



Especially designed for



great clubs for young people

## MAKE SPACE INSURANCE

Specially arranged by  
MORTON MICHEL  
Alhambra House, 9 St Michael's Road, Croydon CR9 3DD  
Telephone: 0845 2570900

## PROPOSAL

Arranged by:

MortonMichel

# Make Space Insurance for Make Space Clubs Proposal Form

Arranged by:



Make Space Insurance is provided under our Group Policy.

Please read the Make Space Insurance Summary and Guide carefully before completing the proposal form.

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

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"/>		

**Make Space insurance has been specifically designed for clubs that are members of Make Space, providing organised and supervised play, recreational and educational facilities in a controlled, safe environment for persons predominantly between the ages of 11 and 16 (wider age range of 8 to 25 allowed).**

## Information about your group:

- 1 Please state your Make Space membership number.
- 2 We are enclosing our Group Activities form. You are automatically covered for all those activities listed under the "Agreed and Approved" section but you will need to use the form to give full details of all your other activities.

Please tick **ONE** of the following boxes:

We confirm that we are offering only activities listed under the "Agreed and Approved" section of the Group Activities form.

**OR**

We confirm that we are offering activities not listed under the "Agreed and Approved" section of the Group Activities form and we are enclosing the Group Activities form with the full details of the other activities we offer.

- 3 Please give details of any regularly arranged outings and the age range for which they are available.

- 4 Please give details of any relevant qualifications or experience that you, your staff or your volunteers have in relation to childcare or youth or community work.

- 5 How many persons may be attending at any one time?  
(For over 50, please refer to Morton Michel for a quotation)      Up to 30     Up to 40     Up to 50

6 What is your MINIMUM supervision ratio?

7 Are all of the doors at your premises (internal and external) fitted with finger guards or finger shields? Yes  No

8 Do you have a written Assessment of Risk? Yes  No

9 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) Have you or any group official been convicted of any criminal offences other than motoring offences or is any prosecution pending? Yes  No   
 If you have ticked ANY of the shaded boxes, please give full details in the "Additional information" box overleaf.

10 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   
 If you have ticked ANY of the shaded boxes, please give full details in the "Additional information" box overleaf.

11 Has the Group suffered any loss or damage or had any claims made against them in the last 5 years? Yes  No   
 If YES please give full details (additional space overleaf)

Date	Type of claim	Amount settled or outstanding

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

12 Do you have any existing insurances with Morton Michel? Yes  No   
 If YES, please state the policy number(s).

## What cover do you require?

Make Space Insurance automatically provides cover for:

- Public Liability
- Personal Accident
- Clothing
- Equipment
- Legal Expenses
- Helplines
- Employers' Liability
- Money

You are automatically covered for £2M Public Liability.

Yes No

Do you require the cover to be increased to £5M? (Additional premium £50)

### Equipment

1 Automatic cover for equipment is £5,000.

Please state if a higher sum insured is required

£

Yes No

2 Do you require the additional cover of accidental damage to all of your equipment occurring at your group's premises?

3 Do you require all risks cover on specified items of equipment?

If YES, please give full details

Description	Serial Number	Value

4 Are the buildings containing the equipment

Yes No

a) built of brick, stone or concrete and roofed with slates, tiles, concrete or metal?

b) in an area unduly exposed to storm or impact damage?

5 Have your premises ever been flooded; are they in an area liable to flooding or within ¼ mile from any river, watercourse or the sea, or have you been informed that your premises are in a potential flood risk area?

If you have ticked any of the shaded boxes to questions 1 and 2, please give full details

Yes No

6 Are the buildings occupied by any other business?

If YES, please give full details including the occupation of any other tenants and advise how the businesses are separated.

Yes No

- 7 a) Are the premises protected by an intruder alarm which is in working order and subject to a maintenance contract?

If YES, please give installer's name and address and attach a copy of the specification to this proposal

- b) Are all the external doors to your premises protected in accordance with the attached Guide to Security?

- c) Are all opening windows to your premises protected in accordance with the attached Guide to Security?

If NO, please give details of other security fittings

---

**I require the following optional extensions:**

Yes No

**Frozen Food**

Optional cover for frozen food is £300.

Please state if a higher sum insured is required

£

---

**Professional Indemnity**

If YES which limit of indemnity do you require?

£250,000  or £500,000

---

**Loss of Revenue**

If YES, what is your annual turnover

£

---

**Buildings** – Are you responsible for insuring your buildings?

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

---

**Motor & Minibus**

Would you like Morton Michel to provide a quotation?

---

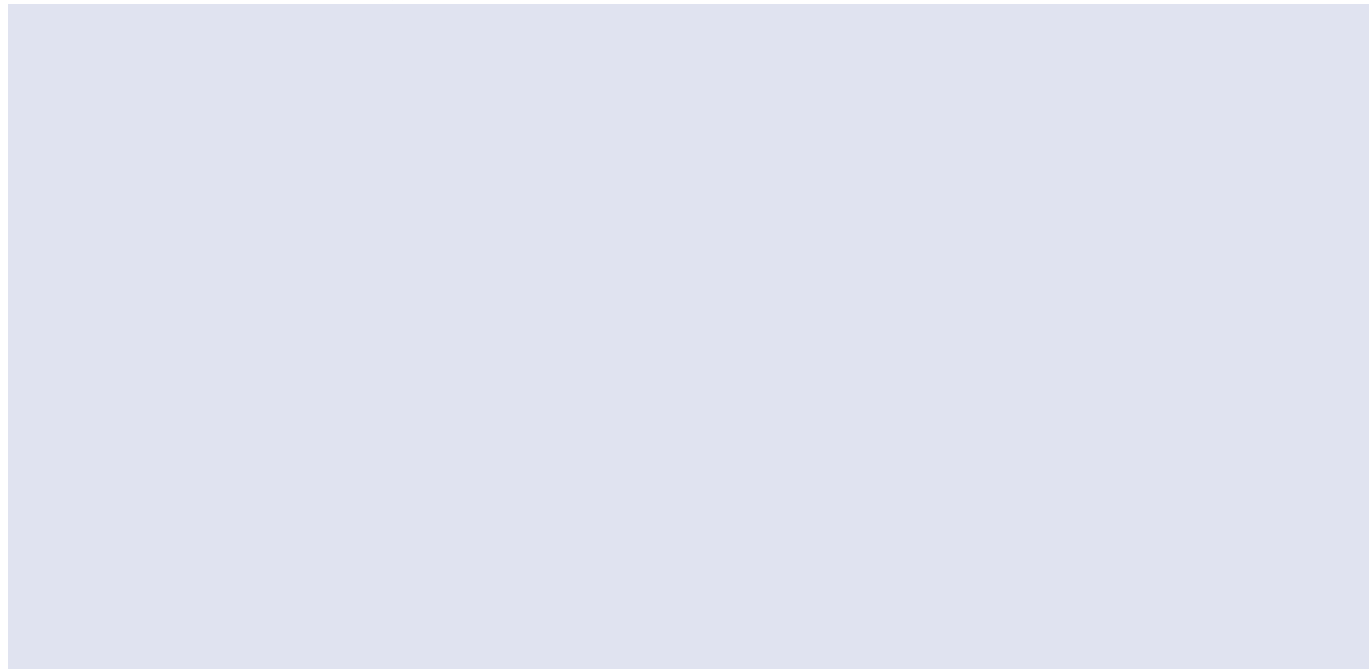
**Terrorism**

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.



To be completed by all applicants:

**Premium Calculation**

Please refer to the premium chart before completing this section.

Basic Premium:	£	<b>Morton Michel will provide a full written quotation if you have requested any of the following:</b>
Additional Public Liability if required	£	
Additional Equipment if required	£	
Optional cover for Frozen Food if required	£	
Optional extension – Professional Indemnity	£	
Total	£	<b>Accidental Damage cover on equipment All Risks cover on specified equipment Loss of Revenue Buildings</b>

**Please make cheques payable to Morton Michel.**

Cover does not commence until the proposal has been accepted unless otherwise agreed.

**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 Make Space 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

**Date 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 Michael's Road  
Croydon CR9 3DD

Telephone: 0845 2570900  
Fax: 0845 2570547/0548  
[www.mortonmichel.com](http://www.mortonmichel.com)

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