

NurseryCare

Proposal

Insurance for Day Care Nurseries



Arranged by



MortonMichel

www.mortonmichel.com

NurseryCare Proposal Form

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

Please read the Summary and Guide carefully to help you to select the sections and amounts insured which you require.

Please answer the questions fully and do not withhold or misrepresent any facts which are likely to influence the Company's assessment and acceptance of this proposal. You have a duty to disclose all material facts and failure to do so could invalidate the insurance.

Copies of all information including letters supplied to us for the purpose of effecting this insurance should be retained.

A specimen policy is freely available on request.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate. If there is insufficient space to complete any answer, please use the supplementary information area at the end of this form.

Insurance to commence from _____ for 12 months

Your name(s) in full _____

Name of nursery _____

Address of business premises _____ Postal address if different _____

Postcode _____ Postcode _____

Telephone _____ Fax _____ Telephone _____ Fax _____

Email address _____ Email address _____

Website www. _____

Do you have any existing insurances with Morton Michel? Yes No

If YES, please state policy number(s): _____

Have you had any previous insurances with Morton Michel? Yes No

If YES, please state policy number(s): _____

Full name and address of any party with a financial interest in the property to be insured, such as a bank, mortgage company etc:

The Cover

Nursery Contents

Automatic cover is £20,000. Please state if you require a higher amount £

NOTE All property must be insured for the full replacement cost.

All Risks

You are automatically covered for £1,000 of unspecified items of nursery equipment (including laptops).

Do you require All Risks cover on specified items of equipment? Yes No

If YES, please give full details:

Description	Serial Number	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Loss of Revenue

You are automatically covered for £100,000 with an indemnity period (the period necessary for the business to recover) of 12 months.

a) If you require cover for more than £100,000 over a 12 month indemnity period, please state the higher amount required £

b) If you require a longer indemnity period, please state period required: 18 months 24 months

Please state estimated gross revenue for the period selected £

Contents in Transit

Automatic cover is £1,000. Please state any higher amount required £

Deterioration of Refrigerated/Frozen FoodAutomatic cover is £2,500. Please state any higher amount required (to include food in all cabinets) £ **Loss of Registration Certificate**Automatic cover is £100,000. Please state any higher amount required £ **Liabilities and Professional Indemnity**

Public, Products and Property Owners' Liability automatic cover is £3,000,000.

Do you require the higher limit of £5,000,000?

Yes No

Professional Indemnity automatic cover is £100,000

If you wish to increase this, please state which limit of indemnity you require:

 £250,000 £500,000

Employers' Liability automatic cover is £10,000,000 (restricted to £5,000,000 if arising out of terrorism).

Glass

Do you have any armoured, bent or other special glass, or any lettering or designs on glass?

If YES, please give details and value:

Money

Money limits are as stated in the Summary and Guide. If you require higher limits, please contact Morton Michel.

Money on the premises outside business hours is covered up to £1,000 only if contained in an approved locked safe.

Please give full details of your safe(s):

Make of safe	Model	Age	Location and how fixed

If you need to keep more than £1,000 in safe, please state amount required £ **Buildings/Tenant's Improvements**a) If you wish to insure the buildings, please state the full rebuilding cost including all fixtures and fittings, outbuildings, annexes and walls, gates and fences plus an allowance for architects' fees £ b) If you do not own the buildings, but wish to insure tenant's improvements for which you are responsible (e.g. partitions, laminated floor coverings, children's wash basins etc), please state sum insured £

c) Do you require subsidence cover on your buildings? (Subsidence cover is not automatically included in the NurseryCare policy.)

Yes No

If YES, please answer the following questions:

i) Has the original structure of the building been altered?

Yes No ii) Is there any exposure to:
mines or underground workings?Yes No

cliffs, embankments, railway cuttings, tunnels, quarries or other excavations?

Yes No

vibrations from major roads or railways?

Yes No

sloping site?

Yes No

large trees?

Yes No

iii) Is the site on made up or infilled land, or recently cleared woodlands?

Yes No

iv) Is the property on clay subsoil?

Yes No

v) Is there any reason to suspect the adequacy of foundations or retaining walls?

Yes No

vi) Is there any evidence of cracks, distortions, misalignments or settlement?

Yes No

vii) Is there any history of subsidence, heave or landslip claims or of remedial work in connection with subsidence, heave or landslip?

Yes No

viii) Is there any known history of subsidence, heave or landslip in the area?

Yes No

ix) Is there any known history of problems with drains and/or sewers in the area?

Yes No

x) Are there any major demolition, excavation or constructional works proposed that could affect the property?

Yes No

xi) Are there any architects' or consulting engineers' reports available on the nature of the ground or on the risk of subsidence, heave or landslip?

Yes No

If YES please supply a copy of the report(s).

If you have answered YES to any of questions i) to x), please give full details:

Terrorism

For an additional premium, you can insure your Contents, Revenue and Buildings, if insured, against acts of terrorism.

(See Summary and Guide for details of this optional cover.)

Do you wish to include terrorism cover in your policy?

Yes No

Nursery Officials' Money, Personal Accident for Staff and Children, Personal Effects for Staff and Children, Computer Breakdown and Legal Expenses are also covered by the NurseryCare policy.

Please see the Summary and Guide for details.

The Children

1 Please give full description of the business, facilities and activities available at the nursery for pre-school age children:

2 How many children is the nursery registered for by OFSTED or other registering authority?

3 Do you care for school age children?

Yes No

4 If you care for school age children

a) please state:

i) maximum number of children in attendance: out of school clubs holiday play schemes other meetings

ii) age range of the children in attendance: out of school clubs holiday play schemes other meetings

iii) number of supervisors in attendance: out of school clubs holiday play schemes other meetings

b) please give full details of 'other meetings' (if applicable):

c) if the meeting places for any of the above facilities are not the stated business premises, please give the full address(es) of such meeting places:

d) The following activities are automatically covered by your policy for school age children:

Arts and crafts, badge making, basketball, bat and ball, board games, bouncy castles (subject to policy conditions), card games, clay modelling, climbing frames, computer games, construction kits, cooking, dance (excludes break dancing), dance mats, dolls, drama, dressing up, face painting, fancy dress, homework corner, horse riding (subject to policy conditions), imaginary play, karaoke, knitting, lego, mini golf, music, nature area, papier mache, parachute games, pedal go karts, play dough, playground games, races, reading corner, role play corner, roller skating (excludes roller blading and skate boarding), rounders, sand play, scooters, sewing, skipping, skittles, slides, snacks, space hoppers, swing ball, swings, table tennis, tennis, trampolines (subject to policy conditions), treasure hunts, watching television.

If you offer any other activities, please give full details, including the age range of the children involved:

General Questions

1 Date of opening nursery at this address:

At previous location:

2 Have you had continuous insurance since your business has been established?

Yes No

If YES state name and address of current and previous insurer(s) and policy number(s) covering a period of five years; if NO please give reasons why insurance was discontinued:

3 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 of the risks proposed?

Yes No

If YES to any of the above please give full details (continue in 'supplementary information' if necessary):

- 4 Have you, the proposer or any principal, director or partner under a current or any previous trading title:
- a) been declared bankrupt or insolvent or been subject to a County Court Judgement or are any proceedings pending? Yes No
- b) been convicted of arson or any other criminal offence (other than motoring offences) or is any prosecution pending? Yes No
- c) been prosecuted under the Health and Safety at Work etc Act 1974, the Consumer Protection Act 1987 or the Food Safety Act 1990? Yes No
- d) been served with a Prohibition Notice under the Health and Safety at Work etc Act 1974 or the Food Safety Act 1990? Yes No

If YES to any of the above please give full details (continue in 'supplementary information' if necessary):

- 5 a) Do you obtain satisfactory and confirmed references in writing of prospective employees' integrity before engaging them? Yes No
- b) Have you obtained the necessary Criminal Records Bureau Disclosure for all new and existing members of staff/voluntary helpers? Yes No
- c) If at any time you have to wait for 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

If NO to any of the above please give a full explanation:

- 6 Do you hold a Registration Certificate? Yes No
- If YES:
- a) has there been opposition to renewal or transfer of the certificate within the last five years? Yes No
- b) has the renewal or transfer of the certificate ever been refused? Yes No
- c) name of Registering Authority:
-
- d) date of registration:
-

- 7 Have you suffered any loss or damage (other than flood or subsidence damage) or had any claims made against you in the last 5 years? Yes No
- If YES please give full details (continue in 'supplementary information' if necessary):
- | Date | Type of claim | Amount settled or outstanding |
|------|---------------|-------------------------------|
| | | |
| | | |
| | | |

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

- 8 Have you **ever** suffered any loss or damage caused by flood or subsidence? Yes No
- If YES please give full details (continue in 'supplementary information' if necessary):
- | Date | Type of claim | Amount settled or outstanding |
|------|---------------|-------------------------------|
| | | |
| | | |
| | | |

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

The Premises

- 1 What is the approximate age of the buildings? Pre 1850 1850-1975 1976-1989 1990+

- 2 a) How many storeys has the building?
- b) Do the premises have a basement? Yes No
- 3 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

If you have ticked any shaded box please give full details:

4 Is more than 20% of your roof flat? Yes No

If YES:

a) what is the age of the flat roof?

b) what is the flat roof made of? (eg felt on timber, bitumen, asphalt, etc)

c) what percentage of the total roof area is flat?

5 Have the premises ever been flooded; are they in an area liable to flooding or within 1/4 mile from any river, watercourse or sea, or have you been informed that your premises are in a potential flood risk area? Yes No

If YES please give full details:

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

7 a) Do you have a written Fire Risk Assessment? Yes No

b) Do you have a written General Health and Safety Risk Assessment? Yes No

If NO to either of the above please give full details:

8 Are the buildings used solely as a nursery? Yes No

If NO:

a) please give full details including the occupation of any other tenants and advise how the businesses are separated

b) is any part of the premises occupied for residential purposes? Yes No

If YES:

i) are the contents of that part also used in connection with the business? Yes No

ii) do you wish to insure such contents through Morton Michel? Yes No

(Please note that complications can arise if jointly used property is insured with different insurers.)

9 Are there any adjoining buildings? Yes No

If YES please give details of the trade(s) carried out therein and how they are separated from your buildings:

10 a) Are the premises protected by an intruder alarm which is in working order and subject to a maintenance contract? Yes No

b) Are all the external doors to your premises (including outbuildings other than sheds) protected in accordance with the Guide to Security in the Summary and Guide? Yes No

c) Are all opening windows to your premises (including outbuildings other than sheds) protected in accordance with the Guide to Security in the Summary and Guide? Yes No

If NO to b) or c) please give details of other security fittings:

11 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 £

c) any other type of garden shed?

Yes No

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 Guide to Security in the Summary and Guide?

Yes No

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

Supplementary information

Indicate for which questions you are supplying extra information.

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) apply to Sterling Insurance Company Limited for NurseryCare 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 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
- 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

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 _____

(Please note that the proposal should be signed by the owner/proprietor/partner/director of the business, whichever is applicable.

Both signatures required if proposal is in joint names)

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 by Morton Michel.

How would you like your documentation sent to you?

We now aim to send all insurance documents in pdf format by email. This is quicker and kinder to the environment. It also means that you can keep a copy on your computer to print out whenever required. If you would prefer to have a pdf of your policy schedule, Employers' Liability certificate and policy booklet sent to you by post instead of email, please tick the box below. If you do not tick the box then your documents will be sent via email.

Please send my documents by post

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

Ofsted Friend Childcare magazine (please state which publication) _____
NDNA Other (please state) _____

Childcare Motor Insurance

Would you like Morton Michel to provide a quotation?

Yes No

Arranged by



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