

Premium Table

A "session" is a maximum period of 3 hours.

Up to 5 sessions per week	£70.00
6 - 10 sessions per week	£100.00
More than 10 sessions per week	£130.00

Premiums are inclusive of Insurance Premium Tax

Parent & Toddler

Insurance for parent and toddler groups
Proposal



MM
MortonMichel

Arranged by Morton Michel
Alhambra House
9 St Michaels Road
Croydon CR9 3DD

Telephone: 0845 2570900
Fax: 0845 2570547/0548
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Underwritten by Sterling Insurance Company Limited. Registered in England and Wales No 498605
Registered Office: Ambassador House, Paradise Road, Richmond-upon-Thames, Surrey TW9 1SQ
Authorised and Regulated by the Financial Services Authority

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Arranged by:
MM
MortonMichel

Sterling Insurance Company Limited

INSURANCE FOR PARENT & TODDLER GROUPS

arranged by
MORTON MICHEL

This insurance has been specifically designed for Parent & Toddler Groups caring for pre-school children. All children attending must be accompanied and supervised by a parent, guardian or child carer employed by the parent/guardian.

This insurance only applies to Parent & Toddler Groups that do not require inspection by OFSTED or other registering authority. (If in doubt, please contact the relevant authority)

PROPOSAL

Please complete and return form together with your payment to Morton Michel, Alhambra House, 9 St Michaels Road, Croydon, CR9 3DD

Please read the Summary and Guide carefully before you complete this form.

Your insurance will be provided under a Parent & Toddler Group Policy. Any special terms or conditions will be advised to you in writing.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

Proposer's name in full _____

Proposer's address _____

_____ Postcode _____

Telephone _____ Email address _____

Group Website www _____

1. Name of Parent & Toddler Group _____

2. Meeting place of Parent & Toddler Group _____

3. Please give full details of all activities offered by your group. Any cover given will be based on the information provided in this section. (Please continue on a separate sheet if necessary.)

Activities available for pre-school age children:

Do you have school age children? YES/NO

If YES, activities available for school age children:

4. How many sessions per week do you hold?

(Please tick ONE box only) Up to 5 sessions per week

6 - 10 sessions per week

More than 10 sessions per week

YES NO

5. Are all of the doors at your premises (internal and external) fitted with finger guards or finger shields?

6. Do you have a written Assessment of Risk?

7. Has any Parent & Toddler Group Official been convicted of any criminal offence (other than motoring offences) or is any prosecution pending?

If YES please give full details

8. Has any insurer ever
- a) declined your proposal? YES NO
- b) refused to renew or cancelled your policy? YES NO
- c) imposed special terms or conditions for any of the risks proposed? YES NO

If YES to any of the above please give full details

9. Have you suffered any loss or damage or had any claims made against you within the last 5 years? YES NO

If YES please give full details

10. Do you have any existing insurances with Morton Michel? YES NO

If YES, please state the policy number(s)

I require Parent & Toddler Group insurance to commence from _____

I have enclosed a cheque/postal order made payable to **MORTON MICHEL** for the sum of £ _____ Please tick

(See Premium Table overleaf)

Declaration

Please read the declaration carefully and check the answers you have given before signing the proposal form.

I/We (or, in the case of a partnership or a limited company, any one of the partners or directors) hereby apply to Sterling Insurance Company Limited for Parent & Toddler insurance and

- a) declare that to the best of my/our knowledge and belief the answers given are true and complete in every respect and all material particulars which may affect the assessment of the risk have been disclosed. If any written answer has been made by another person, such person shall for that purpose be deemed to be my/our agent and not the agent of Sterling Insurance Company Limited. To the extent that has been necessary, I/we have consulted relevant members of the organisation to verify answers stated in this form
- b) understand that Sterling reserves the right to contact previous insurers to verify the information contained in this form
- c) agree that this proposal and declaration shall be the basis of the contract between me/us and Sterling Insurance Company Limited and shall be deemed incorporated into such contract
- d) declare that all appropriate enquiries have been made to ensure that no principal, director, partner, employee or voluntary helper is, or is obliged to be, listed on the Sex Offenders Register pursuant to the Sex Offenders Act 1997

Data Protection Act

I/we understand and agree that the personal information I/we provide (including sensitive personal details) may be used for insurance purposes by Sterling Insurance Company Limited, its connected companies, reinsurers, agents and subcontractors; and also shared with other insurance companies as required for the purposes of my/our insurance. Where we have provided information about my/our spouse(s), partner(s) or another person/other persons (including their sensitive personal details) I/we confirm that I/we have their permission to provide this information for insurance purposes. I/we understand that I am/we are entitled to a copy of my/our personal information on payment of a fee.

From time to time, Morton Michel may wish to send you details of services and products, if you do not wish to receive such mailings, please tick this box.

Proposer's signature _____

Date _____

You have a duty to disclose all material facts and failure to do so could invalidate the insurance. Cover does not commence until the proposal has been formally accepted by Morton Michel and the premium paid to Morton Michel.