



MortonMichel
THE CHILDCARE INSURANCE SPECIALIST

ChildMinder



Underwritten by Sterling Insurance Company Limited
Authorised and Regulated by the Financial Services Authority

ChildMinder Proposal

Please complete and return together with your payment to Morton Michel, Alhambra House, 9 St Michaels Road, Croydon CR9 3DD
Your insurance will be provided under a ChildMinder Policy. Any special terms or conditions will be advised to you in writing.

Proposer's name in full _____ Title Miss/Mrs/Ms/Mr/Other _____

Telephone No. _____ Email _____

Address in full _____

Postcode _____

Joint proposer's name in full (if applicable) _____ Title Miss/Mrs/Ms/Mr/Other _____

1. Maximum number of children you are registered to mind each day, aged under 8 (aged under 12 for Scotland) _____

2. Maximum number of children you mind each day, aged between 8 and 15 (aged between 12 and 15 for Scotland) _____

3. Please state region of OFSTED or name of registering authority with whom you are registered. _____

4. Registration number(s) if allocated _____

5. Have you been convicted of any criminal offence (other than motoring offences) or is any prosecution pending? YES NO
If YES, please state nature of each offence, date, punishment imposed and period of any probation, prison or other custodial sentence. _____

6. Has there ever been a claim (insured or otherwise) made against you as a Registered Childminder or in any other childminding capacity? YES NO
If YES, please state full details of the claim(s) (continue on a separate sheet if necessary). _____

7 a) Do you have any existing insurances with Morton Michel? YES NO
If YES, please state policy number(s) _____

b) Have you had any previous insurances with Morton Michel? YES NO
If YES, please state policy number(s) _____

I require my ChildMinder insurance to commence from _____

I have enclosed a cheque/postal order made payable to Morton Michel for the sum of _____
£35 for single ChildMinder insurance (or £60 for joint insurance) PLEASE TICK
or £45 for both single ChildMinder and Personal Accident option 1 insurance (or £80 for joint insurance) PLEASE TICK
or £65 for both single ChildMinder and Personal Accident option 2 insurance (or £120 for joint insurance) PLEASE TICK
(If you require Personal Accident cover, please make sure that you complete the form overleaf)

Declaration I/we confirm that I am a/we are registered childminder(s). I/we declare that to the best of my/our knowledge and belief the answers given are true and complete in every respect. I/we 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 in such contract.

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 I/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 give irrevocable authorisation for any medical practitioner I/we have consulted to provide any medical information requested by Sterling Insurance Company Limited and its connected companies, in relation to a claim made by my/our personal representatives in the event of my death/our deaths. 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

Signature of childminder _____ Date _____

Signature of joint childminder (if applicable) _____ 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 unless otherwise agreed with Morton Michel.

Sterling Insurance Company Limited Registered in England and Wales No. 498605
Registered Office: Ambassador House, Paradise Road, Richmond upon Thames, Surrey TW9 1SQ
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CONTINUED OVERLEAF

Where did you hear about Morton Michel? (Please tick as appropriate)

Childminder Briefing Children's Information Service Friend

Other (please state) _____

Optional Extras

Please fill in proposal form overleaf before completing this side

Personal Accident: This insurance pays compensation amounts, according to the cover selected, in the event of an accident or injury to yourself. For details of what is included, please see Policy Summary. If you require Personal Accident insurance, please complete the following:

1 Occupation (if more than one please state).

Childminder _____

Joint childminder (if applicable) _____

2 Date of birth

Childminder _____

Joint childminder (if applicable) _____

3 Are you free from any physical or mental disability or infirmity, medical condition or chronic or recurring ailment and in sound health?

Childminder YES NO

Joint childminder (if applicable) YES NO

If NO, please provide full details _____

4 Are you presently insured against accidents?

Childminder YES NO

Joint childminder (if applicable) YES NO

If YES, please provide full details _____

5 Have you ever had an insurance proposal or renewal declined or special terms imposed (in relation to life or accident insurance)?

Childminder YES NO

Joint childminder (if applicable) YES NO

If YES, please provide full details _____

6 Please give details of all accidents that you have suffered in the last five years

Year	Cause	Details and number of weeks disablement or other consequence	Cost £

7 I require my Personal Accident insurance to commence from:

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Signature of childminder _____

Date _____

Signature of joint childminder (if applicable) _____

Date _____