

# SENIOR WRIGHT INDEMNITY LIMITED

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A division of Senior Wright Limited, Lloyd's Brokers

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## CHARITY INDEMNITY INSURANCE (INCLUDING ASSOCIATIONS) PROPOSAL FORM

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1. Please ensure that this Proposal Form is completed in ink by either a Trustee or an Officer of the Charity, leaving no questions unanswered.
2. A number of questions request; 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on your Charity's own headed notepaper. Please ensure that same is SIGNED, DATED and makes clear reference to the question(s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form, please ✓ here .
4. Completion of this Proposal Form does not automatically bind the Charity or Underwriters to effect a Contract of Insurance.
5. Should the Firm require any advice in what may constitute material information or any information which is relevant to this Proposal Form then the Charity must seek advise before same is completed.
6. Failure to disclose all material information may result in any insurance arranged being void. If you have any doubts as to whether something is a material fact, you are recommended to provide full details with this Form.
7. **Please enclose a copy of your latest Annual Report and Accounts**

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*Note:*

*For the purpose of this application "Charity" shall also include Associations, Not for Profit organisations and Clubs*

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Authorised and regulated by the Financial Services Authority

**STRICTLY CONFIDENTIAL**  
**PLEASE COMPLETE IN BLOCK CAPITALS**

**1. THE CHARITY**

a) Name(s): \_\_\_\_\_

Main Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Date Established: \_\_\_\_\_

b) Number of other branch offices (if any). \_\_\_\_\_

c) Please provide the number of:

i) Directors / Trustees: \_\_\_\_\_ ii) Full time staff: \_\_\_\_\_ iii) Part time staff: \_\_\_\_\_

d) If applicable please give charity registration number. \_\_\_\_\_

e) During the last five years:

i) Has the name of the Charity Changed? Yes No

ii) Has any other charity amalgamated with or been merged with the Charity? Yes No

If 'YES' please provide full details. \_\_\_\_\_

**2. ACTIVITIES**

a) Please describe the Purpose and Objects of the Charity: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

b) Express as an approximate percentage of the Charity's Income (last financial year) services relating to: -

Financial or Legal Advice \_\_\_\_\_%      Medical advice, diagnostics or treatment \_\_\_\_\_%

Counselling \_\_\_\_\_%      Scientific/medical research \_\_\_\_\_%

Care work \_\_\_\_\_%      Residential Homes \_\_\_\_\_%

Environmental Advice \_\_\_\_\_%      Sports/Recreational activities \_\_\_\_\_%

Immigration \_\_\_\_\_%      Certification/examination/licensing or regulatory functions \_\_\_\_\_%

Other \_\_\_\_\_% (please provide full details)

(TOTAL MUST EQUAL 100%)

**2. Continued...**

- c) Do you anticipate any major changes in the Charity's activities in the forthcoming twelve months?  
Yes No

If 'YES' please provide full details. \_\_\_\_\_

**3. ANNUAL INCOME**

- a) What is the Charity's total gross income for its: - i) last complete financial year? £ \_\_\_\_\_  
ii) Previous financial year? £ \_\_\_\_\_

- b) Please provide a percentage breakdown of the source of last year's income between

	%
(i) Funding from Government, Local Authorities or Government/Local Authority agencies	
(ii) Subscriptions and membership fees	
(iii) Voluntary income/donations	
(iv) Fee-generating activities	
(v) National Lottery	
(vi) Other	
Total	100%

- b) If income is derived from 'fee-generating activities' or 'other' sources please provide full details below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. PROCEDURES AND CONTROLS**

- a) Do you obtain satisfactory written references from former employees for the 3 years preceding the engagement of an employee/volunteer responsible for goods, money or accounts? Yes No
- b) How do you ensure the suitability of your members, employees or volunteers who work with children or vulnerable adults?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c) Is all money received recorded daily and banked at least weekly? Yes No
- d) Are employees/volunteers required to account for money received at least weekly? Yes No
- e) Is cash in hand and petty cash checked independently at least monthly? Yes No
- f) Are Cheques prepared independently of the signatory to the cheque? Yes No
- g) Does the signatory to the cheque always examine full supporting evidence? Yes No
- h) Do you require cheques drawn in excess of an agreed amount to be signed by at least two signatories? Yes No
- What is the amount required for two or more signatories? £ \_\_\_\_\_

**4. Continued...**

- i) Do you carry stock at any location? Yes No  
 If yes please give maximum value. £ \_\_\_\_\_
- j) Do professional external Auditors audit your Accounts and all computer system installations used for financial/stock control purposes at least once a year? Yes No

**5. CURRENT INSURANCE ARRANGEMENTS**

Please state the particulars of the Charity's current insurance:

Policy Limit	Premium	Insurer (not Broker)	Renewal Date	Retroactive Date (if any)
£ _____	£ _____	_____	___/___/20___	_____

**6. POLICY LIMIT(S) REQUIRED** (Please ✓ box(es))

- i) £250,000                      ii) £500,000                      iii) £1,000,000                      iv) £2,000,000
- Other (please specify) £ \_\_\_\_\_

**7. PREVIOUS INSURANCE**

Has the Charity ever had any Insurer cancel, decline, or refuse to renew this type of proposed Insurance? Yes No

If 'YES' please provide full details: \_\_\_\_\_  
 \_\_\_\_\_

**8. ASSOCIATED INTERESTS**

- a) Does any Director or Trustee of the Charity hold a Partnership/Directorship or have any other interest in any other Charity or non-profit organisation for which cover is required? Yes No

If 'YES' please provide full details: \_\_\_\_\_  
 \_\_\_\_\_

- b) Is there any person above who has a controlling interest in any of these organisations Yes No

If 'YES' please provide full details: \_\_\_\_\_  
 \_\_\_\_\_

- c) Does the Charity carry out any work for any of the organisations referred to above? Yes No

If 'YES' please provide full details: \_\_\_\_\_  
 \_\_\_\_\_

**9. CLAIMS AND/OR RELATED MATTERS:**

Please give very careful consideration to the following five questions. It is absolutely essential that these questions are answered correctly, failure to do so could well prejudice the Charity's rights under any insurance contract effected with Underwriters.

- a) Have any claims, which might have fallen within the scope of the proposed Insurance, been made within the last 5 years against the Charity or any past or present trustee? Yes No

If 'YES' please provide full details, including amounts involved: \_\_\_\_\_

\_\_\_\_\_

- b) AFTER FULL ENQUIRY within the Charity are there any circumstances, allegations or incidents which may give rise to a claim against the Charity? Yes No

If 'YES' please provide full details: \_\_\_\_\_

\_\_\_\_\_

- c) Has any current or former Director, Trustee or Employee ever been asked to stand before or attend a Disciplinary Committee or Regulatory Board, other than as a witness or independent expert? Yes No

If 'YES' please provide full details. \_\_\_\_\_

\_\_\_\_\_

- d) Has any current or former Director, Trustee or Employee ever been convicted of a Criminal Act, other than motoring offences? Yes No

If 'YES' please provide full details: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I/We declare that the above statements and particulars, together with any other information supplied/attaching to this Proposal Form are true and I/We have not suppressed or misstated any material facts. I/We agree that this declaration shall be the basis of the contract between the Charity and Underwriters. I/We undertake to inform Underwriters of any material alteration to these facts occurring before/during currency of the Contract of Insurance.

**SIGNATURE OF TRUSTEE/DIRECTOR/OFFICER:** \_\_\_\_\_

please indicate title of signatory (delete as applicable)

**PLEASE PRINT NAME** \_\_\_\_\_ **DATED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR & ON BEHALF OF:** \_\_\_\_\_

Insert the name of the Charity

**PLEASE COPY THIS PROPOSAL FORM FOR YOUR RECORDS.**  
**Please provide a copy of your latest Report & Accounts**