with before engaging in such activity? (Please ✓ if you do not arrange any activities)

Yes No

5) Are you now or have you previously been insured against any of the risks proposed either in your name or in another name?

Yes No

If YES, state the:

(a) policy number

(b) name of insurer

(c) expiry date of policy

6) Has any insurer in respect of you or any director, trustee or official in the club, group or society ever:

(a) declined a proposal?

Yes No

(b) cancelled or refused to renew a policy?

Yes No

(c) increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)?

Yes No

7) To your knowledge, have you or any director, trustee or official in the club, group or society been:

(a) convicted or charged with, or received a caution for, any criminal offence other than motoring offences?

Yes No

(b) declared bankrupt, insolvent or the subject of a County Court Judgement which has not been satisfied?

Yes No

(c) prosecuted or received notice of intended prosecution under any Health & Safety at Work Act or Consumer Protection Act?

Yes No

(d) involved in any legal dispute, action, prosecution, HM Revenue & Customs dispute or investigation/inquiry or DSS review in connection with the club, group or society (excluding motoring offences)?

Yes No

GENERAL DETAILS (to be completed in all cases)

If you [✓] any of the shaded boxes please provide details

8) Have you, or any director, trustee or official of the club, group or society sustained loss or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes No

If YES, provide details including dates, circumstances and costs, etc.

9) When was the club, group or society established? /

10) Is there an intruder alarm protecting the part of the premises you use? Yes No

11) Is your current annual income over £50,000? Yes No

If YES, then please state the amount

12) State the total number of:

- (a) Members
- (b) Employees
- (c) Volunteers

13) Are you engaged in any activity involving children and/or young people under 18 years old or vulnerable adults? Yes No

If YES do you:

- a) have a written child and/or vulnerable adults protection policy? Yes No
- b) use personnel enquiry procedures including the Criminal Records Bureau's disclosure service (or Scottish or Northern Ireland equivalent)? Yes No
- c) review and maintain the protection policy on an annual or more regular basis? Yes No

14) Do you or any director, trustee or official in the club, group or society know of any other facts or circumstances which might reasonably influence our decision whether or not to accept the risk proposed or our rating or terms of acceptance? Yes No

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION

STANDARD COVER

If you [✓] any of the shaded boxes please provide details.

PUBLIC & PRODUCTS LIABILITY

 Note: Cover under this section is compulsory

State the indemnity limit required: £1 million £2 million £3 million £5 million £10 million

a) Do you make, supply or sell any goods or commodities?

Yes No

If YES, give details of the goods or commodities and, if you sell or supply second-hand items describe the precautions taken to ensure compliance with any legislation relating to the sale of such items, including any safety inspections by competent persons

OPTIONAL COVER REQUIRED

If you [✓] any of the shaded boxes please provide details.

EMPLOYERS LIABILITY

 Do you require cover?

Yes No

ALL RISKS

 Do you require cover?

Yes No

If YES, state the geographical area of cover and sum insured required (Please use an additional sheet if needed and note that you must insure unspecified club, group or society property for a minimum sum insured of £1,000).

British Isles Worldwide Unspecified club, group or society property (excluding foodstuffs, donated stock, documents, data and money)

 Single article limit required: £250 £500 £1,000 £1,500 £2,000

Unspecified sum insured required (minimum £1,000): £ (must be at least treble the chosen single item limit)

Specified item(s) description (make/model etc.)

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

a) Cover automatically applies within your premises for foodstuffs, stock including donated stock, stationery, documents and data, subject to a limit of £500 any one claim.

Do you want this limit increased to £1,000?

Yes No

MONEY

 Do you require cover?

Yes No

BUSINESS INTERRUPTION (EXTRA EXPENSES)

 Do you require cover?

Yes No

State the sum insured required: £ * (minimum £5,000)

PERSONAL ACCIDENT

 Do you require cover? (refer to brochure for cover and age limits)

Yes No

a) State benefit required: £5,000/£50pw £10,000/£100pw

b) Do you require cover for members?

Yes No

c) Do you require cover for members under 16 (no weekly benefits available)?

Yes No

State the benefit required: £ * (maximum £5,000)

TRUSTEES INDEMNITY

 Do you require cover? (only available to registered or recognised charities)

Yes No

NB. If your annual income exceeds £50,000, Trustees Indemnity cover (if required) will be subject to a separate proposal form and policy document

State the indemnity limit required: £100,000 £250,000 £500,000 £1,000,000

a) After enquiry, is the charity or any present trustee aware of any circumstance or incident where there is any reason to suppose a future claim might result?

Yes No

b) Has the club, group or society any subsidiary companies that require cover under the proposed insurance?

Yes No

c) Has the club, group or society been the subject of an investigation by the Charity Commission or any other regulatory body in the last 5 years?

Yes No

IMPORTANT NOTES

CHECK THAT ALL QUESTIONS HAVE BEEN COMPLETED AND ANSWERED CORRECTLY BEFORE SIGNING

- Our liability does not commence until this proposal has been accepted.
- We reserve the right to ask for special terms or decline this proposal.
- Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal, may render the policy voidable by us. If you are in any doubt whether certain facts are material, these should be disclosed.
- A copy of this proposal will be supplied by us on request within 3 months of its completion.
- You should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract of insurance.
- A copy of the usual policy form issued for this class of business is available on request.
- The policy will be governed solely by the relevant laws relating to your postal address, provided that address is within England, Wales, Scotland, Northern Ireland, the Channel Islands or the Isle of Man. If there is any dispute as to which law applies, it shall be English Law.
- We may write to you or your insurance agent with details of other products and services available from Ansvar that we think may be of interest to you. However, if you do not wish to receive any marketing from us please tick this box.
- Insurers pass the information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this. You should show this notice to anyone who has an interest in property insured under the policy.

Data Protection Act - Use of your information

For the purpose of the Data Protection Act 1998 the data controller in relation to the information you supply for this insurance is Ansvar, part of the Ecclesiastical Insurance Group. As a data subject you have the right under the Act to ask your Data Controller for a copy of personal data you have supplied and ask for inaccurate data to be corrected. Information you supply is used for purposes of administration by the insurer and its agents, by re-insurers and your intermediary. It may also be made available to regulators and ombudsmen as necessary. In deciding whether to offer insurance, its terms or assessing claims made, insurers may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

DECLARATION BY THE PROPOSER(S)

I/We consent to Ansvar and its agents processing any data required to administer this proposal and any resulting insurance.

I/We declare that the above proposal, any other information we supply at Ansvar's request and this declaration shall be the basis of the contract between me/us and Ansvar and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

I/We understand that you will pass information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

Name of person
completing this form

Signature

Position in club, group or society

Date

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION