

# CHARITY SHIELD

## Application

To Methodist Insurance plc, St Ann's House, St Ann's Place, Manchester, M2 7LP

You have a duty to present us with a fair presentation of the risks to be insured and must disclose every material circumstance which you know or ought to know about such risks. You do not need to disclose circumstances which reduce the risk or those which the Company already knows or ought to know. If you breach your duty to provide a fair presentation of the risks to be insured, the policy could be cancelled or terms changed in accordance with the policy conditions.

Please complete in **BLOCK CAPITALS** and tick where indicated.

### How we use your data

We take data protection seriously and your privacy is important to us. We will process your data in accordance with the applicable data protection law. Please ensure you read the 'How we will use your data' notice at the end of this form.

### Applicant details

**1. Name of applicant(s).**

Please clearly define all parties to be insured identifying any holding/subsidiary company relationships.

  
  


**2. Name of establishment/charity to be insured.**

**3. Charity registration number (if applicable)**

**4. If you are not a registered charity, please define your legal status**

**5. Full address of premises to be insured.**

*If there is more than one premises to be insured, please complete an additional application form.*

Postcode

Telephone

**6. Contact details**

Name

Address

Postcode

Telephone

Email

Website

**7. How long has the organisation been operating for?**

**8. Please give a full description of the business. Include a copy of your Mission statement or brochures if you wish.**

*Include details of any activities for which you have to have a special registration or licence.*

  


**9. Date upon which the insurance is to commence.**

*Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.*

## Property damage

### 1. Is cover required?

Yes  No

If 'Yes' please answer questions 2 to 8 as follows.

### 2. Are the premises (excluding outbuildings) constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal?

Yes  No

If 'No', please give details.

  

### 3. Please give details of the construction of any outbuildings to be insured

  
  

### 4. (a) Are all of the premises to be insured used solely for the purpose of your business?

Yes  No

If 'No', please give details.

  
  

### (b) Are any of the premises or part of the premises hired out?

Yes  No

If 'Yes', please give details.

  

### 5. Are the premises listed?

Yes  No

If 'Yes', please state.

Grade I  Grade II  Grade II\*  Other

### 6. Inflation protection.

The standard policy includes index-linking of your buildings and contents sums insured.

In addition you may choose the 'Day One' method of inflation protection which provides you with a specified uplift of the sums insured. This is especially relevant if your buildings may take an extended time to re-build because of planning or other issues, please tick the relevant increase you require.

Not required  15% (no charge)  25%  30%

other (please specify)  %

### 7. Sums to be insured.

#### (a) Buildings.

£

This declared value is the cost of rebuilding the insured property - not the market value

This sum should include landlord's fixtures and fitting, outbuildings, walls, gates and fences, piping, ducting, cables, wires and associated control gear and accessories, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus

#### (b) Contents.

Contents belonging to the business or entrusted to you including fixtures and fittings, tenants improvements, visual aids, office equipment, computers, and consumable stock not for sale.

The personal belongings of the following is included within the contents cover and the sum insured should make an allowance if appropriate.

Directors, trustees, officials, partners, employees  
residents and authorised volunteers

£500 per person

Computers and other office machinery

£

All other contents

£

**(c) Stock in trade**

Wines and spirits

£

Cigarettes and tobacco

£

All other stock

£

**(d) Tenants improvements and decorations  
for which you are responsible**

£

**8. Insured events**

**a) Insured events**

The standard cover includes; fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, subterranean fire.

We can also provide cover for the following, please tick if required

Theft

Glass and sanitary fixtures

Subsidence

Accidental damage

Sprinkler leakage

Terrorism

**b) If subsidence cover has been requested, please answer the following questions**

(i) Is the property currently insured against subsidence, heave and landslip? Yes  No

(ii) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave or landslip? Yes  No

(iii) Has any part of the property been underpinned or provided with other means of structural support? Yes  No

If 'Yes' to (i), (ii) or (iii), please provide further details


**c) If Glass and sanitary fixtures cover has been requested, is any glass to be insured not of ordinary glazing quality e.g. toughened, stained, bent or ornamental?** Yes  No

If 'Yes' please provide the following details:

(i) Type of glass

(ii) Approximate replacement cost

(iii) Approximate percentage of the above, relative to all glass at the premises

**d) If you have selected cover in respect of Terrorism, complete (i) and (ii) below, if not, please move onto the Property damage plus section.**

(i) Please confirm that all property you insure, whether under this policy or any other policy, whether insured with us or not, is or will be insured for terrorist damage via a member of Pool Re Yes  No

(ii) Is this cover to exclude terrorist damage for Business Interruption? Yes  No

Note: if you have any other specific requirements please contact us

## Property damage plus

**1. Is cover required?**

Yes  No

If 'yes' complete the table below.

If 'No' please proceed to Business interruption section.

Note: only complete this if your requirements for property 'away from the premises' are not met by the cover provided by the Property damage section – see the Summary of cover for details.

Description of property	Location (UK, Europe, Worldwide)	Sum insured
		£
		£
		£
		£
		£
		£

## Business interruption

**1. Is cover required?**

Yes  No

If 'Yes', complete questions 2 to 4 as follows. If 'No', please proceed to the Goods in transit section.

**2. Indemnity period required:**

18 months  24 months  36 months  other please specify

Note: The indemnity period should represent the time it would take to get your business back to normal trading after a loss.

**3. Tick which option you require and complete as necessary.**

If you do not wish to insure your income, but only additional costs incurred to help you continue after a loss, you need only complete part (b)

**(a) Loss of revenue**

including additional costs incurred to reduce loss of revenue and any income you receive from sub-letting the premises you occupy.

Yes  No

Sum insured

£

This should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating e.g. the cost of food and drink etc. If your selected indemnity period is greater than 12 months, increase the sum insured in proportion remembering to allow for factors such as expansion.

**(b) Additional cost of working only.**

no revenue cover

Yes  No

Sum insured

£

This should cover all your costs in continuing to operate for the duration of the indemnity period e.g. the cost of moving to, and operating from, temporary premises.

#### 4. Rent receivable cover

(a) If required, which premises do you require this cover for?


(b) Maximum indemnity period required

This is the length of time it would take to re-build and re-let the premises after damage.

18 months  24 months  36 months

(c) Sum insured required

£

### Goods in transit

1. Is cover required

Yes  No

If 'Yes', complete question 2 to 4 as follows. If 'No', please proceed to the Money with assault extension section.

2. Please provide details of the type of goods to be sent.


3. Please state the number of vehicles owned or operated by you.

4. Please provide details of your annual carryings in the table below.

	Estimated annual carryings	Limit any one vehicle, parcel or consignment
In your vehicles	£	
By haulier	£	
By parcel	£	
By rail	£	

### Money with assault extension

1. Is cover required?

Yes  No

If 'Yes', please complete questions 2 to 4 as follows. If 'No', please proceed to the Personal accident section.

2. What is the estimated total amount of money carried annually?

£

3. Cash.

(a) State the maximum cash on the premises during business hours

£

(b) State the maximum cash in transit

£

(c) State the maximum cash in the following locked safe(s) out of business hours

Make of safe	Model	Age	Location and how fixed	Maximum contained
				£
				£

#### 4. Assault extension.

This extension covers all your staff and volunteers for injuries if attacked whilst carrying your money.

Is cover required?

Yes  No

If 'Yes', please state number of units required\*

units

\*One unit provides £2,500 for Death, for Loss of limb(s) or eye(s) and for Permanent total disablement. £25 per week is provided for Temporary total disablement. The maximum number of units you can choose is ten.

## Personal accident

1. Is cover required?

Yes  No

If 'Yes', complete questions 2 to 5 as follows. If 'No', please proceed to the Liabilities section

2. Complete the table below to show the cover you require

Persons to be insured Complete only the categories you require	Description of duties e.g. admin, catering, gardening.	Number of persons	Cover required Whilst at work only or 24-hour cover	Number of units per person*
All full-time permanent staff				
All part-time permanent staff				
All volunteers			At work only	
Named persons Insert name and position				

\*One unit provides £2,500 for Death, for Loss of limb(s) or eye(s) or loss of hearing and for Permanent total disablement. One unit also provides £25 per week for Temporary total disablement. If you would prefer a different basis for determining the level of cover - e.g. benefits linked to staff earnings - please let us know.

3. Deferment period.

The standard deferment period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period?

Yes  No

If 'Yes', state the number of weeks.

4 weeks  6 weeks  8 weeks  13 weeks

4. To the best of your knowledge or belief are all the persons to be insured:

(a) in good physical and mental health?

Yes  No

(b) free from any physical disability or infirmity?

Yes  No

If 'No', please give details.


# Liabilities

## 1. Please indicate the cover(s) required by ticking the box(es).

If you do not require any cover for Liabilities please proceed to the Legal Expenses section (you will not be able to choose cover for Charity trustee insurance if you do not choose the Liabilities section).

Cover	Limit of indemnity	
Employers' liability	£10,000,000	<input type="checkbox"/>
Public and products liability	£5,000,000 (standard)	<input type="checkbox"/>
	£10,000,000	<input type="checkbox"/>

Higher limits can be considered on request

## 2. Employer Reference Number

Please provide the Employer Reference Number (ERN) for your business (the ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer). Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.

If you do not have an ERN, please confirm that you are exempt from holding one. Yes

## 3. Wageroll information

*Note: The premium may be adjusted to reflect actual figures at renewal.*

Please provide a breakdown of all wages/salaries paid during your last complete financial year split between your various classes of employees, e.g. clerical & administrative, gardening & maintenance staff etc.

Category	Numbers	Gross annual wages and benefits

Volunteers - please provide a breakdown of volunteers, providing either the total hours donated or the number of full-time equivalent volunteers.

Nature of duties	Total hours donated	Full-time equivalent

## 4. Please advise your gross annual income/revenue/turnover.

5. Do you engage in adventure activities, hazardous sports such as water sports, abseiling, parachuting, horse riding or go-karting, firework displays or bonfires, or any other hazardous activity that carries the risk of death or serious injury? Yes  No

If yes, do you always:

(i) use a specialist service provider?

Yes  No

(ii) check that the service provider has public liability insurance in force at the time of the event with a limit of indemnity no less than that sought under this insurance and which includes an 'Indemnity to principal' extension?

Yes  No

6. Are any activities away from the premises planned for the next 12 months?

Yes  No

If 'Yes', please give details of types of locations within the United Kingdom and abroad, the countries concerned, the approximate periods and the numbers of employees or volunteers involved?


## Charity trustee insurance

1. Please indicate the charity's status (e.g. body corporate, company limited by guarantee, unincorporated association, charitable incorporated organisation)

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2. Date the charity was established

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3. What are the charity's principal charitable objectives?

*(If the charity produces a descriptive brochure, please supply this)*


4. Registration

(a) Please confirm your registration number if you are registered as a charity in England, Wales or Scotland

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(b) If you are not a registered charity, please confirm if you are

Exempt

Excepted

(c) If in Northern Ireland, are you recognised as a charity by HM Revenue and Customs?

Yes  No

5. If the charity carries out any of its activities through any separately incorporated company e.g. a trading subsidiary, please state details for each company concerned attaching additional sheets if necessary.

(a) Full title

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(b) How incorporated

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(c) Activity and relationship to charity




**6. Accounts information**

Please state consolidated figures if more than one organisation is to be covered by the policy

(a) To what date do your last accounts cover?

(b) If not 12 months, what is the period covered?

(c) Were your accounts

Audited?

Independently examined?

(d) Did the auditors or examiners 'qualify' their opinion i.e. have they expressed concerns about the organisations' accounts, accounting procedures or financial position in their report Yes  No

If 'Yes', please send us a copy of the latest Report and Accounts

(e) What is the gross annual income shown in the accounts

(f) What is the total gross assets (fixed assets plus investments plus current assets) in the last balance sheet?

(g) If the charity acts as a custodian trustee, what is the total of gross assets in its custody?

**7. Investigations**

Within the last five years has any charity or company to be insured or any of its present or former trustees, directors or officers been the subject of any complaint to or investigation by the Charity Commission or any other regulatory body? Yes  No

If 'Yes', please state the date and details of each such complaint or investigation


**8. Previous insurance**

As far as you are aware, has any charity or company to be insured or any of its present or former trustees, directors or officers been refused insurance similar to the proposed insurance or has such insurance ever been cancelled? Yes  No

If 'Yes', please state the date and details of each such refusal or cancellation


**9. Claims**

(a) In respect of the risks to insured, have any claims been made against you or any of your trustees, directors or officers during the last five years? Yes  No

(b) Are you aware (after making enquiries of your trustees, directors or officers or those acting in that capacity) of any circumstances which might lead to a claim against any of the above under the proposed insurance? Yes  No

If 'Yes' to either (a) or (b), please state the date and details


## 10. During the last five years

- (a) Has the name of the charity changed? Yes  No
- (b) Has any other charity amalgamated with or been merged with the charity? Yes  No

If 'Yes' to either (a) or (b), please provide details


## 11. Duty of Fair presentation – disclosure of additional material circumstances

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out, you must disclose them to us. Please use the space below attaching additional sheets if necessary.

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## Legal expenses

1. Is cover required? Yes  No

If 'Yes', complete questions 2 to 5 as follows. If 'No', please proceed to the Fidelity section.

2. Limit of indemnity required:

£250,000 (standard)  £500,000

3. Are any redundancies envisaged in your business within the next 12 months? Yes  No

4. Have you or any director, partner, employee or representative ever been involved in any action, legal dispute, prosecution, dispute with or investigation/inquiry by HM Revenue & Customs or DSS review in connection with any company, business or firm with which any of you have been involved (excluding driving offences)? Yes  No

If 'Yes' to 3 or 4 above, please give details below.


5. Total estimated annual wages. £

Is cover required for theft of money and goods by employees?

Yes  No

If 'Yes', please complete the following questions. If 'No', please proceed to the Claims section.

## 1. General information

Please confirm the total number of employees.

What is estimated wage roll for all employees?

What is the estimated annual turnover?

## 2. Cover

Please complete Option 1 or Option 2 as appropriate.

If cover is required for all employees but you require higher limits for specific employees, please complete both sections.

### Option 1 – All employees / all volunteers

(a) Do you require cover for all employees?

Yes  No

Limit of indemnity required any one loss.

Limit of indemnity required for all losses in any one period of insurance

(b) Is cover required for all volunteers

Yes  No

If yes, please confirm the total number of volunteers

Do you require a lower limit of indemnity for volunteers?

Yes  No

If yes, please specify.

The total limit for all losses in any one period of insurance for Volunteers and Employees will be the limit requested in (a) above.

### Option 2 – Named Employees / Named Volunteers

Please complete if you require higher limits for specific employees or volunteers

Full name of employee	Nature of tasks carried out	Limit of indemnity required any one loss
		£
		£
		£
		£

Full name of each volunteer	Nature of tasks carried out	Limit of indemnity required any one loss
		£
		£
		£
		£

### 3. General questions

(a) Have you ever been found the need to question the honesty or conduct of any person to be insured?

Yes  No

If 'Yes', please provide details.


(b) Are written references obtained directly from former employers for the whole of the preceding three years of engagement of any employee who has responsibility for money, accounts or goods?

Yes  No

If 'No', please provide details.


### 4. Minimum standards of control

The terms of this insurance require the following Minimum standard of control to remain fully operative during the currency of the policy, unless otherwise agreed with us. All employees with responsibility for money, accounts, goods, computer operations or computer programming must be instructed as to their duties and responsibilities in respect of part 1 of the Minimum standard of control and be expected to comply with it.

#### Part 1.

- i. All cheques or other bank instruments exceeding £10,000 shall require two manually applied signatures to be added after the amount has been inserted. No cheque or instrument shall be signed until one signatory has examined the supporting documentation.
- ii. In respect of funds transfers involving electronic instructions:
  - a. no one employee shall complete a funds transfer payment from beginning to end
  - b. all employees involved will require unique passwords to access the computer or system which must be kept confidential to the user and changed at least every 30 days
  - c. password resets will be carried out by an employee who does not have access to or other involvement in the fund transfer process.

All process and security controls agreed with the bank or other financial institution through which transfers are made must be complied with.
- iii. At least quarterly and independently of persons responsible, the payroll shall be checked to minimise the possibility that fictitious names and enhanced payments have been included.
- iv. Employees receiving cash and cheques in the course of their duties shall be required to remit all monies received and/or bank in full on the day of receipt or next banking day.
- v. Statements of account for all amounts due will be issued at least monthly and direct to customers independently of employees receiving or collecting monies. Action by management shall be taken if an account becomes three months overdue.
- vi. Bank statements, receipts, counterfoils and supporting documents shall be checked independently of the responsible employees, at least monthly against the cash book entries and the balance tested with cash and unrepresented cheques.
- vii. Cash in hand and petty cash shall be checked independently of the responsible employees at least monthly and additionally without warning every six months.
- viii. There will be a physical check on all stock and materials held against verified stock records independent of the responsible employees at intervals of not more than 12 months.
- ix. Different employees acting independently shall be responsible for the ordering of stock and materials, the recording of receipt of such and the authorising of payment for them.
- x. Security checks will be built into all computer functions with reconciliations made as necessary. Responsibilities for authorisation of transactions, processing of transactions and handling of output shall be exercised by different employees.

- xi. Your accounts including the account of any subsidiary companies shall be examined by external auditors every 12 months. All recommendations or alternatives acceptable to the auditors shall be implemented without unreasonable delay.
- xii. Every employee who is responsible for money, goods, accounts, computer operations or programming must take an uninterrupted break of at least two weeks in each calendar year during which
  - a. they carry out no duties on your behalf; and
  - b. other than electronic mail they have no means of external access to your computer systems; and
  - c. they stay away from any of your premises.
- xiii. All supplier/creditor accounts received for payment shall be carefully and independently (of those employees placing orders or settling such accounts) checked and validated directly with the supplier/creditor before payment is authorised. No instructions or requests to change any supplier's/creditor's settlement account details shall be accepted or implemented without
  - a. the supplier or creditor in question being contacted independently and directly to confirm the change; and
  - b. written confirmation of the change being obtained from a suitably authorised and recognised contact at the supplier/creditor; and
  - c. written confirmation of the change being received independently and directly from the supplier's/creditor's bank.

**Part 2.**

- i. You shall obtain satisfactory references to confirm the honesty of all employees who are responsible for money, goods, accounts, computer operations or computer programming. Such references shall be obtained directly from former employers for the three years immediately preceding engagement and before the employee is entrusted without supervision.
- ii. Upon the termination of service of any employee you shall take all reasonable precautions to prevent a loss including, but not limited to,
  - a. the changing of all alarm and other security codes or passwords the employee had or may have had knowledge of; and
  - b. the deletion or invalidation of any access codes or passwords the employee had to access computer or other systems.

**5. Are you able to comply with all of the Minimum standards of control specified above?** Yes  No

If 'No', please provide details below.


**6. Audits**

**Do your professional auditors undertake at least one full audit annually?** Yes  No

If 'Yes', please state their name and address


**7. Internal audits**

**(a) Do you have an internal audit team or department?** Yes  No

**(b) If yes, do they undertake at least one full audit annually at each of your premises?** Yes  No

If 'No' to either (a) or (b), please describe procedure.


**8. In respect of the risks to be insured whether at these premises or elsewhere has any:**

- (a) loss arisen during the past five years whether insured or not? Yes  No
- (b) company or underwriter declined to issue or renew a policy or imposed special terms? Yes  No

If 'Yes' to either (a) or (b), please provide details.


**9. Disclosure of additional material circumstances.**

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

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## Claims

### 1. In respect of the risks to be insured whether at these premises or elsewhere

(a) has any loss, damage, injury or liability arisen during the past five years whether insured or not? Yes  No

(b) are you aware of any circumstances which might give rise to a claim? Yes  No

If 'Yes', please give details.


2. Are you aware of any flooding at the premises or anywhere adjacent to the premises however caused? Yes  No

## Risk management

1. Is there a documented procedure to ensure all activities are supervised and managed by personnel who are competent and qualified? This includes third parties as well as employees and volunteers. Yes  No

2. (a) Do you have a documented Fire Risk Assessment? Yes  No

(b) If 'Yes', is this reviewed annually? Yes  No

3. Where the premises have been inspected by the relevant fire authorities have you completed all the requirements raised by them? Yes  No

4. (a) Are the premises protected by an intruder alarm? Yes  No

(b) Are the premises protected by a fire alarm? Yes  No

If 'Yes' to either (a) or (b), please give details.


5. (a) Are the premises in a good state of repair? Yes  No

(b) Is there a documented programme of preventative buildings maintenance? Yes  No

6. (a) Is there an agreed method to ensure competent and qualified contractors are employed for building work including maintenance? Yes  No

(b) Do you ensure a Hot Works Permit system is in place and operated during building works? Yes  No

7. (a) Have you taken steps to identify if Asbestos Containing Material is present in your buildings? Yes  No

(b) Have you assessed the condition of any Asbestos containing Material and keep a record? Yes  No

(c) Do you have a plan to manage Asbestos Containing Material in your buildings? Yes  No

8. (a) Has an electrical inspection been carried out within the last 5 years? Yes  No

(b) If 'Yes', did this result in a satisfactory grade? Yes  No

9. (a) Is there a programme for testing portable electrical appliances? Yes  No
- (b) If 'Yes', are records of such tests maintained? Yes  No
10. (a) Do you have an inspection contract in place with a bona fide inspection company for all relevant plant and machinery which require statutory inspections such as lifts? Yes  No
- (b) If 'Yes', do you ensure any improvements required following an inspection are completed? Yes  No
11. (a) Do you have an accident book for recording all details of incidents which cause personal injury? Yes  No
- (b) Are procedures in place to ensure employees/volunteers understand the requirement to report accidents? Yes  No
12. (a) Is there a documented procedure to ensure that all employees have completed and understood training that has been delivered to them taking into account factors such as experience, capability and language? Yes  No
- (b) Do you have signed training records which are retained for an appropriate period of time? Yes  No
13. (a) Are there annually reviewed documented Health and Safety policy and procedures in place? Yes  No
- (b) If 'Yes', are these cascaded to all employees including volunteers? Yes  No

## Safeguarding

1. Have any allegations of abuse ever been made against you or any of your employees and volunteers or service providers (hereafter referred to as 'personnel') whilst working for you or acting on your behalf? Yes  No
2. Where you or any of your personnel work unsupervised with children or vulnerable adults, or have unsupervised access to children or vulnerable adults, have you:
- (a) prepared and implemented a written safeguarding policy that is regularly reviewed at least annually? Yes  No
- (b) a designated safeguarding officer or named person(s) responsible for safeguarding? Yes  No
- (c) implemented safe recruitment procedures for your personnel? Yes  No
- (d) provided safeguarding training with regular updates (at least annually) for all of your personnel? Yes  No
- (e) arrangements in place for incident reporting and investigation? Yes  No
- (f) undertaken Disclosure and Barring Service (DBS) or equivalent checks at the appropriate level of all eligible personnel working with children and vulnerable adults? Yes  No
- (g) retained securely or will you retain securely:
- i) a copy of your safeguarding policy and any revisions of it? Yes  No
- ii) evidence that training has been given and received by all relevant persons? Yes  No
- iii) employment and engagement applications, references, identity verifications and DBS or equivalent reference numbers? Yes  No



**iv) records of any abuse allegations, incidents, notifications and any action taken?**

Yes  No

If you answer 'No' to any of the above, please provide details


## General questions

**1. In respect of the risks to be insured whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms?**

Yes  No

If 'Yes', please give details, including what insurance this was in respect of?


**2. Have you previously traded under another name?**

Yes  No

If 'Yes', please give details.


**3. Have you or any director or partner, trustee or manager ever:**

**(a) been convicted of any criminal offence other than a driving offence or have any non-motoring prosecutions pending? You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974.**

Yes  No

**(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?**

Yes  No

**(c) had any County Court Judgments made:**

**(i) against you in a personal capacity?**

Yes  No

**(ii) against any company, business or firm in which any of you have been involved as a director or partner or in a similar capacity?**

Yes  No

If 'Yes', to any of the above please give details.


**4. (a) Has any sanction, penalty or corrective action been imposed within the last 5 years as a result of an investigation of the organisation by any regulatory or professional body such as the Health & Safety Executive or Ofsted?**

Yes  No

**(b) Have you or any principal, director, employee or representative ever been prosecuted under the Health and Safety at Work etc. Act 1974 or any similar legislation?**

Yes  No

**5. Duty of Fair presentation - disclosure of additional material circumstances**

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.


**6. Have you been supplied with a summary of cover in respect of this insurance? If not use this link for a copy**

Yes  No

**7. Would you like a quotation for Inspection services to meet Statutory requirements for engineering plant and equipment?**

Yes  No

**Additional information**

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## Law applicable

This policy shall be governed by and construed in accordance with the law of England and Wales unless your central administration and/or place of establishment is located in Scotland in which case the law of Scotland shall apply.

## Declaration

**This declaration must be signed and dated. The person(s) signing below must be authorised to sign on behalf of all Insured parties.**

**I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete. I/We agree to accept a policy in the Company's usual form for this class of business.**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Initials \_\_\_\_\_ Date \_\_\_\_\_

## How we use your data

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

Methodist Insurance plc ("**we**", "**us**", "**our**") is the data controller in respect of any personal data which you provide to us or which we hold about you and any personal data which is processed in connection with the services we provide to you.

Where you provide us with personal data about a person other than yourself (such as a dependant or named person under a policy), you must inform them that you are providing their personal data to us and refer them to this notice.

To provide our insurance related services, we will collect and process your personal data such as your name, contact details, financial information and any information which is relevant to the insurance policy we are providing. In order to provide your insurance policy or when making a claim, we may also need to collect or process 'special categories of personal data' such as information relating to your health or criminal convictions or information which is likely to reveal your religious beliefs.

We process your personal data for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention, business management, systems development and carrying out statistical and strategic analysis.

Providing our services will involve sharing your personal data with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, our service providers and professional advisors, or business partners

In some circumstances we may transfer your personal data to countries outside of the European Economic Area. We will put appropriate safeguards in place to ensure that your personal data is protected.

Where we have your consent, we may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by clicking on the link at the bottom of any email or by contacting us.

## Fraud Prevention

We need to carry out fraud and anti-money laundering checks, and this will involve sharing your personal data (such as your name, contact details and financial information) with credit reference and fraud prevention organisations such as the Claims and Underwriting Exchange, run by MIB. If you make a claim, we will share your personal data (to the extent necessary) with other companies including other insurers and anti-fraud organisations to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf.

If false or inaccurate information is provided and fraud is identified, your personal data will be passed to fraud prevention agencies including the Insurance Fraud Register, run by the Insurance Fraud Bureau. Law enforcement agencies may access and use this information.

Please note that when carrying out any fraud prevention activities, we may need to process your special categories of data such as criminal offence information and share it with fraud prevention agencies.

## Further Information

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at [www.methodistinsurance.co.uk/general/security-and-privacy](http://www.methodistinsurance.co.uk/general/security-and-privacy) or contact our Data Protection Officer at Beaufort House, Brunswick Road, Gloucester GL1 1JZ or on **0345 6073274** or email [compliance@micmail.com](mailto:compliance@micmail.com).



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