



# Out of School

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Insurance for out of school clubs

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Proposal



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

Arranged by Morton Michel

# Covea Insurance plc

## Out of School Proposal Form

Arranged by  
  
MortonMichel

Your insurance will be provided under the Out of School 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 together with your payment to Morton Michel, Alhambra House, 9 St Michaels Road, Croydon, CR9 3DD.

**Out of School has been specifically designed for clubs that care for children between the ages of 3 and 16, providing organised and supervised play and educational facilities in a controlled, safe environment.**

**Cover can be arranged on a term time only or all year basis and all clubs are covered for both before and after school activities.**

**Clubs must be registered with Ofsted (or other registering authority) if legally required.**

**If you are not certain that Out of School will provide for the activities you arrange, please discuss with Morton Michel before completing this proposal form. Morton Michel have other specialised insurance schemes that may be more appropriate to your needs.**

Name of club

*(Please state your Club's full legal title, including any trading name if you use one: eg. A.Smith; A Smith t/a ABC Club; ABC Group Ltd; ABC Group Ltd t/a Group.)*

Your name

Name(s) of authorised alternative contact(s)

Address of the club

Your address *(for correspondence purposes)*

Postcode

Postcode

Telephone

Telephone

Fax

Fax

Mobile

Mobile

Email Address

Email Address

Insurance to commence from

### EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) DECLARATION

As your policy includes employers' liability insurance and may cover an employer in England, Scotland, Wales or Northern Ireland, it is a mandatory requirement that we provide to the Employers' Liability tracing Office (ELTO) your Employer Reference Number as provided by Her Majesty's Revenue and Customs.

Please provide your HMRC Employer Reference Number (ERN)

If your business does not have a HRMC Employer Reference Number (ERN), please confirm the reason below:

1) All employees earn less than the PAYE threshold	
2) The business is registered in Jersey or Guernsey	
3) You do not have any employees	

Are you a member of 4Children, Children’s Link, Clybiau Plant Cymru Kids’ Clubs, Out of School Alliance, Birmingham Playcare Network or Sheffield Out of School Network? Yes  No

If Yes, please state which organisation and your membership number:

What is the club’s current legal status?

- |  |   |
|--|---|
| Sole Trader <input type="checkbox"/>                                       | Partnership <input type="checkbox"/>  |
| Limited Liability Partnership <input type="checkbox"/>                     | Unincorporated Association <input type="checkbox"/>   |
| Private Limited Company (UK registered) <input type="checkbox"/>           | Charitable Incorporated Organisation / Charitable Company (Limited by Guarantee) <input type="checkbox"/> |
| Club <input type="checkbox"/>  |   |
| Other (please provide details): <input style="width: 400px;" type="text"/> |   |

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

- a) been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or an Individual Voluntary Arrangement?
- b) been a principal, partner, director or officer, trustee or management committee member in any business which is or has been the subject of a winding up or administration order, receivership proceedings or a Company Voluntary Arrangement?
- c) been the subject of a County Court Judgement (or Scottish equivalent) or are any proceedings pending?
- d) been convicted\* of or charged with (but not tried) or received a police caution in connection with any criminal offence (other than motoring offences)?    
\*Note: Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 do not need to be disclosed.
- e) 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 any breach of any health and safety legislation?
- f) failed to implement any requirements made by previous insurers as a condition for the provision of insurance cover?
- g) been the subject of a Debt Relief Order or are there any applications pending?

If you have ticked YES to any of the questions a) to g), please give full details:

**Information about your club:**

1 You are automatically covered for all of the activities listed below as “agreed and approved”

**Agreed and Approved**

Arts and crafts, badge making, basketball, bat and ball, board games, bouncy castles **(in accordance with policy conditions)**, card games, clay modelling, climbing frames **(in accordance with policy conditions)**, computer games, construction kits, cooking, dance **(excludes break dancing)**, dance mats, dolls, drama, dressing up, face painting **(in accordance with policy conditions)**, fancy dress, garden swimming pools **(in accordance with policy conditions)**, homework corner, horse riding **(in accordance with 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 blading **(in accordance with policy conditions)**, roller skating, rounders, sand play, scooters, sewing, skate boarding **(in accordance with policy conditions)**, skipping, skittles, slides, snacks, space hoppers, swing ball, swings, table tennis, tennis, trampolines **(in accordance with policy conditions)**, treasure hunts, watching television.

Yes No

Do you offer only those activities listed above?

If No, please answer the following questions:

a) Do you offer any formal coaching of football, cricket or hockey?

If Yes, are qualified instructors with their own public and products liability insurance supervising the sessions?

b) Do you offer gardening, junk modelling or woodwork activities?

If Yes, please give full details of equipment, tools and materials used:

Yes No

c) Do you offer swimming, paddling pool or water play activities?

If Yes, please answer the following questions:

**Swimming:**

i) Do you carry out this activity in a public or private pool?

ii) Is there a qualified life saver/swimming teacher or coach in attendance at all times?

iii) What is the adult : child supervision ratio?

**Paddling:**

i) What is the depth of the paddling pool?

ii) What is the adult : child supervision ratio?

**Water play:**

i) Type of water activity?

ii) Depth of water?

iii) What is the adult : child supervision ratio?

d) Do you offer cycling activities?

If Yes, please answer the following questions:

i) Where does the cycling take place?

ii) Do the cycles belong to the club or children?

e) Do you offer any other activity?

If Yes, please provide full details below or on a separate sheet of paper  
(please include age range of the children involved and the adult to child supervision ratios):

**NB Any quotation/cover provided will be for those activities listed as "Agreed and approved on page 3," plus any other declared activities agreed by Morton Michel.**

Please send samples of any promotional literature, flyers etc.

2 How often does your club meet? (Please give details of times of all club sessions):

3 Please give details of any regularly arranged outings and the age range and the supervision ratios for which they are available:

4 How many children may be attending the club at any one time?

Up to 30  Up to 50  Up to 60  Up to 70

(For over 70, please refer to Morton Michel for a quotation)

Yes No

5 Do you require cover during school holidays?

 

**You are automatically covered for children aged 3 - 16 attending your club**

6 Do you have children attending your club outside of these age ranges?

 

If YES, please provide full details:

### Qualifications

- For children aged 3 years and over but under 4 years - at least one member of staff must hold a full and relevant Level 3 qualification and must be present at all times and at least half of all other staff members must hold a full and relevant Level 2 Qualification.
- For children aged 4 years and above - at least one member of staff who holds a full and relevant Level 2 qualification must be present at all times.
- A member of staff who holds a 12 Hour Paediatric Care First Aid qualification must be on the premises at all times.

7 Do you comply with the qualification requirement of staff as noted above?

 

If NO, please provide full details:

### Supervision Ratios

- Children aged 3 years and over but under 4 years - 1:8
- Children aged 4 years and over but under 8 years - 1:10
- Children aged 8 years and over - 1:15

8. Do you comply with the above minimum supervision ratios?

 

If NO, please provide full details:



9 Where you are required by law to be registered with any local or other authority (eg. Ofsted, CQC) for any of your Club's activities, do you hold such registration(s)

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

If NO, please explain why registration has not been obtained:

If YES,

a) Name of Registering Authority

b) Date of registration

c) has there been any opposition to renewal or transfer of the registration within the last five years?

d) has renewal or transfer of the registration ever been refused?

e) has the registration ever been suspended?

f) have you implemented all requirements or recommendations made by the Registering Authority?

If you have ticked any of the shaded boxes to questions c) to f), please give full details

10 Are all of the doors at your premises (internal and external) fitted with finger guards or finger shields?

<input type="checkbox"/>	<input type="checkbox"/>
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11 a) Have all relevant risk assessments been carried out and are they fully documented?

<input type="checkbox"/>	<input type="checkbox"/>
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b) Do you have a written Fire Risk Assessment?

c) Do you have a written Health and Safety Policy?

d) Are your risk assessments and health and safety policy regularly reviewed?

If NO to any of the above please give full details

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 12 a) Do you obtain satisfactory and confirmed references in writing of prospective employees' and volunteers' integrity before employing them?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Where you are required by law to do so, have you obtained all necessary criminal records and barred list checks in respect of all relevant current and prospective employees and volunteers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) While you are awaiting the outcome of a criminal record and barred list check on an employee or volunteer, will they be supervised at all times while engaged in the business by an employee for whom criminal records and barred list checks have been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |

If NO to any of the above, please give full details:

- 13 In respect of the risks you wish to insure, has any insurer ever
- |  |                          |                          |
|--|--------------------------|--------------------------|
| a) Declined your proposal (ie. refused to provide an insurance quotation for you?) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Refused to offer renewal of or cancelled your policy?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Imposed special terms or conditions?  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have ticked ANY of the shaded boxes, please give full details:**

- 14 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?
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If Yes to Question 14, please provide full details below:  
 (additional space at the end of booklet)

Date	Type of Claim	Amount settled or outstanding



	Yes	No
15 a) Do you have any existing insurances with Morton Michel?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state the policy number(s):	<input style="width: 300px; height: 20px;" type="text"/>	
b) Have you had any previous insurances with Morton Michel?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state the policy number(s):	<input style="width: 300px; height: 20px;" type="text"/>	

**What cover do you require?**

You have a choice of two policies - Out of School and Out of School Gold. The tables below outline the different levels of cover for each policy

	Yes	No
I require <b>Out of School</b> which provides cover for:	<input type="checkbox"/>	<input type="checkbox"/>
Public and Products Liability    Professional Indemnity    Employers' Liability    Legal Expenses    Helplines		

	Yes	No
I require <b>Out of School Gold</b> which provides cover for:	<input type="checkbox"/>	<input type="checkbox"/>
Public and Products Liability                      Professional Indemnity                      Employers' Liability		
Legal Expenses    Club Contents    Loss of Revenue		
Personal Accident for Children at the Club    Personal Accident for Club Officials    Club Money		
Club Officials' Personal Money                      Club Officials' Personal Effects                      Club Children's Personal Effects		
Glass    All Risks    Deterioration of Refrigerated Stock		
Helplines		

**For clubs choosing Out of School or Out of School Gold**

**You are automatically covered for £3M Public & Products Liability.**  
Do you require the cover to be increased to £5M?  Yes     No

**You are automatically covered for £25,000 Professional Indemnity.**  
Do you require the level of cover to be increased (for an additional premium)?  Yes     No

If Yes, which limit of indemnity do you require?

£100,000     £250,000     £500,000

## For clubs choosing Out of School Gold

### Club Contents

#### Automatic cover for Club Contents is £5,000

Please state if a higher sum insured is required: £

If you do not own the buildings from which you operate, 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 the sum insured: £

1 In respect of the buildings (including any outbuildings you occupy) at the premises:

Yes No

i) Are the walls constructed wholly of brick, stone, concrete or metal?

 

ii) Is the roof constructed wholly of slate, tile, concrete or metal?

 

iii) Are the buildings in a good state of repair and regularly maintained?

 

iv) Are all external doors to your premises protected in accordance with the Guide to Security in the Summary and Guide?

 

v) Are all accessible opening windows to your premises protected in accordance with the Guide to Security in the Summary and Guide?

 

If NO to any of the questions i) to v), please give full details:

2 Have your premises ever been flooded; are they in an area liable to flooding or have you been informed that your premises are in a potential flood risk area?

 

If YES, please provide full details:

3 a) Are the buildings occupied by any other businesses or organisations?

 

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

b) Are your premises detached or separated from any adjoining buildings by brick or block party walls?

Yes  No

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

4 Do you store any part of your equipment in :

a) timber or plastic sheds valued at more than £1,500?

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?

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?

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 (e.g. metal and plastic composite)

5 Does the total replacement value of all sheds at your premises exceed £2,500?

6 Does the total value of all contents stored in sheds at your premises exceed £2,500?

**If you have answered YES to any parts of questions 4, 5, or 6, are all doors and windows of each shed to be insured protected in accordance with the Guide to Security in the attached Summary and Guide?**

If NO, please give full details of other security fittings to the sheds:

**All Risks**

You are automatically covered for £500 of unspecified items of Club Contents.

Yes No

Do you require All Risks cover on specified items of equipment?

If Yes, please give full details:

Description of item	Serial number	Value

**Deterioration of Refrigerated Stock**

Automatic cover for Deterioration of Refrigerated Stock is £500

Please state if a higher sum insured is required: £

**Loss of Revenue**

You are automatically covered for up to £100,000 with a 12 month indemnity period (the period necessary for the business to recover).

a) If you require cover for more than £100,000 over a 12 month indemnity period, please state the sum insured you require: £

b) The standard indemnity period is 12 months. If you require a longer indemnity period (the period necessary for the business to recover) please select the required period:

24 months                       36 months

Please state estimated gross revenue for the period selected: £

**Optional Sections**

I require the following optional sections:

**Trustees' and Officers' Financial Liability**

If Yes, which sum insured do you require?

£5,000     £7,500     £10,000

### Buildings

Yes No

Are you responsible for insuring your buildings?

 

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

 

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### Motor & Minibus

Would you like Morton Michel to provide a quotation?

 

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### Terrorism

Would you like Morton Michel to provide a quotation?

 

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### Supplementary Information

Please state clearly which question number you are referring to and 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 the insurers for an Out of School insurance and

- a) 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 the insurers. To the extent that has been necessary, I/we have consulted relevant members of my/our organisation to verify answers stated in this form
- b) understand that the insurers reserve the right to contact previous insurers to verify the information contained in this form
- c) 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 (as amended by the Sexual Offences Act 2003)

### 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 the insurers, their 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.

### Demands and Needs

The Out of School policy has been designed to meet the demands and needs of Out of School Clubs providing activities both before and after school. It is aimed at clubs with children aged between 3 and 16 years and cover can be arranged on a term time only or an all year basis. If you are not an Out of School Club then you should not apply for the Out of School policy. It may be that one of Morton Michel's other policies is suitable for your requirements and details of these can be found at [www.mortonmichel.com](http://www.mortonmichel.com).

### 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 in placing your business directly with Covea Insurance plc we are acting as the agent of Covea Insurance plc as insurer.

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 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 copy 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)

Friend  Ofsted  Other  (please state)

Underwritten by Covea Insurance plc, Registered in England and Wales No. 613259.  
Registered Office: Norman Place, Reading Berkshire, RG1 8DA  
Authorised by the Prudential Regulation Authority and regulated by  
the Financial Conduct Authority and the Prudential Regulation Authority







## **Morton Michel**

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Arranged by **Morton Michel**

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