



MortonMichel

**Morton Michel Demands and Needs Statement
TO BE RETAINED**

Morton Michel does not make recommendations or provide advice.

The Group policy has been designed to meet the demands and needs of educational, social, community, support or charitable groups/ clubs but you will need to make your own choice as to how you wish to proceed.



Group Proposal Form

Please complete this form and return it to us for a quotation to: Morton Michel, Alhambra House, 9 St Michaels Road, Croydon CR9 3DD
Your insurance will be provided under a Group Policy. Any special terms or conditions will be advised to you in writing.
Please read the Summary and Guide carefully to help you select the Sections you require.

Name of group	<input type="text"/>	Your name	<input type="text"/>
Address of group	<input type="text"/>	Your address (for correspondence purposes)	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>
Website www.	<input type="text"/>		
Insurance to commence from	<input type="text"/>		

Information about your group:

- 1 Please give **full** details of **all** activities offered by your group. Quotation/cover cannot be given without full details. The quotation and any cover given will be based on the information provided in this section. (Expressions such as "social activities", educational activities" etc are not acceptable.) Please send samples of any promotional literature, flyers etc.

(Please continue on a separate sheet if necessary)

- 2 Please give details of any relevant qualifications or experience that you, your staff or your volunteers have in relation to the proposed activities.

- 3 Are you registered by any local or other authority or OFSTED for the activities of the organisation? YES NO
 Has registration ever been withheld or special conditions imposed?

If **YES** to either of the above, please give details, including region of OFSTED/name of other registering authority and your registration number if applicable.

- 4 How often do you hold your activities?
- 5 Are all of the doors at your premises (internal and external) fitted with finger guards or finger shields?

YES NO

6 Do you have a written Assessment of Risk?

7 How many people participate in your activities in the following age groups?
Under 5 yrs 5 - 12 yrs 12 - 18 yrs over 18 yrs

8 How many employees do you have?

9 How many voluntary helpers do you have?

10 If children under age 16 attend your activities, please answer a) - e) below

a) what ratio of adult leaders/helpers : children do you use?

b) the recommended minimum age for employees and voluntary helpers is 18; if you have any employees or voluntary helpers below this age, please state their age and give a full description of their duties.

c) do you obtain satisfactory and confirmed references in writing of prospective employees' integrity before employing them?

d) have you obtained the necessary Criminal Records Bureau Disclosures for all new and existing members of staff/voluntary helpers?

e) 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?

If NO, to c), d) or e) please provide full explanation

11 Has any insurer ever:

a) declined your proposal?

b) refused to renew or cancelled your policy?

c) imposed special terms or conditions for any similar insurance you have previously taken out?

If YES to any of the above, please give full details (additional space overleaf)

12 Have you or any group official been convicted of any criminal offence other than motoring offences or is any prosecution pending?

If YES, please give full details (additional space overleaf)

13 Have you suffered any loss or damage or had any claims made against you in the last 5 years?

If YES, please give full details (additional space overleaf)

Date	Type of claim	Amount settled or outstanding
<input type="text"/>		

Failure to disclose previous claims could result in the invalidation of your policy

14 a) Do you have any existing insurances with Morton Michel?

If YES, please state policy number(s)

b) Have you had any previous insurances with Morton Michel?

If YES, please state policy number(s)

Which insurances do you require?

The Summary and Guide explains the insurances which are available under the Group Policy. Please refer to it before completing the form below.

PLEASE TICK THE BOXES FOR THE INSURANCES YOU REQUIRE

Public Liability - which limit of indemnity do you require?

£1m

£2m

£5m

Employers' Liability

Group Personal Accident for Adults*

* Please refer to the third **Frequently Asked Question** in the Summary of Cover, before deciding.

Group Personal Accident for Children*

Group Money

Standard limits are:	money in transit	£500
	money on premises during business hours	£500
	money in private dwelling of authorised employees	£500
	money in locked safe on premises out of business hours	£250

Please state if higher limits are required and provide details of make and model of safe if a higher safe limit is required.

Group Equipment - Refer to Summary for details of **Standard** and **All Risks Covers**.

a) **Standard Cover**

- i) What is the total value of your equipment? (Minimum Sum Insured £2,000) YES NO
- ii) **Accidental Damage** - Do you require Accidental Damage cover in addition to the Standard Cover described in the Summary? YES NO
- iii) Are the buildings (including outbuildings other than sheds)
- (a) built of brick, stone or concrete and roofed with slates, tiles, concrete or metal? YES NO
- (b) in an area unduly exposed to storm or impact damage? YES NO
- iv) Have your premises ever been flooded; are they in an area liable to flooding or within 1/4 mile from any river, watercourse or the sea, or have you been informed that your premises are in a potential flood risk area? YES NO
If you have ticked **NO** to question i) (a) or **YES** to questions i) (b) or question ii), give full details
-
- v) Are the buildings occupied by any other business? YES NO
If **YES**, give full details including the occupation of any other tenants and advise how the businesses are separated.
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- vi) (a) Are the premises protected by an intruder alarm which is in working order and subject to a maintenance contract? YES NO
If **YES**, give installer's name and address and attach a copy of the specification to this proposal
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- (b) Are all the external doors to your premises (including outbuildings other than sheds) protected in accordance with the attached Guide to Security? YES NO
- (c) Are all opening windows to your premises (including outbuildings other than sheds) protected in accordance with the attached Guide to Security? YES NO
If **NO**, give details of other security fittings
-
- vii) Do you store any part of your equipment in
- a) timber sheds valued at more than £1,500? YES NO
If **YES**, please state
- i) the replacement value of the shed £
- ii) the total value of the contents stored in the shed £
- b) metal sheds valued at more than £2,500? YES NO
If **YES**, please state
- i) the replacement value of the shed £
- ii) the total value of the contents stored in the shed £

YES NO

c) any other type of garden shed?

If YES, please state

i) the replacement value of the shed

ii) the total value of the contents stored in the shed

iii) the nature of the construction of the shed (eg. metal and plastic composite)

If you have answered YES to any of the above, are all doors and windows of each shed to be insured protected in accordance with the attached Guide to Security?

If NO, please give full details of all security fittings on the shed

b) All Risks Cover

If you require All risks cover on specified items, complete the following for a quotation.

Description	Serial No.	Value

Trustees' and Officers' Financial Liability

Sum Insured £5,000

Sum Insured £7,500

Sum Insured £10,000

Loss of Revenue

What is your annual turnover

£

Deterioration of Refrigerated/Frozen Food

Sum Insured £500. Please state if a higher amount is required.

£

Cover is only available for refrigeration units up to ten years old. A manufacturer's guarantee or a maintenance contract must be in force for any unit which does not have hermetically sealed motors and compressors.

YES NO

Buildings - Are you responsible for insuring your buildings?

If YES, would you like Morton Michel to provide a quotation?

Motor and Minibus

Would you like Morton Michel to provide a quotation?

Terrorism

Would you like Morton Michel to provide a quotation?

For additional information

Please state clearly which question number you are referring to.
Continue on a separate sheet if necessary.

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

- 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 the 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
- understand that Sterling reserves the right to contact previous insurers to verify the information contained in this form
- 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
- 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 Act 1997
- declare that I/we have read and understood the Morton Michel Demands and Needs Statement relating to this insurance.

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 unless otherwise agreed by Morton Michel.



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

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