



# Group

Insurance for large and small groups

Proposal



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

Arranged by Morton Michel

# Covea Insurance plc Group Proposal Form

arranged by



Your insurance will be provided under the Group 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 your 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 [group@mortonmichel.com](mailto:group@mortonmichel.com).

## INFORMATION ABOUT YOU

Your name

Address

Postcode

Landline Telephone

Mobile Telephone

Email address

Do you have any existing insurances with Morton Michel?  
If YES, please state policy number(s):

Yes  No

Have you had any previous insurances with Morton Michel?  
If YES, please state policy number(s):

Yes  No

## INFORMATION ABOUT YOUR GROUP

Insurance to commence from:

Please confirm your group's full legal title (e.g. A Smith, A Smith t/a ABC Group, ABC Group Limited, ABC Group Limited t/a Group, etc.):

Address of group premises

Postcode

Landline Telephone

Mobile Telephone

Email address

What is the group's current legal status?:

Sole trader

Partnership

Limited liability partnership (LLP)

Private limited company (UK registered)

Unincorporated Association

Club

Charitable Incorporated Organisation/Charitable Company limited by guarantee

Other

If Other please provide details:

Have you, your directors or partners:

a) been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or an Individual Voluntary Arrangement?

Yes  No

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?

Yes  No

c) been the subject of a County Court Judgement (or Scottish equivalent) or are any proceedings pending?

Yes  No

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.

Yes  No

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?

Yes  No

f) failed to implement any requirements made by previous insurers as a condition for the provision of insurance cover?

Yes  No

g) been the subject of a Debt Relief Order or are there any applications pending?

Yes  No

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

## ACTIVITIES

Please give full details of all activities offered by your group. Quotation / cover cannot be given without full details. The quotation and any cover given will be based on the information provided in this section. (Expressions such as "social activities", "educational activities" etc. are not sufficient.):

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Do you provide any of your services or activities away from the group premises?

Yes  No

If YES, do you operate from:

Your own home  Other domestic premises  Community centres  Church halls

Schools/nursery schools  Other

If Other please give full details:

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How often do your activities take place?

WEEKLY

MONTHLY

OTHER

If WEEKLY or MONTHLY, how many hours per WEEK/MONTH will you be operating?

Number of hours

If OTHER, please give full details:

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## RISK MANAGEMENT

Have all relevant risk assessments been carried out and are they fully documented?

Yes  No

Do you have a written Fire Risk Assessment?

Yes  No

Do you have a written Health and Safety policy?

Yes  No

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

Yes  No

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

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## REGISTRATION

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

Yes  No

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

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If YES,

a) name of Registering Authority:

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b) date of registration:

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

Yes  No

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

Yes  No

e) has the registration ever been suspended?

Yes  No

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

Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

## PARTICIPANTS

Will children (excluding supervisors) aged under 18 be participating in your activities?

Yes  No

If YES,

a) please state total number of children attending at any one time

b) please complete the following table

Age range:	Will children in this age range be attending sessions?	Adult to child ratio
Children aged under 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Children aged 2 and over but under 5	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Children aged 5 and over but under 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Children aged 12 and over but under 18	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

Will adults (excluding supervisors) aged 18 and over be participating in your activities?

Yes  No

If YES, maximum number attending at any one session :

Do you provide or administer

- drugs or medicines
- health support procedures (such as giving oxygen, tubing, cleaning, changing or emptying associated equipment)

to adults attending the group?

Yes  No

If YES give full details: \_\_\_\_\_

\_\_\_\_\_

## YOU, YOUR EMPLOYEES AND YOUR VOLUNTEERS

Please give details of any relevant qualifications or experience that you, your employees and/or your volunteers have in relation to the proposed activities:

How many employees do you have?

How many volunteers do you have?

If you do not have any employees or volunteers, please move directly to the *Insurance History* questions

The recommended minimum age for employees and volunteers is 18. Do you have any employees or volunteers below this age?

Yes  No

If YES, please state their age and give a full description of their duties:

Do you obtain satisfactory and confirmed references in writing of prospective employees' and volunteers' integrity before engaging them?

Yes  No

If NO, please give full details:

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?

Yes  No

If NO, please give full details:

While you are awaiting the outcome of criminal records and barred list checks 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?

Yes  No

If NO, please give full details:

## INSURANCE HISTORY

Is your group a new venture?

Yes  No

If NO:

How long has your group been in operation?

Has your group been continuously insured during that period for the risks you now wish to insure?

Yes  No

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

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If NO, please give full details:

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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?

Yes  No

If YES to any of the questions a) to c), please give full details:

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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 give full details (additional space at back of this form):

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## THE INSURANCE COVER

You can select which sections of cover you require below. Please note that the minimum requirement is for Public and Products Liability and Legal Expenses insurance.

### Public and Products Liability

Which limit of indemnity do you require?

£1M

£2M

£5M

### Employers' Liability

Do you wish to include Employers' Liability cover in your policy?

Yes  No

If YES, have you been allocated an Employer Reference Number by PAYE of Her Majesty's Revenue & Customs?

Yes  No

If YES, please state the Employer Reference Number allocated to you:

### Personal Accident for Children

Do you wish to include Personal Accident for Children cover in your policy?

Yes  No

### Personal Accident for Adults

Do you wish to include Personal Accident for Adults cover in your policy?

Yes  No

### Group Money

Do you wish to include Group Money cover in your policy?

Yes  No

Standard limits are:

Money in transit £500

Money on premises during business hours £500

Money in private dwelling of authorised employees £500

Money in locked safe on premises out of business hours £250

If you require higher limits, please state amount(s) required:

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If you have requested a higher safe limit, please provide details of make and model of safe:

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## Group Officials' Personal Effects

Do you wish to include Group Officials' Personal Effects cover in your policy?

Yes  No

## Group Officials' Personal Money

Do you wish to include Group Officials' Personal Money cover in your policy?

Yes  No

## Deterioration of Refrigerated Stock

Do you wish to include Deterioration of Refrigerated Stock cover in your policy?

Yes  No

## Group Extra (Crisis Containment, Website Hacker Damage Cover, Lottery Winner Indemnity)

Do you wish to include Group Extra cover in your policy?

Yes  No

## Terrorism

Do you wish to include terrorism cover in your policy?

Yes  No

## FINANCIAL COVER OPTIONS

If you wish to insure any of the following sections – Loss of Revenue; Professional Indemnity; Directors' Trustees' and Officers' Liability -

**please state your annual turnover** £

### Loss of Revenue

Do you wish to include Loss of Revenue cover in your policy?

Yes  No

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

24 months  36 months

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.

### Professional Indemnity

Do you wish to include Professional Indemnity cover in your policy?

Yes  No

If YES, please select the limit of indemnity required:

£25,000  £50,000  £100,000  £250,000  £500,000  £1,000,000  £2,000,000

### Directors', Trustees' and Officers' Liability

**This optional section is only for:**

- **Private limited companies (UK registered) or private companies limited by guarantee with an annual turnover of up to £5,000,000**
- **Charities (UK registered) or clubs or associations with annual revenues up to £5,000,000.**

Do you require Directors' and Officers' Liability insurance?

Yes  No

If YES,

a) Is your legal status shown above as eligible for this cover?

Yes  No

b) Have you been trading for at least 18 months?

Yes  No

c) Have you made a net profit in the last 12 months?

Yes  No

d) Do your latest annual accounts show positive net worth (i.e. your assets exceed your liabilities)?

Yes  No

e) Have there been any previous claims that would have been covered by a Directors' and Officers' Liability policy had it been in force?

Yes  No

f) Are you aware of any circumstance that may give rise to a claim under a Directors' and Officers' Liability policy?

Yes  No

(NOTE: If you have answered NO to any of the questions a) to d), or YES to either of the questions e) or f), Directors' and Officers' Liability cover will not be automatically available and Morton Michel will contact you to discuss this further.)

If you have answered YES to questions a) to d) and NO to questions e) and f), please tick ONE of the following boxes:

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 £2,000,000, what limit of indemnity do you require?

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

If your turnover is between £2,000,000 and £5,000,000, what level of indemnity do you require?

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

### Trustees' and Officers' Financial Liability

**Please note that this section is only suitable for groups whose trustees and officers may be personally liable for the debts of the group in the event of a bankruptcy. It is not suitable for groups where liability is limited, such as companies limited by guarantee, limited liability companies or limited liability partnerships.**

Do you wish to include Trustees' and Officers' Financial Liability cover in your policy?

Yes  No

If YES, does your group have elected trustees or officers who are legally liable for the debts of the group in the event that the group ceases to trade?

Yes  No

If YES, what level of indemnity do you require?

£5,000

£7,500

£10,000

### Employee dishonesty

Do you wish to include Employee Dishonesty cover in your policy?

Yes  No



## PROPERTY

Please complete the following sections if you wish to insure your Group contents, tenants improvements or your buildings, otherwise proceed to the Declaration on page 14

Please provide details in relation to each group premises at which you keep property.

### Location #1

Address/Postcode \_\_\_\_\_

**Premises Questions** - Please complete the following questions:

1. Do you require cover for your Group contents? Yes  No

If YES, what is the total value of your equipment at this location? £

2. Do you require cover for your Buildings? Yes  No

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: £

3. 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: £

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

i) Are the walls constructed wholly of brick, stone, concrete or metal? Yes  No

ii) Is the roof constructed wholly of slate, tile, concrete or metal? Yes  No

iii) Are the buildings in a good state of repair and regularly maintained? Yes  No

iv) Are all the external doors to your premises protected in accordance with the Guide to Security in the Summary and Guide? Yes  No

v) Are all accessible opening windows to your premises protected in accordance with the Guide to Security in the Summary and Guide? Yes  No

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

**Please complete the following questions if you wish to insure at this location  
- more than £5,000 of contents  
- your buildings  
- your tenant's improvements**

5. What is the approximate age of the building?

6. 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? Yes  No

If YES please provide full details: \_\_\_\_\_

7. Is more than 20% of the roof area flat? Yes  No

If YES

What percentage of the roof area is flat?

What is the flat roof constructed of? \_\_\_\_\_

How old is the flat roof?

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

8. Is the building listed or the subject of a building preservation notice? Yes  No

If YES please provide full details: \_\_\_\_\_

9. Are the buildings occupied by any other businesses or organisations? Yes  No

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

10. Is 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: \_\_\_\_\_





**Location #2**

Address/Postcode \_\_\_\_\_

**Premises Questions** - Please complete the following questions:

1. Do you require cover for your Group contents?

Yes  No

If YES, what is the total value of your equipment at this location? £

2. Do you require cover for your Buildings?

Yes  No

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: £

3. 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: £

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

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

**Please complete the following questions if you wish to insure at this location  
- more than £5,000 of contents  
- your buildings  
- your tenant's improvements**

5. What is the approximate age of the building?

6. 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?

Yes  No

If YES please provide full details: \_\_\_\_\_

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

Yes  No

If YES

What percentage of the roof area is flat?

What is the flat roof constructed of? \_\_\_\_\_

How old is the flat roof?

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

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

Yes  No

If YES please provide full details: \_\_\_\_\_

9. Are the buildings occupied by any other businesses or organisations?

Yes  No

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

10. Is 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: \_\_\_\_\_



**Location #3**

Address/Postcode

**Premises Questions** - Please complete the following questions:

1. Do you require cover for your Group contents?

Yes  No

If YES, what is the total value of your equipment at this location? £

2. Do you require cover for your Buildings?

Yes  No

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: £

3. 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: £

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

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

**Please complete the following questions if you wish to insure at this location**

- more than £5,000 of contents

- your buildings

- your tenant's improvements

5. What is the approximate age of the building?

6. 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?

Yes  No

If YES please provide full details: \_\_\_\_\_

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

Yes  No

If YES

What percentage of the roof area is flat?

What is the flat roof constructed of? \_\_\_\_\_

How old is the flat roof?

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

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

Yes  No

If YES please provide full details: \_\_\_\_\_

9. Are the buildings occupied by any other businesses or organisations?

Yes  No

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

10. Is 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: \_\_\_\_\_



### Group Contents Away (Only available if standard Group Contents has also been selected):

This section covers you for up to £2,500 of Group contents away from the group premises. There is a limit of £1,000 for computer, communication and photographic equipment; and a limit of £500 for any single item of computer, communication and photographic equipment.

Do you require more than £2,500 of cover away from the group premises?

Yes  No

If YES, please state value of Group contents cover required away from the group premises.

£

Do you carry more than £1,000 of computer, communication and photographic equipment at any one time?

Yes  No

Do you have any single item of computer, communication and photographic equipment valued at more than £500?

Yes  No

If YES to either of these questions, do you require All Risks cover on specified items of equipment?

Yes  No

If YES, please give the following details:

Description	Serial Number	Value

**Additional Information** - Please use this area to supply any additional information which has been requested or that you think is relevant to your application. Please state clearly which question number you are referring to:

**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 the insurers for *Group* 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 the 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 Group policy has been designed to meet the demands and needs of social, voluntary, community, childcare, support, charitable and educational groups and individuals organising such groups. If you are not such a group or individual then you should not apply for the Group 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 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 \_\_\_\_\_

(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)

**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

Covea Insurance plc. Registered in England and Wales No. 613259.

Registered office: Norman Place, Reading, Berkshire RG1 8DA.

Covea Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

It appears on the Financial Services Register under number 202277





## **Morton Michel**

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CR9 3DD

Tel: 020 8603 0900

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

Arranged by **Morton Michel**

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