

Charities & Clubs & Societies

1.a Name of Company / Title of Insured

1.b Address of Registered Office

 Post Code

1.c Telephone Number
 Facsimile Number
 Email Address

2 Type of Charity / Association, (Trust, Limited Company, Industrial / Provident Society, Unincorporated Association / Trust, Incorporated by Royal Charter etc) and summary of all its activities:

3.a Date Charity / Association established

3.b Registered Number

3.c Name(s) of any Subsidiary Companies

4.a Please state the total numbers of:

i) Directors, Officers, Council Members, Trustees and Governors

ii) Qualified Staff

iii) Other Staff

iv) Voluntary Workers (other than fund-raisers)

4.b Please give a breakdown of how income is derived for the last year:

i) Funding (Government, Local Authority, Health Authority, etc.) £

ii) Subscriptions / Membership Fees, etc. £

iii) Voluntary Income / Donations £

iv) Fee-generating activities £

v) Other (please specify below) £

Total £

If you have declared income in sections iv) or v) please provide details of how income is derived :

4.c Are the Charity's / Association's funds managed by:

- i) Professional Managers (external) YES NO
- ii) Directly by the Charity / Association management YES NO

If the answer is YES to question i), please provide details and advise length of time they have carried out such duties, (if changed within the last three years please give reasons):

4.d Please confirm that full rights of subrogation are maintained against these advisors

YES NO

5.a Does the Charity / Association run any residential and / or day centres / homes?

YES NO

If YES please provide details of background vetting procedures utilised in respect of staff employed at these centres / homes prior to their engagement:

5.b If you are involved in the training, supervision or sole charge of youths under the age of eighteen or vulnerable adults, please give FULL details of activities and duties undertaken.

5.c If you are involved in the provision of any form of treatment, medical, surgical, psychiatric care or advice please give FULL details of activities and duties undertaken

5.d If you are involved in the provision of any legal financial or environmental advice please give FULL details of activities and duties undertaken

5.e If you are involved in any form of medical, scientific or sociological research please give FULL details of activities and duties undertaken

5.f If you make any charges for the services that you provide or enter or into contracts for provision of services please give FULL details of activities and duties undertaken

5.g If you undertake any certification, examination, licensing or any regulatory advice or function please give FULL details of activities and duties undertaken

6 Are any changes expected in the activities of the Charity / Association in the next twelve months or have there been any major changes in the last five years

YES NO

If YES please give full details

7.a Money and Cheques

i) Are written references obtained in respect of employees responsible for the handling of cash?

YES NO

ii) (a) Is all money received by inside staff recorded and banked daily? YES NO

(b) Is there a requirement for all employees to account for money received at least weekly?

YES NO

- iii) Are bank statements, bank paying-in slips, receipt counterfoils and other supporting documents Checked at least monthly against the cash book and other records independently of the person making the cash entries or paying into the bank? YES NO
- iv) (a) Are petty cash payments always made against authorised vouchers? YES NO
- (b) Are cash in hand, petty cash and unpaid wages checked at least monthly independently of the person preparing wage sheets to ensure payments match payroll and staff numbers? YES NO
- v) Are all salaries / wages NOT paid by credit transfer or crossed cheque checked independently of the employees handling such money? YES NO
- vi) Are all payments, other than petty cash and salaries / wages made by crossed cheque? YES NO
- vii) (a) Are all cheques prepared independently of the signatory and does a signatory to a cheque examine full supporting evidence? YES NO
- (b) Can you confirm that no one person has the authority to issue cheques bearing their Signature alone? YES NO
- (c) Can you confirm that you do not use pre-signed cheques? YES NO

If the answer is NO to any of the above questions, please provide details and (where relevant) a note of any limitations which do apply, e.g. cheques limited to a certain amount, etc.:

7.b Stock and Other Goods

- i) What is the maximum value of stock at any one location? £
- ii) Are different employees acting independently responsible for ordering, certifying receipt of and authorising payment for goods and services? YES NO
- iii) Independently of employees responsible for the stock, are physical stock and inventory checks carried out at least annually? YES NO

If you have answered NO to any part of the above questions please provide details below:

7.C Procedure and History

- i) Do professional external auditors audit at least once a year
- (a) Your accounts? YES NO

(b) All computer system installations which are used for financial and stock control purposes?

YES NO

ii) Are auditors' recommendations on security against fraud implemented to their satisfaction?

YES NO

iii) Can you confirm that the Charity / Association has not suffered any loss during the past five years through Fraud or Dishonesty of any Trustee, employee or other Assured?

YES NO

iv) Are you able to confirm that the answers provided under this Fidelity section apply to ALL your Locations?

YES NO

If you have answered NO to any of the above questions please provide details below:

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8.a Have any complaints concerning the Charity / Association been made to the Charity Commissioners or any other Regulatory or Official Body or Institution?

YES NO

8.b Has the Charity / Association ever been, or is it currently, subject to an investigation by the Charity Commissioners or other Regulatory or Official Body or Institution?

YES NO

8.c As far as is known have the Proposers ever been refused this type of insurance or had a similar insurance cancelled?

YES NO

8.d If an insurance similar to that now proposed had been or were now in effect would any claim which has been made or which is now pending against any persons proposed for insurance have fallen within the scope of such insurance?

YES NO

8.e Is any person proposed for insurance 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 proposed insurance?

YES NO

If you have answered YES to any of the above questions please provide details below:

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9 Amount of indemnity required:

£250,000 £500,000 £1,000,000 Other £

THE FOLLOWING ADDITIONAL INFORMATION MUST BE PROVIDED WITH THIS APPLICATION FORM

- i) A copy of the Charity's / Association's latest Profit and Loss Account and Balance Sheet**
- ii) A copy of the latest Auditors Report**
- iii) A copy of the indemnity and / or exclusion clause(s) contained in the trust deed, constitution, or memorandum or Articles of Association**
- iv) A copy of any publicity material or newsletter circulated by the Charity / Association**

This page forms your declaration to underwriters and can also be used to provide any additional information that you might want to provide pertinent to your Firm that may assist underwriters in their decision making process.

In all cases underwriters will require you to sign and date this form. If you present this proposal form to us electronically (by email) you will eventually be required to sign and date this form.

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Sennet Professional Indemnity Limited' to seek terms on my/our behalf from Insurers including current Insurers if any.

Signed:

Date:

(this must be signed by a Partner, Director or equivalent ranking employee)

All information provided to us and then to underwriters is governed by the DATA PROTECTION ACT 1998. Sennet Professional Indemnity Limited and Underwriters act strictly in accordance with the Act its principals and tenets and any subsequent amendments thereto.