

# **Circuit and District Shield** Application

# METHODIST INSURANCE CIRCUIT AND DISTRICT SHIELD

To the Methodist Insurance PLC, 11 York Street, Manchester M2 2AW.

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 throughout and tick the boxes as appropriate.

#### 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.

Contact details				
1.	Name of Circuit or District			
2.	Name			
3.	Position			
4.	Postal Address			
	Postcode	Website		
	Email	Telephone		

5. Date cover is to commence Note: (i) Cover will not commence until this application has been accepted by the Company. (ii) Certain risks may be subject to survey. **General questions** 1. In respect of the risks to be insured has any: a) loss, damage, injury or liability arisen during the past five years whether insured or not? b) company or underwriter declined to issue or renew a policy or Yes No cancelled a policy or imposed special terms or increased the premium? 2. To your knowledge, have you or any official or trustee of the applicant ever been: a) 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.** b) declared bankrupt or held any unsatisfied County Court No **Judgement?** 

## Section 1 - Your office premises and property

NB Only complete this section for any office premises and contents you wish to insure. For let properties please complete the separate Property owners application form.

#### **1.** Address of office premises to be insured

Postcode			
Sums to be insured			
Buildings sum insured			
Contents sum insured			
		Yes	No
engineers' and legal fees, removal of debris an meeting local authority requirements?	nd the cost of		
Does the Contents sum insured represent the cost of the property insured by this section?	full replacement	Yes	No
	Sums to be insured Buildings sum insured Contents sum insured Does the Buildings sum insured represent the rebuilding as new including architects', survey engineers' and legal fees, removal of debris an meeting local authority requirements? Does the Contents sum insured represent the	Sums to be insured Buildings sum insured Contents sum insured Does the Buildings sum insured represent the full cost of rebuilding as new including architects', surveyors', consulting engineers' and legal fees, removal of debris and the cost of meeting local authority requirements?	Sums to be insured Buildings sum insured Contents sum insured Does the Buildings sum insured represent the full cost of rebuilding as new including architects', surveyors', consulting engineers' and legal fees, removal of debris and the cost of meeting local authority requirements?

# Section 1 - Your office premises and property continued

#### **Business equipment**

Automatic cover of  $\pounds 2,500$  in total for unspecified items anywhere in the United Kingdom If you require additional cover for specified items list them here.

	Item description			Sum Insu	red	
3.	Other interested parties	Other interested parties (e.g. mortgage lender, lessor, etc)				
	Name					
	Address					
	Postcode					
	Nature of interest					
4.	a) Age of property:					
	Pre-1920 1920	-1945	1946-1979	1980-1989	1990 to date	
	b) Is the property listed	?			Yes No	
	If 'Yes' please state	Grade I	Grade II*	Grade II	or equivalent	
5.	a) Is the property:					
	(i) self-contained having its own separate lockable front door under Yes No your control?					
	(ii) occupied solely for	(ii) occupied solely for your Circuit or District office business? Yes No				
(iii) built of brick, stone or concrete and roofed with slates, tiles, concrete, asbestos or metal and maintained in a good state of repair?					Yes No	
	(iv) flat roofed?				Yes No	
	If 'Yes' please state what % of the property is flat roofed?					



## Section 2 - Loss of income

NB This is to cover your general income, excluding rent you receive from letting properties. The income from these should be insured under a separate Property owners policy. If you would like a separate Property owners application form for them please let us know.

#### Standard Limit is £50,000

Cover is based on a 24 months indemnity period.

If you require a higher than standard limit, please advise the sum to be insured.

#### **Section 3 - Money**

#### Standard Limit is £5,000

If you require a higher than standard limit, please advise the sum to be insured.

#### Section 4 - Theft by officials

Standard Limit is £10,000

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			
Standard Limits			
(i)Employers' Liability£10,000,000(ii)Public & Products Liability£5,000,000	)		
If you require a higher than standard limit, please	advise the limit of i	ndemnity.	
		(i) £	
		(ii) £	
Optional cover - Professional Counselling		(ii) £	
Optional cover - Professional Counselling Do you require a quotation for Professional C	Counselling cover		Yes No
	Counselling cover		Yes No
Do you require a quotation for Professional C	Counselling cover		Yes No
Do you require a quotation for Professional C ction 6 - Legal expenses	Counselling cover		Yes No
Do you require a quotation for Professional C ction 6 - Legal expenses	Counselling cover		Yes No
Do you require a quotation for Professional C ction 6 - Legal expenses Standard Limit is £250,000	Counselling cover		Yes No
Do you require a quotation for Professional C etion 6 - Legal expenses Standard Limit is £250,000 etion 7 - Personal accident	Counselling cover		Yes No
Do you require a quotation for Professional C etion 6 - Legal expenses Standard Limit is £250,000 etion 7 - Personal accident Standard Limits as shown in table below			
Do you require a quotation for Professional C etion 6 - Legal expenses Standard Limit is £250,000 etion 7 - Personal accident Standard Limits as shown in table below Age of insured person	16-80		Under 16
Do you require a quotation for Professional C ettion 6 - Legal expenses Standard Limit is £250,000 ettion 7 - Personal accident Standard Limits as shown in table below Age of insured person Death	16-80 \$10,000		Under 16 £5,000
Do you require a quotation for Professional C etion 6 - Legal expenses Standard Limit is £250,000 etion 7 - Personal accident Standard Limits as shown in table below Age of insured person Death Loss of one or both eyes or one or more limbs	16-80 £10,000 £10,000		Under 16 \$5,000 \$10,000

# 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.

#### **Important note**

Please read and sign the declaration on the last page.

#### 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**

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 and Signature on behalf of the Applicant

Name		
Signed		
Date		
Position		

#### 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 and our regulators.

In some circumstances we may transfer your personal data to countries outside of the United Kingdom. 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 or contact our Data Protection Officer at Benefact House, 2000, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom or on **0345 6073274** or email compliance@micmail.com.



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www.methodistinsurance.co.uk

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