

application form

FAITH INSURANCE



To Ecclesiastical Insurance Office plc, Beaufort House, Brunswick Road, Gloucester GL1 1JZ.

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.

Applicant details

1 Name of church/organisation
 (Please specify the full legal entity to be insured e.g. The trustees, elders and committee of the church)

2 Denomination of church/organisation

3 Postal address

Postcode	Telephone
Email	Website

4 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.

General details

1 If a charity, what is your charity registration number?

2 How many years have you been established **at the current premises?**
 elsewhere?

3 Please advise the number of members you have

4 Please state or enclose a copy of your mission statement outlining your aims and ideals

5 Please also attach any explanatory literature or brochure that you produce to further your aims, together with a copy of your latest Report and Accounts

- 6** It is most important that you fully describe the activities that are carried out at each of your premises and elsewhere. Please detail these in the box below

- 7** Please advise the annual revenue of your organisation

(a) last year

£

(b) estimated for this year

£

- 8** Have you ever been subject to an investigation by the Charity Commission or any other body?

If 'Yes' please provide details

Premises to be insured

- 1** Full address(es) of premise(s) to be insured

Postcode

Telephone

- 2** General description of the premises to be insured

(Please include its original date of construction and purpose)

- 3** Are the premises listed?

Yes

No

If 'Yes' please state

Grade I

Grade II*

Grade II

other

Property damage

1 The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, subterranean fire, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, sprinkler leakage, accidental damage, theft of contents and breakage of glass and sanitary fixtures.

We can also provide cover for the following.

Please tick if required Subsidence Terrorism

2 Sums to be insured

(a) Buildings

This is the cost of rebuilding the insured property – not the market value. The buildings of the premises including landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred ie architects and surveyors fees, consulting engineers fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Contents

(i) audio and video equipment, computers and other office machinery

(ii) all other contents

(c) Stock and materials

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

3 Do you want your sums insured to be adjusted by the 'Day One' method of inflation protection? Yes No

Note: Day One basis does not apply to stock in trade.

If 'Yes' please select the percentage uplift you require

15% 25% 50% Other limit (please specify) %

4 Are the external walls and roof coverings of the premises constructed solely of brick, stone, concrete, slates or tiles? Yes No

If 'No' please provide details

Property damage plus - 'all risks' for specific items

Is cover required?

Yes No

If 'Yes' complete the table below.

If 'No' please proceed to the Liabilities section

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

Business interruption

1 Please tick to show the cover required

Yes No

Standard £50,000 for 24 months - Maximum Indemnity Period

Other

If other, please give details

Liabilities

1 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

Liabilities

2 Please indicate the cover(s) required by ticking the boxes

Cover	Limit of Indemnity	
Employers' liability (a higher limit can be considered on request)	£10,000,000	<input type="checkbox"/>
Public liability and Products liability (In respect of products liability this will be the maximum amount payable any one period of insurance)	£2m (standard)	<input type="checkbox"/>
	£3m	<input type="checkbox"/>
	£5m	<input type="checkbox"/>
	higher limits available	

3 Do you engage unpaid officials or voluntary helpers?

Yes No

If 'Yes' please advise

Nature of duties	Total number engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

4 Health & Safety

(a) Do you have a written Health & Safety policy?

Yes No

(b) Is responsibility for Health & Safety issues designated to a Senior Official?

Yes No

If 'No' please provide details of arrangements

5 Do you engage in fundraising activities e.g. collections, fêtes, etc?

Yes No

Full details of the nature and scope of the activity	Approximate numbers attending each activity	Number per year

6 Please tick the box if you engage in any of the following activities

Sponsored walks or other sponsorship events	<input type="checkbox"/>	Mountaineering/rock climbing/caving/pot holing/abseiling/orienteering/gully bashing/waterfall jumping/bungee jumping or any activity involving the use of elasticated ropes	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>		
Bonfire parties and/or firework displays	<input type="checkbox"/>		
Water sports or water related activities including canoeing/kayaking/rafting/any white water activities/sub aqua diving/snorkelling	<input type="checkbox"/>	Parachuting/sky diving/any activity involving the use of aircraft	<input type="checkbox"/>
Any other potentially hazardous pursuits?	<input type="checkbox"/>	Activities involving vehicles, eg karting	<input type="checkbox"/>

Please provide details (if you are in any doubt whether an activity is hazardous or not please disclose it)

7 Risk assessments

Are all necessary risk assessments undertaken by suitably qualified and competent personnel before taking part in any of the activities described in questions 4 and 5 above and are such activities supervised by suitably qualified people?

Yes No

8 Are celebrities ever involved in any of your activities?

If 'Yes' please provide details

Yes No

9 Do you always comply with established codes of practice and safety policies before engaging in any activity?

Yes No

10 Do you always

(a) use specialist service providers for any hazardous pursuit or activity?

If 'No' please provide details

Yes No

(b) check that they hold public liability insurance and that it has an adequate limit of indemnity and an indemnity to principal clause?

Yes No

11 Do you or your representatives offer any advice or counselling to third parties?

Yes No

If 'Yes' please provide details

12 Are your activities limited to the United Kingdom?

Yes No

If 'No' please confirm the countries outside the UK in which activities are undertaken

The scope of these activities

Details of any insurance specifically arranged in respect of such activities

13 Do you engage personnel who are not ordinarily resident within the United Kingdom?

Yes No

If 'Yes' please provide full details

14 Do you act at all times within the guidelines and advice provided by the Foreign and Commonwealth Office in respect of travel to places abroad?

Yes No

15 Are you engaged in any activity involving children and/or young people under the age of 18 years or vulnerable adults?

Yes No

If 'Yes' answer questions 15 and 16 below. If 'No' proceed to question 17

16 Do you have a protection policy to guard against abuse?

Yes No

If 'Yes', how often is it reviewed and maintained?

17 Do you comply with all legislation and guidelines applicable to any of your activities which relate to the protection of children/young people/vulnerable adults, including

- (a) the 13 guidelines contained in the Home Office Code of Practice 'Safe from Harm'? Yes No
- (b) the National Minimum Standards and Regulations of the Care Standards Act 2001 (or Scottish or NI equivalent)? Yes No
- (c) the use of personnel enquiry procedures including the Criminal Record Bureau's One Stop Shop Disclosure Service (or Scottish or NI equivalent)? Yes No

18 Do you sell or supply any products? (including second hand items) Yes No

If 'Yes' please provide details (In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale)

19 Charity trustee insurance extension

- (a) Are you or any of your present or former trustees, directors or officers aware (after making enquiries) of any situation or incident which you or they have reason to consider might lead to liability under the charity trustee insurance extension provided under the liability section? Yes No

If 'Yes' please state the date and details of each incident

- (b) Regarding your latest accounts did your auditor or independent examiner adversely qualify his opinion in any way concerning your accounts, accounting procedures or financial position? Yes No

If you require a higher limit than is provided by this extension or you require cover for mismanagement in the provision of services, please complete the following Charity trustee insurance section questions overleaf.

Charity trustee insurance

1 Is cover required?

If 'Yes' complete questions 2 to 13 below.
If 'No' please proceed to Legal expenses section

Yes No

2 Limit of indemnity required

 Standard £250,000

 Other (please specify) £

3 In addition to the church/organisation detailed on page 2, are any related bodies to be insured i.e. any company or association which exists for your charitable purposes?

Yes No

If 'Yes' please confirm the organisations to be covered

4 To what date do your last accounts cover?

5 Do they cover a 12 month period?

If 'No' please provide details

Yes No

6 Were your accounts (please tick one)

 audited?

 independently examined?

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

£

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

£

9 Do you require the optional services extension?

If 'Yes' complete questions 10 to 13 below.
If 'No' please proceed to Legal expenses section

Yes No

10 Please describe fully the services you provide (continue on a separate sheet if necessary)

Please also provide copies of any published literature, brochures or website information you have which describe the 'services'

11 How many persons use the services annually?

Approximate number of persons

Number of client organisations (if applicable)

12 How many persons, including voluntary helpers, provide the services?

Full-time

Part-time

Please describe their experience and qualifications

13 Please describe your procedures for

(a) situations where it is apparent that a client receiving your service(s) should be encouraged to seek independent professional advice

(b) monitoring the workload, activities and, where appropriate 'best practice', de-briefing those providing your service(s)

Legal expenses

1 Limit of indemnity required

standard £50,000 £100,000

2 Have you or any employee, official, trustee 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 organisation, company, business or firm with which any of you have been involved (excluding driving offences)?

Yes No

If 'Yes' please provide details

3 Are there any redundancies envisaged in your organisation within the next 12 months?

If 'Yes' please provide details

Fidelity

1 Is cover required?

Yes No

If 'Yes' complete questions 2-15
 If 'No' please proceed to Goods in transit section

The limit of indemnity you choose will be the maximum we will pay for any one claim and unless you tell us otherwise also in any period of insurance. If more than one category is insured the total of the limits of indemnity will be the maximum we will pay in any one period of insurance.

Section A – All employees

Excluding any employees covered by Section B

2 Do you require cover for all employees and officials?

Yes No

If 'Yes' complete questions 3 to 5 below. If 'No' please proceed to question 6

3 Limit of indemnity required for all employees and officials

£

4 Please confirm the total number of employees and officials

5 What is the estimated total wagheroll for all employees and officials ?

Section B – Named employees or officials to be Insured for specific amounts

Yes No

Only available with Section A

6 Do you require cover for named employees or officials?

If 'Yes' complete the table below. If 'No' please proceed to question 7

Full name of each person	Nature of employment	Limit of indemnity
		£
		£
		£
		£

Section C – All voluntary workers

Excluding any employees covered by Section D
 Standard cover of £5,000 for all voluntary workers is provided if another cover from this section is operative.

7 Do you require cover for all voluntary workers?

Yes No

If 'Yes' complete questions 8 and 9. If 'No' please proceed to question 10

8 Total limit of indemnity required for all voluntary workers

9 Please confirm the total number of voluntary workers

Section D – Named voluntary workers to be insured for specific amounts

Only available with Section A or C

10 Do you require cover for named volunteers?

Yes No

If 'Yes' complete the table below. If 'No' please proceed to question 11

Full name of each voluntary worker	Nature of tasks carried out	Limit of indemnity
		£
		£
		£
		£

11 Have you ever found the need to question the honesty or conduct of any person to be insured?

Yes No

If 'Yes' please provide details

12 Are written references obtained directly from former employers for the whole of the preceding three years of engagement immediately prior to the engagement of any employee or officials or voluntary worker (covered by Section D) who have responsibility for money, accounts or goods?

Yes No

If 'No' please describe procedure

13 System of Check and Supervision

The terms of this insurance require the System of Check and Supervision declared on this application to remain fully operative during the currency of the policy. It is essential, therefore, that any alterations in check and supervision are advised to the Company and their agreement to such alterations confirmed.

If you answer 'No' to any question below please give full details of the controls you have in operation in the Additional information box below. If there is insufficient space please continue on a separate sheet.

(a) Are two manually applied signatures required on all cheques drawn for more than £10,000?

Yes No

(b) When cheques are signed will supporting vouchers be examined independently of the persons preparing the cheques?

Yes No

(c) Are the wages and salaries checked independently of the person preparing them before payment?

Yes No

(d) Are all monies, cheques and postal orders, received or collected, banked in full on day of receipt or next banking day?

Yes No

(e) Are statements of account sent to customers direct by post at least monthly and independently of the persons receiving or collecting monies, cheques or postal orders?

Yes No

(f) Will there be at least monthly physical checks, independently of the persons respectively responsible for

(i) Cash book entries against bank statements, paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with cash and unrepresented cheques?

Yes No

(ii) Petty cash account against vouchers, receipts and the cash balance?

Yes No

(iii) All stocks against verified stock records?

Yes No

(g) Will the ordering, certification of receipt and the authorisation of payment for goods, subcontracted work and services be carried out by different persons acting independently?

Yes No

(h) If you use a computer or rent computer time in connection with your business are computer checks built into your security system?

Yes No

(i) Do all persons who are responsible for money, goods, accounts or computer operations/programming take an uninterrupted break away from your premises of at least two weeks every year?

Yes No

Additional information

[Empty text box for additional information]

14 Audits

Do your professional auditors undertake at least one full audit annually?

Yes No

If 'Yes' please state their name and address

[Empty text box for auditor details]

15 Internal audits

(a) Do you have an internal audit team or department?

Yes No

(b) 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

[Empty text box for procedure description]

Goods in transit

1 Is cover required?

Yes No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to Personal accident section

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

[Empty text box for goods details]

3 Estimated annual carryings

Additional information

(a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings

£

Limit required any one vehicle (including trailer)

£

(b) If you require cover for goods carried other than in your own vehicles please complete the following

Carrier	Limit	Type	Estimated annual carryings
Hauliers	£	any one parcel /consignment	£
Parcel	£	any one parcel /consignment	£
Rail	£	any one parcel /consignment	£

General questions

1 Are all the premises to be insured in a good state of repair and will they be so maintained?

Yes

No

If 'No' please give details

2 In respect of the risks to be insured whether at these premises or elsewhere 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 imposed special terms?

Yes

No

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

3 During the last five years

(a) has the name of your organisation changed?

Yes

No

(b) has any other organisation amalgamated with or been merged with the organisation?

Yes

No

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

4 Have you or any employee, official, trustee or representative ever been

(a) prosecuted under the Factories Act or the Health & Safety at Work etc. Act or any similar legislation?

Yes No

(b) served with a Prohibition Notice under the Health & Safety at Work etc. Act?

Yes No

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

5 Have you or any official, trustee or representative ever

(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence?

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 organisation, company, business or firm in which any of you have been involved as a trustee, official or partner or in a similar capacity?

Yes No

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

6 Disclosure of additional material facts

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

7 Have you been supplied with a summary of cover in respect of this insurance?

Yes No

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

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date

Notes

Notes



Beaufort House, Brunswick Road,
Gloucester GL1 1JZ

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