



Insurance for  
**Kumon Centres**  
 (provided under Group Policy)

**Proposal Form**

**Please read the Group Summary and Guide carefully before completing the proposal**

Your insurance will be provided under a Group Policy. Any special terms and conditions will be advised to you in writing

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

Name of Kumon Centre

Address of Kumon Centre

Postcode

Your Name in full

Your Address

Postcode

Telephone:

Fax:

Email address:

www:

I wish the insurance to commence from

**Questions about your Centre**

YES NO

- 1) Maximum number of students at any one session (please tick)  
 Up to 20  Up to 40  Up to 60  Up to 80  Up to 100
- 2) If you meet at more than one site, do any of your sessions occur at the same time?  YES  NO
- 3) Number of sessions per week
- 4) Number of staff/helpers per session
- 5) a) Do you obtain satisfactory and confirmed references in writing of prospective employees' integrity before employing them  YES  NO
- b) Have you obtained the necessary Criminal Records Bureau Disclosures for all new and existing members of staff/voluntary helpers?  YES  NO
- c) If you are awaiting Criminal Records Bureau Disclosures on members of staff/voluntary helpers, are all non-checked personnel fully supervised at all times by a suitable person with Criminal Records Bureau clearance?  YES  NO
- d) Has any Kumon Centre official been convicted of any criminal offence (other than motoring offences) or is any prosecution pending?  YES  NO
- 6) 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 childcare insurance you have previously taken out  YES  NO
- 7) Has there ever been a claim (insured or otherwise) made against your Kumon Centre or any previous Childcare activity you have organised?  YES  NO  
 If YES, please give full details

Date	Details of claim	Amount settled/outstanding

- 8) Do you have a written Assessment of Risk  YES  NO

## Premium Calculation

Please tick which option you require

- Option 1 Public Liability Limit of Indemnity £1m )  
Employers' Liability Limit of Indemnity £10m ) Premium £120.74   
Legal Expenses £50,000 and Helplines
- Option 2 Public Liability Limit of Indemnity £2m )  
Employers' Liability Limit of Indemnity £10m ) Premium £148.30   
Legal Expenses £50,000 and Helplines
- Option 3 Public Liability Limit of Indemnity £5m )  
Employers' Liability Limit of Indemnity £10m ) Premium £181.38   
Legal Expenses £50,000 and Helplines

Total Payment

Please make all cheques payable to Morton Michel

## 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 Group Insurance and

- i) 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
- ii) understand that Sterling reserves the right to contact previous insurers to verify answers stated in this form
- iii) 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
- iv) 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.

Signed \_\_\_\_\_ Position \_\_\_\_\_ 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 unless otherwise agreed with Morton Michel.**



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

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Fax: 0845 2570547/0548  
[www.mortonmichel.com](http://www.mortonmichel.com)