



# Indoor*Play*

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Insurance for children's indoor play areas

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Proposal



[www.mortonmichel.com](http://www.mortonmichel.com)

Arranged by Morton Michel

# Covea Insurance plc IndoorPlay Proposal Form



Arranged by

**Morton Michel**

The Childcare Insurance Specialist

Your insurance will be provided under the **IndoorPlay** Policy, insured by Covea Insurance plc for all sections other than the Legal Expenses section which is administered by ARAG plc on behalf of the insurer Brit Syndicate 2987 at Lloyd's. Any special terms or conditions will be advised to you in writing.

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

## Fair Presentation of the Risk

You have a duty to make a fair presentation of the risk which is covered by this policy. Therefore you should ensure that any information you have provided to us and the content of any application form, declaration and/or Statement of Fact is accurate and complete. Where you have provided us with information which relates to matters of your expectation or belief, it does not matter if such information turns out to be inaccurate provided that you acted in good faith when you provided us with such information.

If you do not comply with your duty to make a fair presentation of the risk, including failing to disclose or misrepresenting a material fact, or disclosing material facts to us in a way which is not clear and accessible your policy may not be valid or the policy may not cover you fully or at all.

A material fact is any fact which could influence our assessment or acceptance of your application for insurance.

You must also tell us about any facts or changes which affect your insurance and which have occurred either since the policy started or since the last renewal date.

If you are not sure whether certain facts are relevant please ask Morton Michel. If you do not tell us about relevant changes, your policy may not be valid or the policy may not cover you fully or at all.

You must check all the information contained within this document immediately and tell us if any details are incorrect.

You should keep a written record (including copies of letters) of any information you give Morton Michel.

Please complete and return to Morton Michel, Alhambra House, 9 St Michaels Road, Croydon, CR9 3DD.

Alternatively you may wish to complete and scan this form and email it to [indoorplay@mortonmichel.com](mailto:indoorplay@mortonmichel.com).

**Your address** (for correspondence purposes)

**Postcode**

**Telephone**

**Fax**

**Mobile**

**Email**

**Your name**

**Name(s) of authorised alternative contact(s)**

**Address of centre**

**Postcode**

**Telephone**

**Fax**

**Mobile**

**Email**

**Insurance to commence from**

## YOUR BUSINESS

Please confirm the full legal title of your business (e.g. A Smith t/as ABC Centre, ABC Centre Ltd, ABC Centre LLP). *See pages 25 in the Summary and Guide.*

1. Have you, your partners, directors or officers, trustees or management committee members:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Been declared bankrupt or insolvent, or been the subject of bankruptcy proceedings or an Individual Voluntary Arrangement?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been a principal, director or partner in any business which is or has been the subject of a winding up or administration order, receivership proceedings, or a Company Voluntary Arrangement? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been the subject of a County Court Judgement (or Scottish equivalent) or are there any proceedings pending?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Been the subject of a Debt Relief Order or are there any applications pending?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Been convicted of or charged with (but not tried) or received a police caution in connection with any criminal offence (other than motoring offences)?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Note:** *Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 do not need to be disclosed.*

- |   |                          |                          |
|---|--------------------------|--------------------------|
| f. Been prosecuted or received notice of intended prosecution, issued with a simple caution or been served with a prohibition or improvement notice in connection with a breach of any health and safety legislation? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Failed to implement any requirements made by previous insurers as a condition for the provision of insurance cover?  | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **YES** to any of these questions then please provide full details:

- |   | Yes  | No                                  |
|---|--|-------------------------------------|
| 2. Will parents/guardians be responsible for the children at all times?   | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| 3. Do you provide any services where you are responsible for the care of children (including but not limited to crèche, youth club or drop off activity)? | <input checked="" type="checkbox"/>        | <input type="checkbox"/>            |
| 4. Maximum number of children on the premises at any one time:  | <input style="width: 150px;" type="text"/> |                                     |
| 5. Age range of the children?   |  |                                     |
| youngest  | <input style="width: 150px;" type="text"/> |                                     |
| oldest  | <input style="width: 150px;" type="text"/> |                                     |
| 6. Do you comply with the staff to child ratio set out <i>on page 23 of the Summary and Guide</i> ?   | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| 7. The total number of staff (full-time and part-time) you employ:  | <input style="width: 150px;" type="text"/> |                                     |



**When you register with HMRC as an employer operating PAYE you will be issued with an Employer Reference Number (ERN).**

It is often referred to as an employer PAYE reference and is usually in the format of 3 numbers/2 letters, 5 numbers, e.g. 123/AB12345.

- |   |  |                                     |
|---|--|-------------------------------------|
| 8. Are you exempt from PAYE?  | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |
| a. If <b>NO</b> , please provide your Employer Reference Number.  | <input style="width: 300px;" type="text"/>   |                                     |
| b. If you have not yet been issued with your ERN please advise the date you registered for PAYE with HMRC:                    | <input style="width: 300px;" type="text"/>   |                                     |
| 9. Estimated total annual waggeroll:  | <input style="width: 150px;" type="text"/> £ |                                     |
| 10. Do you obtain satisfactory and confirmed references in writing of prospective employees' integrity before employing them? | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |

**11.** Where you are required by law to do so, do you obtain all necessary criminal records and barred list checks in respect of all relevant current and prospective employees and volunteers?  **Yes**  **No**

**12.** If you appoint employees or volunteers while you are awaiting the outcome of these checks in relation to them, will they be supervised at all times by an employee for whom criminal records and barred list checks have been obtained? *See page 23 in the Summary and Guide.*  **Yes**  **No**

**13.** Are you or any of your partners, directors or officers, employees or assistants listed, or required to be listed on the Sex Offenders Register (pursuant to the Sex Offenders Act 1997 as amended by the Sexual Offences Act 2003), or have you or they been listed on it at any point in the past?  **Yes**  **No**

**14.** Estimated total annual turnover:

**15.** Is the business licenced for the sale and/or supply of alcohol?  **Yes**  **No**

If **YES**:

**a.** What are your licenced hours?

**b.** What is the estimated annual turnover from the sale and/or supply of alcohol?

If **NO**:

**a.** Have you ever applied or do you propose to apply, for such a licence?  **Yes**  **No**

**b.** Do you permit the consumption of alcohol brought onto the premises by your customers?  **Yes**  **No**

## PLAY ACTIVITIES

1. You are only automatically covered for play activities involving the use of soft play equipment, bouncy castles and trampolines. Please advise which of the following activities you provide.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Lazer games .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Climbing walls (traverse and vertical) .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Bowling alleys .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Go karts .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Roller skating/blading .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Animals including petting .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Zip-wire, aerial runway or any other high rope course or structure .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Hair, beauty or cosmetic treatments (other than face painting) .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sports or fitness related instruction .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| j. After School Clubs/Holiday Play Schemes .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Group sleepover activity .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Private hire of equipment away from the risk address .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Inflatables (other than bouncy castles) .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Use of three or more trampolines .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Any other activities not listed above, please provide full details below. |                          |                          |

2. Do you provide any of these activities:

- |                            | Yes                      | No                       |
|----------------------------|--------------------------|--------------------------|
| a. For adults              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Outdoors                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Away from your premises | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to **2a, b** or **c**, please provide details in the box below.

## SAFETY AND EQUIPMENT

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have all relevant risk assessments been carried out and are they fully documented?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a written Fire Risk Assessment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a written Health and Safety policy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your risk assessments and Health and Safety policy regularly reviewed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do all staff receive appropriate training on the safe use and operation of your play equipment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you keep written records of staff training?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have at least one member of staff on duty at all times who is first aid trained?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is all play equipment manufactured, supplied and installed by a member of the Association of Play Industries ( <a href="http://www.api-play.org">www.api-play.org</a> )? | <input type="checkbox"/> | <input type="checkbox"/> |

If **NO**, please provide details of the manufacturer, supplier and installer.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 9. Is an annual safety inspection of your play area and equipment carried out by RoSPA or an RPII accredited inspector? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If **YES**, have all recommendations and requirements for improvement highlighted in the last inspection report been implemented?

	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 10. Do you comply with the minimum procedural requirements regarding inspection, maintenance & cleaning/sterilising of the play equipment? <i>See page 24 in the Summary and Guide.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 11. Are all of the doors at your premises (internal and external) fitted with finger guards or finger shields? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 12. Have you been inspected under the Food Hygiene Rating Scheme (Food Hygiene Information Scheme in Scotland)? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If **YES**, what rating were you given at your last inspection?

If **NO**, please advise why.

## THE BUILDINGS/PREMISES

Please answer these questions in all circumstances as this information is required even if you do not own the building/premises that you are operating from.

1. What is the approximate age of the buildings?

 years

2. Are the buildings (including any outbuildings you occupy) at the premises constructed as follows:

Yes No

a. walls are wholly of brick, stone, concrete block, concrete or metal.

b. roofs are constructed wholly of slate, tile, concrete or metal.

3. Are the buildings in a good state of repair and regularly maintained?

If **NO** to any of the questions **2a**, **2b** and **3**, please give full details.

4. Is more than 20% of the roof area flat?

If **YES**:

a. What percentage of the roof area is flat?

 %

b. What is the flat roof constructed of (e.g. felt on timber, bitumen, asphalt etc)?

c. How old is the flat roof?

 years

d. When was it last inspected by a building or roofing contractor?

 mm  yy

5. Is the building listed or the subject of a building preservation notice?

If **YES**, please provide full details.

6. Has your premises ever been flooded; is it in an area liable to flooding or have you been informed that your premises is in a potential flood risk area?



- |  | Yes                           | No                       |
|--|-------------------------------|--------------------------|
| <b>7. Are the buildings:</b>   |                               |                          |
| <b>a.</b> situated in an area with a history of subsidence, heave or landslip?   | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>b.</b> showing any signs of damage by subsidence, heave or landslip or do they have any visible cracking either internally or externally? | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>c.</b> within 10 metres of any tree which is more than 3 metres high?   | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>8.</b> Have the buildings had any repairs in connection with subsidence, heave or landslip?   | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>9.</b> Approximately what percentage of the floor occupied by you at the premises comprises basement(s)?                                  | <input type="text" value=""/> | %                        |
| <b>10.</b> Are the buildings detached, or separated from any adjoining buildings by brick or block party walls?                              | <input type="checkbox"/>      | <input type="checkbox"/> |

If **NO**, give details of the trade(s) carried out therein AND how they are separated from your buildings

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <b>11.</b> Are you the sole occupant of the building? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If **NO**, please:

- |   |                               |                          |
|---|-------------------------------|--------------------------|
| <b>a.</b> confirm the portion(s) of the buildings you occupy is/are self-contained with its/their own lockable entrance(s). | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>b.</b> provide details of the occupation of any other tenants.   | <input type="text" value=""/> |                          |
| <b>c.</b> advise how your business is separated from them (e.g brick, block walls etc).                                     | <input type="text" value=""/> |                          |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <b>12.</b> Are all the external doors to your premises protected in accordance <i>with the Summary and Guide as set out on pages 26 and 27?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <b>13.</b> Are all accessible opening windows to your premises protected in accordance <i>with the Summary and Guide as set out on pages 26 and 27?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If you have answered **NO**, to questions **12** or **13**, please provide full details of the security in place at the premises:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <b>14.</b> Are the premises protected by an intruder alarm system? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If **YES**:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <b>a.</b> It is in full working order, subject to a current maintenance contract by a company currently enrolled by a UKAS accredited certification body and under your sole control? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> Does the installation include remote signalling?  | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to **14b**:

**c.** Exact nature of remote signalling including how and to whom an alarm condition is transmitted.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**d.** Is the system designed to generate confirmed alarm conditions?

<input type="checkbox"/>	<input type="checkbox"/>
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**e.** Is Level 1 Police response in force?

<input type="checkbox"/>	<input type="checkbox"/>
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**15.** Do you prepare food using any deep fat frying process?

If **YES**:

**a.** Is this done using **only** purpose made counter top or freestanding, single or double basket frying equipment that is thermostatically controlled?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**Note:** *Fitted deep fat frying ranges (e.g. fish & chip shop type) are not acceptable.*

**16.** Do you use or store freestanding compressed gas cylinders or canisters in connection with the business?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **YES**, provide details on how these are stored:

**17.** Is the electrical installation at the premises older than 10 years?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **YES**:

**a.** Has it been inspected in the last 5 years by a professional contractor who is NICEIC or ECA approved?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**18.** Is the premises artificially heated other than by a conventional central heating system or by fixed appliances, fuelled by electricity or gas from the public supply?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **YES**, please advise on how your premises is heated:

**19.** How long have you been in business at this address?

 years

Elsewhere?

 years

## THE INSURANCE COVER

The following sections are automatically covered. Please indicate whether you require any of the standard levels of cover to be increased and/or provide details of the sums insured required where requested.

### Public and Products Liability

1. Public and products liability automatic cover is £2,000,000. Do you require the higher limit of £5,000,000?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Business Interruption

1. Business Interruption cover is automatically covered based on your estimated turnover for the next 12 months with an indemnity period of 12 months.

- a. If you require a longer indemnity period (the period necessary for the business to recover) please select period required

24 months  36 months

**Note:** The amount of revenue cover provided will be based on your annual turnover, increased in proportion to the indemnity period where 24 or 36 months is selected.

### Contents

1. It is mandatory that you insure your trade contents on this policy. Please provide the full replacement values below for each category:

- a. Stock of Food and Drink (including refrigerated/frozen stock)

£

- b. Specified Stock – Tobacco and Alcohol

£

- c. Computer Equipment

£

- d. Trade Contents (play equipment, fixtures and fittings, trade and office furniture, blinds and signs)

£

- e. You are automatically covered for up to £5,000 of fixed outside play and other equipment. Please state if higher amount is required.

£

### Glass

1. You are automatically covered for up to £25,000 for breakage of fixed internal and external plain plate or sheet or wired glass for which you are responsible.

- a. Do you have any armoured, bent or other special glass, or any lettering or designs on superimposed on glass valued at more than £500?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

If **YES**, please provide full details and value:

£

## Money

1. You are automatically covered for Money and the standard limits are detailed *on page 14 of the Summary and Guide*. If you require higher limits, please contact Morton Michel.

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

Do you require a higher amount of money to be kept in a locked safe outside of business hours?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **YES**:

- a. Please state the amount required

- b. Please give full details of your safe(s):

Make of Safe	Model	Age	Location and how fixed

## Deterioration of Refrigerated Stock

1. You are automatically covered for up to £1,000. If you require a higher sum insured, please provide the total value required:

## Goods in Transit

1. You are automatically covered for up to £1,000. Please state any higher amount required:

## All Risks

1. You are automatically covered for up to £1,000 of unspecified items of **IndoorPlay** equipment (including laptops). Do you require All Risks cover on specified items of equipment?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **YES**, please give full details:

Description	Make	Serial Number	Value

The **IndoorPlay** policy also automatically covers you for Employers Liability, Legal Expenses, Computer Equipment Breakdown, Personal Assault and **IndoorPlay** Extra. *See the Summary and Guide* for further details of the covers provided.

The following covers are optional sections. Please read the Summary and Guide for further details of these covers and to help you decide which of these sections you may wish to insure for.

### Employee Dishonesty (optional)

1. Do you require cover for Employee Dishonesty?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

### Buildings/Tenants Improvements (optional)

1. a. If you own the buildings – do you require buildings cover?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **YES**, please state the full rebuild cost including all permanent fixtures, fittings, outbuildings, annexes and walls, gates and fences plus an allowance for debris removal and architects' fees

b. If you do not own the buildings – do you require tenant's improvements cover for improvements, alterations and decorations that you are responsible for? *See page 22 in the Summary and Guide.*

<input type="checkbox"/>	<input type="checkbox"/>
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If **YES**, please state the sums insured:

### Terrorism (optional)

1. Do you require terrorism cover?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### Loss of Licence (optional)

1. Do you require cover for Loss of Licence?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **YES**

- a. Have you had any opposition to granting, renewal or transfer of the licence within the last 5 years?
- b. Are you aware of any other circumstances or incidents within the last 5 years which may prejudice granting, renewal or transfer of the licence?
- c. Have you had any other applications refused to you or the licence holder?

If you have answered **YES** to questions **1a**, **1b** or **1c**, then please provide full details:

## Directors' and Officers' Liability (optional)

	Yes	No
1. Do you require cover for Directors' and Officers' Liability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If YES</b>		
a. Is your company legal status either private limited company (UK Registered) or private company limited by guarantee with an annual turnover of up to £5,000,000, Charity (UK Registered) or a Club or Association with annual revenues of up to £5,000,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you been trading for at least 18 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Have you made a net profit in the last 12 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Do your latest annual accounts show positive net worth (i.e. your assets exceed your liabilities)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Have there been any previous claims that would have been covered by a Directors' and Officers' Liability policy had it been in force?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any circumstance that may give rise to a claim under a Directors' and Officers' Liability policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Note:** *If you have ticked any of the shaded boxes to any of the questions above, Directors' and Officers' Liability cover will not be automatically available and Morton Michel will contact you to discuss.*

If your turnover is less than £500,000, what limit of indemnity do you require?

£50,000     £100,000     £250,000

If your turnover is between £500,000 and £5,000,000 what limit of indemnity do you require?

£50,000     £100,000     £250,000     £500,000     £1,000,000

## INSURANCE HISTORY

1. Have you suffered any losses, made any claims or had any claims made against you in respect of death, injury, damage to property, financial loss or legal expenses (including debt recovery) during the last five years, whether insured or not, in respect of any of the risks which you now wish to insure? Yes  No

If **YES**, please provide full details (additional space is provided at the back of this form if required):

Date	Type of Claim	Amount Settled or Outstanding

2. Has your business been continuously insured for the risks you now wish to insure? Yes  No

If **YES**, please give the name of your current insurer:

If **NO**, please give full details of any breaks in your cover:

3. In respect of the risks you wish to insure, has any insurer ever:
- a. declined your proposal (i.e. refused to provide an insurance quotation for you) Yes  No
  - b. refused to offer renewal of, or cancelled your policy Yes  No
  - c. imposed special terms or conditions in respect of the risks you wish to insure Yes  No

If you have answered **YES** to question **3a**, **b** or **c**, please give full details:

- 4a. Do you have any existing insurances with Morton Michel? Yes  No

If **YES**, please state the policy number(s)

- 4b. Have you had any previous insurance with Morton Michel? Yes  No

If **YES**, please state the policy number(s)

**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 the insurers for **IndoorPlay** Insurance and:

- i. declare that the answers I/we have given are true and complete to the best of my/our knowledge and belief. I/we have disclosed all material facts and understand that failure to do so could mean that my/our policy may not be valid or may not cover me/us fully or at all. 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 Covea Insurance plc. 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 Covea Insurance plc reserves the right to contact previous insurers to verify answers stated in this form.

### How we use your information

The personal information, provided by you, is collected by or on behalf of Covea Insurance plc and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling and for research, or statistical purposes. We may also share your information with reinsurers and regulators, as required by law.

From time to time we may need to undertake some of the processing of your data in countries outside of the European Economic Area, and in such cases we will ensure that there is an agreement in place which gives equivalent assurances as found in the Data Protection Act 1998.

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you.

We will collect sensitive information when dealing with your policy, we will however only collect information that is relevant to your policy, its administration or claims handling.

Your personal information will be kept secure at all times.

### Fraud Prevention and detection

In order to prevent or detect fraud we will check your details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes. We may also conduct credit reference checks in certain circumstances. You can find out further details explaining how the information held by fraud prevention agencies may be used or in which circumstances we conduct credit reference checks and how these checks might affect your credit rating by contacting Covea Insurance plc.

### Disclosure of other people's personal information

You should show this notice to anyone whose personal information you provide to us. You must ensure that any such information you supply relating to anyone else is accurate and that you have obtained their consent to the use of their data for the purposes set out above.

### Your Rights

Under the Data Protection Act 1998 you have the right of access to the personal information held about you by Covea Insurance plc. You can exercise this right by contacting us. We will make a charge of £10 for dealing with these requests.

You have the right to request that we correct any inaccuracies in the personal information we hold about you. Please contact your insurance broker, or Covea Insurance plc, if your personal information needs updating.

### Consent

By providing us with information, you also provide us with your consent and that of any other person whose information you provide to the personal information being used for the purposes set out above.

### How to contact us

Please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection) if you would like some more detailed information on how we share your personal information.

If you have any concerns about our use of your information please write to Customer Relations,



Covea Insurance plc, Norman Place, Reading, Berkshire. RG1 8DA. If you contact Covea Insurance plc by telephone your call may be recorded for training and evidential purposes.

### **Demands and Needs**

The **IndoorPlay** policy has been designed to meet the demands and needs of children’s indoor play areas. If you are not an indoor play area then you should not apply for the **IndoorPlay** policy. It may be that one of our other policies is suitable for your requirements and details of these can be found at **www.mortonmichel.com**. Alternatively, you can contact us on **020 8603 0900** to discuss your requirements further.

### **Capacity Disclosure**

Morton Michel does not make recommendations or provide advice. You will need to make your own choice as to how you wish to proceed. In providing a policy that meets your requirements, Morton Michel does not conduct a full market analysis but will place your insurance under a scheme provided by Covea Insurance plc which we have identified as being suitable for this type of insurance. We have delegated underwriting authority from Covea Insurance plc and ARAG plc in placing your business directly with Covea Insurance plc we are acting as the agent of Covea Insurance plc as insurer and ARAG plc as a coverholder of insurer Brit Syndicate 2987 at Lloyd’s.

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** \_\_\_\_\_

**Cover does not commence until the proposal has been accepted by the Company unless otherwise agreed by Morton Michel.**

### **How would you like your documentation to be 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 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)**

**Word of Mouth**

**Marketing Email**

**Exhibition**

**Indoor Play Magazine**

**Internet Search**

**Morton Michel Website**

**Other**







## **Morton Michel**

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Arranged by **Morton Michel**

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