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Authorised and Regulated by the Financial Services Authority. Firm Reference No: 306497

# Charities Proposal Form

## Professional Indemnity Insurance

**This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.**

**All questions must be answered to enable a quotation to be given.**

**Completing and signing this proposal does not bind the Proposers or Underwriters to enter a contract of insurance.**

**If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).**

### ***E.U. DISCLOSURE CLAUSE (UK)***

***ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE PLACEMENT.***

*Notice to the Proposer/Assured.*

*The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.*

*Any enquiry or complaint should be addressed in the first instance to your Broker.*

*If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:*

*Complaints Department, Lloyd's,  
One Lime Street, LONDON EC3M 7HA Telephone 020 7327 5693  
LSW 1002 (02/99) (amended).*

*Registered address: Suite 3, Middlesex House, Rutherford Close, Stevenage, Herts., SG1 2EF  
Company Registration number: 5071851*



# Charities



Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.  
For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1) Please state:

<b>Name of the Charity/Association</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Website Address:</b>	<b>Email Address:</b>
<b>Establishment date</b>	<b>Charity number</b>

2) Please state type of Charity (e.g. Trust, Limited Liability Company, Industrial/Provident Society, Unincorporated Association/Trust, Incorporated by Royal Charter)

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3) Please state total number of:

<b>Qualified staff</b>		<b>All other staff</b>	
<b>Voluntary staff engaged in charitable work other than fund raising</b>			

4) Please supply full details of all persons acting as Governors, Trustees, Directors of the Company and/or Officers of the Charity:

<b>Name</b>	<b>Position</b>	<b>Date commenced</b>	<b>Occupation</b>

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5) Please state the activities/purpose of the Charity/Association:

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6) Do the Charity/Association's activities/purpose extend overseas?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **YES**, please state where and in what manner:

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7) How are investments managed?

External professional managers	<input type="checkbox"/>	Directly by the Trustees	<input type="checkbox"/>
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8) Has the Charity/Association changed any of its professional advisers in the past three years?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **YES**, please provide full details:

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# Charities



- 9) (a) Are written references obtained in respect of employees responsible for the handling of monies?

YES  NO

- (b) Has the Charity/Association suffered any loss during the past five years through fraud or dishonesty of any employee?

YES  NO

If **YES**, please provide full details including dates, circumstances and steps taken to prevent a recurrence:

- (c) Is any employee allowed to sign cheques on his/her signature alone?

YES  NO

If **YES**, up to what amount?

£

- (d) Are cash books, receipts, counterfoils and bank statements checked independently by a Governor/Trustee/Director/Officer at least monthly?

YES  NO

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- 10) (a) Have any complaints concerning the Charity/Association been made to the Charity Commissioners?

YES  NO

If **YES**, please provide details:

- (b) Has the Charity/Association ever been, or is it currently, subject to an investigation by the Charity Commissioners or any other official Body or Institution?

YES  NO

If **YES**, please provide details:

11) Has Trustee liability insurance been carried during the last year?

YES  NO

If **YES**, please state:

<b>Name of Insurers</b>	
<b>Name of Broker</b>	
<b>Renewal Date</b>	
<b>Limit of Indemnity</b>	
<b>Premium</b>	
<b>Excess</b>	

12) Please state limit of indemnity required:

£

13) (a) In respect of **ANY** of the risks to which this proposal relates, has any claim been made (whether successful or not) against the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal?

YES  NO

(b) Has any loss been suffered by the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal in respect of **ANY** of the risks to which this proposal relates?

YES  NO

If **YES**, please give details:

<b>Date of claim/loss</b>	<b>Brief details of each claim/loss</b>	<b>Cost of claim/loss</b>	<b>Estimated cost of claim/loss outstanding</b>

(c) What steps have been taken to prevent a recurrence?

**14)** Is any Trustee or person stated in Question 4 of this Proposal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

- (i) Give rise to a claim against or cause any loss to the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal?

YES  NO

- (ii) Has any proposal for similar insurance made on behalf of the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal ever been declined or has any such insurance ever been cancelled or renewal refused?

YES  NO

- (iii) Otherwise affect the consideration of this proposal for insurance?

YES  NO

If **YES**, to any of the above, please give details:

Please read this paragraph carefully before signing the declaration:

It is essential that you, when seeking a quotation to take out or renew any insurance, disclose to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

### **DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

**Signature of Governor/Trustee/Director/Officer:**

**Date:**

**A COPY OF YOUR LAST YEARS' ACCOUNTS MUST BE SUBMITTED WITH THIS PROPOSAL FORM**

**All questions must be answered fully, and those questions not relevant to you should be marked accordingly. If there is insufficient space, please provide details on your letterhead.**

***A copy of this Proposal should be retained by you for your own records***

# Charities



PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION