

# Nanny

Insurance for Nannies, Doulas, Maternity Nurses and  
Childminders exempt from compulsory registration

Proposal



Schemes  
Intermediary  
of the Year 2006

Arranged by:

MM

MortonMichel

**Nanny Proposal Form**

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



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

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

Title Miss/Mrs/Ms/Mr/Other

Proposer's name in full

Age

Telephone No.

Email address

Your address in full

Postcode

Address of premises where you work

Postcode

	YES	NO
1. Do you work as:		
a) a nanny?	<input type="checkbox"/>	<input type="checkbox"/>
b) a doula?	<input type="checkbox"/>	<input type="checkbox"/>
c) a maternity nurse?	<input type="checkbox"/>	<input type="checkbox"/>
d) a childminder exempt from compulsory registration?	<input type="checkbox"/>	<input type="checkbox"/>

2. How many hours a week do you work?

3. How many children will you be looking after,

aged under 8?

aged between 8 and 12?

aged between 12 and 17?

4. Details of your qualifications

5. Details of your experience

6. Are you on the Voluntary Childcare Register

If Yes, please state Registration Number

7. Are you a Nestor approved Childcarer?

If Yes, Approval Date

Approval Number (if allocated)

8. Do you have an enhanced Criminal Records Bureau check for working with children?

9. You are automatically covered for £2M Public Liability.

Do you require the cover to be increased to £5M?  
(Additional Premium £30.00)

10. Have you been convicted of any criminal offence  
(other than motoring offences) or is any prosecution pending?

11. Has there ever been a claim (insured or otherwise)  
made against you in any childcare capacity?

If you have answered YES to questions 10 or 11, please give full details

12. I require my Nanny insurance to commence from

13. a) Do you have any existing insurance(s) 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)

### Declaration

I declare that to the best of my knowledge and belief the answers given are true and complete in every respect. I agree that this proposal and declaration shall be the basis of the contract between me and the 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 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 on 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 Nanny

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.**

## Optional Extra

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### Personal Possessions (for details of what is included, please see Summary of Cover):

If you require Personal Possessions insurance, please complete the following

- |  | YES                             | NO                              |                                 |
|--|---------------------------------|---------------------------------|---------------------------------|
| 1. Is sum insured of £3,000 adequate?  | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| If NO, what is the full value of your Personal Possessions at your employer's home?  |                                 |                                 |                                 |
| <input type="checkbox"/> £4,000  | <input type="checkbox"/> £5,000 | <input type="checkbox"/> £6,000 | <input type="checkbox"/> £7,000 |
| If more than £7,000, please state amount for a quotation £   |                                 |                                 |                                 |
| 2. Is the total value of jewellery, watches, furs, silverware, antique furniture, articles of precious metal and precious stones more than £2,000? | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 3. Is the value of any single article, pair, set or collection more than £1,000?   | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 4. Have you suffered any loss or damage to your personal possessions in the last 5 years?  | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 5. Have you ever had an insurance proposal or renewal declined or special terms imposed (in relation to insurance of personal possessions)?        | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 6. I require my Personal Possessions insurance to commence from:   |                                 |                                 |                                 |

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If you have answered YES to questions 2, 3, 4 or 5, please give full details

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### Declaration

I declare that to the best of my knowledge and belief the answers given are true and complete in every respect. I agree that this proposal and declaration shall be the basis of the contract between me and Sterling Insurance Company Limited and shall be deemed incorporated in such contract.

Signature of Nanny

Date

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

- Nanny Agency       Friend       Employer
- OFTSED       Other (please state)
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# Premium Calculation

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Nanny £60.00 (including IPT)  £60.00 \_\_\_\_\_

**Optional Extras** (Please tick level required)

**Increase Public Liability to £5M**  £ \_\_\_\_\_

**Personal Possessions**

(please complete proposal form overleaf, if Personal Possessions insurance is required)

Level	Premium (including IPT)		
£3,000	£30.00	<input type="checkbox"/>	£ _____
£4,000	£40.00	<input type="checkbox"/>	£ _____
£5,000	£50.00	<input type="checkbox"/>	£ _____
£6,000	£60.00	<input type="checkbox"/>	£ _____
£7,000	£70.00	<input type="checkbox"/>	£ _____
		<b>Total</b>	£ _____

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Total premium to pay £60 plus any selected optional premiums) £ \_\_\_\_\_

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I have enclosed a cheque/postal order made payable to Morton Michel for the sum of £ \_\_\_\_\_  please tick



Arranged by

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

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Fax: 0845 2570547/0548  
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MortonMichel

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