

Circuit and District Shield

Application

Version 4



METHODIST INSURANCE CIRCUIT AND DISTRICT SHIELD

To the 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 throughout and tick the boxes as appropriate.

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. a) Is the property a:

House

Bungalow

Flat

b) Is the property:

Detached

Semi-detached

Terraced

c) Age of property:

Pre-1920

1920-1945

1946-1979

1980-1989

1990 to date

d) Is the property listed?

Yes

No

General questions continued

If 'Yes' please state Grade I Grade II* Grade II or equivalent

2. a) Is the property:

- (i) self-contained having its own separate lockable front door under your control? Yes No
- (ii) occupied solely for private residential purposes (which includes Circuit or District 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?

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

c) Is the neighbourhood in which the property is located susceptible to subsidence, heave, landslip or settlement? Yes No

d) Has the property been underpinned or provided with other means of structural support? Yes No

e) Has the property previously suffered from flooding or storm damage? Yes No

f) Is the property on a site which has suffered from flooding at any time in the last 10 years? Yes No

g) Is the property at least 200 metres away from any natural or man-made watercourse or sea? Yes No

3. 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? Yes No

b) company or underwriter declined to issue or renew a policy or cancelled a policy or imposed special terms or increased the premium? Yes No

4. 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. Yes No

b) declared bankrupt or held any unsatisfied County Court Judgement? Yes No

Section 1 - Property continued

b) Other interested parties (e.g. mortgage lender, lessor, etc)

Name

Address

Postcode

Nature of interest

Section 2 - Loss of income

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

Section 5 - Liabilities

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 indemnity.

(i) £
(ii) £

Optional cover - Professional Counselling

Do you require a quotation for Professional Counselling cover?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Section 6 - Legal expenses

Standard Limit is £100,000

Section 7 - Personal accident

Standard Limits as shown in table below

Age of insured person	16-80	Under 16
Death	£10,000	£5,000
Loss of one or both eyes or one or more limbs	£10,000	£10,000
Permanent total disablement	£10,000	£10,000
Temporary total disablement	£100 per week	£10 per week

If you require higher than the standard benefits, please advise.

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.

How we will use your data

We hold data in accordance with the Data Protection Act 1998. It may be necessary for us to pass data to other organisations that supply products and services for this policy.

Fraud prevention

We may check your details with various fraud prevention and credit reference agencies. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. If you make a claim, we will share your information (where necessary) with other companies to prevent fraudulent claims. For further information please refer to our Privacy Policy at www.methodistinsurance.co.uk/general/security-and-privacy.

Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless your organisation is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

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

Data Protection

Methodist Insurance will always act responsibly with your personal data.

By submitting your personal details you consent to us using this information in the ways described in our Privacy Policy, which includes sending you emails from time to time, telling you about offers, discounts or other information which we think may be of interest to you, about our business partners which we have carefully selected and from ourselves. You can opt out at any time.

Our privacy policy can be found at www.methodistinsurance.co.uk or by writing to us at our registered office address.

Please tick if you do not wish to receive marketing information by email about our business partners

Please tick if you do not wish to receive marketing information by email from members of the Ecclesiastical Group



Methodist Insurance PLC,
St Ann's House,
St Ann's Place,
Manchester M2 7LP
Tel: 0345 606 1331 Fax: 0345 604 6302
www.methodistinsurance.co.uk

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