

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 (Please state full legal entity)

Full name of the proposer(s) including Mr/Mrs/Miss/Ms or, where appropriate, the Committee/Trustees for the Time Being etc.

Type of organisation:

Registered Charity Recognised Charity (in Scotland and Northern Ireland) Registration No
Applying for charity status Voluntary Organisation Non-Profit Company/Organisation

Full description of the activities undertaken by the club, group or society

Premises to be used

Postcode

Correspondence address

Postcode

Telephone numbers

Daytime Home (if different)

Other contact numbers

Fax E-mail address

Period of Insurance

From To

How long have you been established?

Years Months

Do you have any other policies with Ansvar?

Yes No

If YES, provide details

Please indicate if you would like details of the following:

Charity Connect Business Insurance Charity Shops Church Connect Home Connect Trustees Indemnity

RISK DETAILS

State the number of members in the club/group/society. Up to: 50 100 250 Over 250 state number

If any, state the number of: (a) full time employees (b) part time employees (c) volunteers

Is there a burglar alarm system protecting the part of the premises you use? Yes No

Are you now or have you previously been insured against any of the risks proposed? Yes No

IF YES, (a) name of insurer (b) expiry date of policy

(c) policy number

Has any insurer:

- (a) declined any proposal, cancelled or refused to renew a policy? Yes No
- (b) increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)? Yes No

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

- (a) convicted or charged with, or received a caution for any criminal offence other than motoring offences? Yes No
- (b) declared bankrupt or had any unsatisfied County Court Judgement? Yes No
- (c) insured against any of the risks proposed either in your name or in another name? Yes No

Have you sustained loss or damage 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.

YOUTH AND CHILDREN'S CLUBS/GROUPS (must answer the following questions):

Type of group:

After-school Club All Day Nursery Mother & Toddler Youth Club Other (describe)

Is the club/group registered with the local authority? Yes No

Number of: (a) children in group and maximum number permitted by local authority

(b) hours (maximum) open per week age range of children and ratio of employees and helpers to children :

Do you have a written child protection policy in force? Yes No

If NO, please detail the child safety measures undertaken by your group

COVER DETAILS

PUBLIC/PRODUCTS LIABILITY Note: Cover under this section is compulsory

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

Do you:

- (a) undertake any activities away from the premises e.g. meetings, trips, fund-raising events? Yes No
- (b) make or manufacture any goods for sale or distribution to the public? Yes No
- (c) undertake any unusual or 'one-off' events or activities that are planned or which are held on a regular or annual basis? Yes No

ALL RISKS Do you require cover? If YES, [✓] as required Yes No

British Isles	Premises	Full description (make/model/serial numbers where applicable)	£
<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"/>	<i>Unspecified property belonging to the club/group/society with a single item limit of £250 (minimum sum insured £1,000)</i>	<input type="text"/>

BUSINESS INTERRUPTION Do you require cover? Yes No

If YES, state sum insured required: £

EMPLOYERS LIABILITY Do you require cover? Yes No

MONEY Do you require cover? Yes No

PERSONAL ACCIDENT Do you require cover (available only for persons aged 16 to 70 inclusive)? Yes No

If YES, [✓] benefits option required for death, loss of limbs or eyes: a) £5,000 b) £10,000 c) £

and temporary total disablement: a) £25 per week b) £50 per week c) £ per week

IMPORTANT NOTES

- 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.
- English Law will apply unless expressly agreed otherwise.
- We may write to you or your insurance agent with details of other products and services available from Ansvr 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 (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 Ansvr, 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

I/We declare that the above proposal together with this declaration shall be the basis of the contract between me/us and Ansvr 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.

Signature

Name

Position in charity/organisation

Date

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION

PLEASE ENCLOSE A COPY OF ANY LITERATURE OR PROGRAMME REGARDING YOUR ACTIVITIES