

Charity Shield

application form



To Methodist Insurance plc, Brazennose House, Brazennose Street, Manchester M2 5AS

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in **BLOCK CAPITALS** and tick where indicated and use additional sheets if necessary.

Applicant details

1. Name of applicant(s)

(Please clearly define all parties to be insured identifying any holding/subsidiary company relationships)

2. Trading name

3. Postal address

Postcode

Telephone

Email

Website

4. Date upon which the insurance is to commence:

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.

General details

1. What is your charity registration number?

2. If you are not a registered charity, please define your legal status

3. How many years have you been established at the current premises?

elsewhere?

4. Please advise the number of members in your organisation (if applicable)

5. Please state or enclose a copy of your mission statement outlining your aims and ideals

6. Please also attach any explanatory literature or brochure that you produce to further your aims, together with a copy of your latest Report and Accounts

7. It is most important that you fully describe the business and activities that are carried out at each of your premises and elsewhere. Please detail these in the box below

8. Please advise the annual revenue of your organisation:

(a) last year £ (b) estimated for this year £

(c) Please indicate the percentage of the revenue between:

	This year	Last year
(i) funding from Government, Local Authorities or their agencies	<input type="text"/> %	<input type="text"/> %
(ii) subscription and membership fees	<input type="text"/> %	<input type="text"/> %
(iii) voluntary collections and donations	<input type="text"/> %	<input type="text"/> %
(iv) legacies	<input type="text"/> %	<input type="text"/> %
(v) fund raising/sponsorship events and activities (not collections)	<input type="text"/> %	<input type="text"/> %
(vi) other (please specify)	<input type="text"/> %	<input type="text"/> %
	100%	100%

9. Registration

(a) Are you registered by any local or other authority for the activities of the organisation? Yes No

(b) Has registration ever been withheld or special conditions imposed? Yes No

If 'Yes' to either (a) or (b) please provide details, and if registered under the Care Standards Act please state the category of registration.

10. Have you ever been subject to an investigation by the Charity Commission or any other body? Yes No

If 'Yes' please provide details:

Premises to be insured

1. Full address(es) of premise(s) to be insured

Postcode: Telephone:

2. General description of the premises to be insured

(Please include its original date of construction and purpose)

3. Are the premises listed?Yes No

If 'Yes' please state:

Grade I Grade II Grade II* other **Property damage****1. Is cover required?**Yes No

If 'Yes' complete questions 2 to 8 below. If 'No' please proceed to Property damage plus section.

The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, subterranean fire.

We can also provide cover for the following, please tick if required:

- | | |
|--|--|
| <input type="checkbox"/> Sprinkler leakage | <input type="checkbox"/> Theft of contents (following forced entry/exit) |
| <input type="checkbox"/> Subsidence | <input type="checkbox"/> Glass and sanitary fixtures |
| <input type="checkbox"/> Accidental damage | <input type="checkbox"/> Terrorism |

*Note: if you have any other specific requirements please contact us.***2. Sums to be insured**

Please refer to the Important note on page 4 of the Summary of cover for information regarding the sums to be insured.

(a) Buildings£

This is the cost of rebuilding the insured property – not the market value. The buildings of the premises including landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred i.e. architects and surveyors fees, consulting engineers fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Contents(i) computers and other office machinery £ (ii) residents personal belongings
(limit any one person £500) £ (iii) all other contents £ **(c) Stock in trade**(i) cigarettes and tobacco £ (ii) wines and spirits £ (iii) all other stock £ **(d) Tenants' improvements and decorations
for which you are responsible**£ **3. Do you want your sums insured to be adjusted by the 'Day One'
method of inflation protection?**Yes No *Note: Day One basis does not apply to stock in trade.*

If 'Yes' please select the percentage uplift you require:

15% 25% 50% Other limit (please specify) %

4. Are the external walls and roof coverings of the premises constructed solely of brick, stone, concrete, slates or tiles?

Yes No

If 'No' please provide details:

5. Flood

Are any of the buildings on a site which has suffered from flooding at any time in the past ten years?

Yes No

If 'Yes' please provide details:

6. Are any of the premises protected by a fire or intruder alarm?

Yes No

If 'Yes' please provide details of the alarm system(s) and attach a copy of the specification(s):

7. If subsidence cover has been requested please answer the following questions

Note: it may be necessary to complete a separate subsidence questionnaire.

(a) Is the property currently insured against subsidence, heave, landslip or settlement?

Yes No

(b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?

Yes No

(c) Has any of the property been underpinned or provided with other means of structural support?

Yes No

If 'Yes' to (a), (b), or (c) please provide details:

8. If glass cover has been requested, is any glass to be insured not of ordinary glazing quality e.g. is it toughened, stained, bent or ornamental?

Yes No

If 'Yes' please provide the following details:

Type of glass

Approximate replacement cost £

Approximate percentage of the above, relative to all glass at the premises %

Property damage plus

1. Is cover required?

Yes No

If 'Yes' complete the table below.

If 'No' please proceed to Business interruption section

Note: only complete this if your requirements for property 'away from the premises' are not met by the cover provided by the Property damage section – see the Summary of cover for details.

Description of property	Location (UK, Europe, Worldwide)	Sum insured
		£
		£
		£
		£
		£
		£
		£

Business Interruption

1. Is cover required?

Yes No

If 'Yes' complete question 2 below. If 'No' please proceed to Liabilities section

2. Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required below

Note: the maximum indemnity period should represent the time it would take for your organisation to resume normal trading after a loss. Where your maximum indemnity period selected exceeds 12 months we will increase your annual sum proportionately.

Item	Is cover required?	Annual sum insured/Estimated sum insured for declaration linked basis*	Maximum indemnity period
Revenue/Gross Profit/Rent receivable	Yes/No*	£	Months

The sum insured should represent your anticipated annual revenue, gross profit or rent receivable, allowing for any anticipated expansion activities. You should not include any costs you would not incur whilst your organisation is not operating. Our standard gross profit wording takes into account purchases (less discounts) and bad debts. Please specify below any other working expenses to be excluded.

Unless you notify us to the contrary we will assume that the sum insured for annual revenue will be in respect of services rendered by you and does not include Government funding, donations and money received through fund-raising and the like. If the sum insured does include Government funding, donations and the like please specify below the amount and source.

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional cost or working (i.e. no revenue cover)	Yes/No*	£	Months

The sum insured should cover all your additional costs in continuing to operate for the duration of the maximum indemnity period, e.g. the cost of moving to, and operating from, temporary premises and moving back once again once repairs are complete.

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional increase in cost of working	Yes/No*	£	Months

*delete as applicable.

Liabilities

1. Is cover required?

Yes No

If 'Yes' complete questions 2 to 21 below. If 'No' please proceed to Charity trustee insurance section.

2. Please indicate the cover(s) required by ticking the boxes
Cover Limit of Indemnity

Employers' liability £10,000,000
(a higher limit can be considered on request)

Public liability and Products liability £1m
(In respect of products liability this will be the maximum amount payable any one period of insurance)

£2m

£5m

3. Wageroll information

Note: the following allows us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead.

The estimate for wages should include the total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of National Insurance, Income Tax and Holidays with Pay or Contributory pensions.

Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following:

Category	Numbers	Annual wages etc. (at your premises)	Annual wages etc. (whilst working away)
Clerical/administrative staff		£	£
Shop assistants		£	£
Employees using hazardous machinery (please describe machinery)		£	£
All other employees (please list occupations and split numbers and wages between each category)	1	£	£
	2	£	£
	3	£	£
	4	£	£

4. Do you engage voluntary helpers? Yes No

If 'Yes' please advise:

Nature of duties	Total number engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

5. Do you provide any services under contract, for example to Local or Central Government? Yes No

If 'Yes' please provide details:

6. Health & Safety

(a) Do you have a written Health & Safety policy? Yes No

(b) Is responsibility for Health & Safety issues designated to a Senior Manager? Yes No

If 'No' please provide details of arrangements:

7. Do you engage in fundraising activities e.g. collections, fêtes, etc? Yes No

(please also see question 8) If 'Yes' please provide details:

Full details of the nature and scope of the activity	Approximate numbers attending each activity	Number per year

8. Please tick the box if you engage in any of the following activities

- | | | | |
|---|--------------------------|--|--------------------------|
| Sponsored walks or other sponsorship events | <input type="checkbox"/> | Mountaineering/rock climbing/caving/potholing/abseiling/orienteering/gully bashing/waterfall jumping/bungee jumping or any activity involving the use of elasticated ropes | <input type="checkbox"/> |
| Horse riding | <input type="checkbox"/> | Parachuting/sky diving/any activity involving the use of aircraft | <input type="checkbox"/> |
| Bonfire parties and/or firework displays | <input type="checkbox"/> | Activities involving vehicles, e.g. karting | <input type="checkbox"/> |
| Water sports or water related activities including canoeing/kayaking/rafting/any white water activities/sub aqua diving/snorkelling | <input type="checkbox"/> | | |
| Any other potentially hazardous pursuits | <input type="checkbox"/> | | |

Please provide details (if you are in any doubt whether an activity is hazardous or not please disclose it):

9. Risks

(a) Risk assessments

- (i) Are all necessary risk assessments undertaken by suitably qualified and competent personnel before taking part in any of the activities described in questions 7 and 8 above and are such activities supervised by suitably qualified people? Yes No
- (ii) In respect of your general activities, have you completed all Risk Assessments as required by relevant legislation eg Control of Substances Hazardous to Health Regulations 1998 (COSHH) or the Manual Handling Operations Regulations 1992? Yes No

(b) Following completion of risk assessments, have you implemented all necessary remedial action?

Yes No

(c) Please outline your programme to review assessment survey(s), indicating frequency of review

10. Are celebrities ever involved in any of your activities?

Yes No

If 'Yes' please provide details:

11. Do you always comply with established codes of practice and safety policies before engaging in any activity?

Yes No

12. Do you always:

(a) use specialist service providers for any hazardous pursuit or activity?

Yes No

If 'No' please provide details:

(b) check that they hold public liability insurance and that it has an adequate limit of indemnity and an indemnity to principal clause?

Yes No

13. Do you or your representatives offer any advice or counselling to third parties?

Yes No

If 'Yes' please provide details:

14. Are your activities limited to the United Kingdom?

Yes No

If 'No' please confirm the countries outside the UK in which activities are undertaken:

The scope of these activities:

Details of any insurance specifically arranged in respect of such activities:

15. Do you engage personnel who are not ordinarily resident within the United Kingdom?

Yes No

If 'Yes' please provide full details:

16. Do you act at all times within the guidelines and advice provided by the Foreign and Commonwealth Office in respect of travel to places abroad?

Yes No

17. Are you engaged in any activity involving children and/or young people under the age of 18 years or vulnerable adults?

Yes No

If 'Yes' answer questions 18 and 19 below. If 'No' proceed to question 20.

18. Do you have a protection policy to guard against abuse?

If 'Yes', how often is it reviewed and maintained?

19. Do you comply with all legislation and guidelines applicable to any of your activities which relate to the protection of children/young people/vulnerable adults, including

(a) the 13 guidelines contained in the Home Office Code of Practice 'Safe from Harm'?

Yes No

(b) the National Minimum Standards and Regulations of the Care Standards Act 2001 (or Scottish or NI equivalent)?

Yes No

(c) the use of personnel enquiry procedures including the Criminal Record Bureau's One Stop Shop Disclosure Service (or Scottish or NI equivalent)?

Yes No

20. Do you sell or supply any products? (including second hand items)

Yes No

If 'Yes' please provide details (In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale):

21. Charity trustee insurance extension

(a) Are you or any of your present or former trustees, directors or officers aware (after making enquiries) of any situation or incident which you or they have reason to consider might lead to liability under the charity trustee insurance extension provided under the liability section?

Yes No

If 'Yes' please state the date and details of each incident:

(b) Regarding your latest accounts did your auditor or independent examiner adversely qualify his opinion in any way concerning your accounts, accounting procedures or financial position?

Yes No

If you require a higher limit than is provided by this extension or you require cover for mismanagement in the provision of services, please complete the following trustee insurance section questions.

Charity trustee insurance

1. Is cover required?

Yes No

If 'Yes' complete questions 2 to 9 below.
If 'No' please proceed to Legal expenses section.

2. Limit of indemnity required

Standard £250,000
 Other (please specify) £

3. Are all the applicants detailed on page 2 to be covered by this section?

Yes No

If 'No' please confirm the organisations to be covered:

4. To what date do your last accounts cover?

D	D	M	M	Y	Y	Y	Y

5. Do they cover a 12 month period?

Yes No

If 'No' please provide details

6. Were your accounts (please tick one)

audited? independently examined?

7. What is the total gross assets (fixed assets plus investments plus current assets) in the last balance sheet?

£

8. If the charity acts as a custodian trustee, what is the total of gross assets in its custody?

£

9. Do you require the optional services extension?

Yes No

If 'Yes' complete questions 10 to 13 below.
If 'No' please proceed to Legal expenses section

10. Please describe fully the services you provide (continue on a separate sheet if necessary)

Please also provide copies of any published literature, brochures or website information you have which describe the 'services':

11. How many persons use the services annually?

Approximate number of persons

Number of client organisations (if applicable)

12. How many persons, including voluntary helpers, provide the services?

Full-time Part-time

Please describe their experience and qualifications:

13. Please describe your procedures for:

(a) situations where it is apparent that a client receiving your service(s) should be encouraged to seek independent professional advice

(b) monitoring the workload, activities and, where appropriate 'best practice', de-briefing those providing your service(s)

Legal expenses

1. Is cover required?

Yes No

If 'Yes' complete questions 2 to 4 below.

If 'No' please proceed to Money (with assault extension) section

2. Limit of indemnity required

£50,000 £100,000

3. Have you or any trustee, director, principal, officer, partner, employee or representative ever been involved in any action, legal dispute, prosecution, dispute with or investigation/inquiry by HM Revenue & Customs or DSS review in connection with any organisation, company, business or firm with which any of you have been involved (excluding driving offences)?

Yes No

If 'Yes' please provide details:

3. Are there any redundancies envisaged in your organisation within the next 12 months?

Yes No

If 'Yes' please provide details:

Money with assault extension

1. Is cover required?

Yes No

If 'Yes' complete questions 2 to 5 below. If 'No' please proceed to fidelity section

2. What is the estimated total amount of money carried annually?

£

3. For the following, please state the maximum sums that apply

Money (other than non-negotiable money)

(i) on the premises during business hours

£

(ii) in transit

£

(iii) in the following locked safe(s) overnight

Make of safe	Model	Age	Location and how fixed	Maximum contained
				£
				£
				£
				£

4. Is money carried by a security company?

Yes No

If 'Yes' please provide the following details

(a) Name of company

(b) Does the company accept liability for loss of money from their custody?

Yes No

5. What is the estimated amount of money (other than non-negotiable money) carried annually by

a) You? £ b) Security company? £

Fidelity

1. Is cover required?

Yes No

If 'Yes' complete question 2

If 'No' please proceed to Goods in transit section.

The limit of indemnity you choose will be the maximum we will pay for any one claim and unless you tell us otherwise also in any period of insurance. If more than one category is insured the total of the limits of indemnity will be the maximum we will pay in any one period of insurance.

Section A – All employees

Excluding any employees covered by Section B

2. Do you require cover for all employees?

If 'Yes' complete questions 3 to 6 below. If 'No' please proceed to question 7

Yes No

3. Limit of indemnity required for all employees

£

4. Please confirm the total number of employees

5. What is the estimated total waggeroll for all employees?

£

Section B – Named employees to be Insured for specific amounts

Only available with Section A

6. Do you require cover for named employees?

If 'Yes' complete the table below. If 'No' please proceed to question 7

Yes No

Full name of each employee	Nature of employment	Limit of indemnity
		£
		£
		£
		£

Section C – All volunteers

Excluding any employees covered by Section D Standard cover of £5,000 for all volunteers is provided if another cover from this section is operative.

7. Do you require cover for all volunteers?

If 'Yes' complete questions 8 to 10. If 'No' please proceed to question 11

Yes No

8. Total limit of indemnity required for all volunteers

£

9. Please confirm the total number of volunteers

Section D – Named volunteers to be insured for specific amounts

Only available with Section A or C

10. Do you require cover for named volunteers?

If 'Yes' complete the table below. If 'No' please proceed to question 11

Yes No

Full name of each volunteer	Nature of tasks carried out	Limit of indemnity
		£
		£
		£
		£

11. Have you ever found the need to question the honesty or conduct of any person to be insured?

If 'Yes' please provide details:

Yes No

12. Are written references obtained directly from former employers for the whole of the preceding three years of engagement immediately prior to the engagement of any employee or volunteer (covered by Section D) who have responsibility for money, accounts or goods?

If 'No' please describe procedure:

Yes No

13. System of Check and Supervision

The terms of this insurance require the System of Check and Supervision declared on this application to remain fully operative during the currency of the policy. It is essential, therefore, that any alterations in check and supervision are advised to the Company and their agreement to such alterations confirmed.

If you answer 'No' to any question below please give full details of the controls you have in operation in the Additional information box below. If there is insufficient space please continue on a separate sheet.

- (a) Are two manually applied signatures required on all cheques drawn for more than £10,000? Yes No
- (b) When cheques are signed will supporting vouchers be examined independently of the persons preparing the cheques? Yes No
- (c) Are the wages and salaries checked independently of the person preparing them before payment? Yes No
- (d) Are all monies, cheques and postal orders, received or collected, banked in full on day of receipt or next banking day? Yes No
- (e) Are statements of account sent to customers direct by post at least monthly and independently of the persons receiving or collecting monies, cheques or postal orders? Yes No
- (f) Will there be at least monthly physical checks, independently of the persons respectively responsible for
 - (i) Cash book entries against bank statements, paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with cash and unrepresented cheques? Yes No
 - (ii) Petty cash account against vouchers, receipts and the cash balance? Yes No
 - (iii) All stocks against verified stock records? Yes No
- (g) Will the ordering, certification of receipt and the authorisation of payment for goods, subcontracted work and services be carried out by different persons acting independently? Yes No
- (h) If you use a computer or rent computer time in connection with your business are computer checks built into your security system? Yes No
- (i) Do all persons who are responsible for money, goods, accounts or computer operations/programming take an uninterrupted break away from your premises of at least two weeks every year? Yes No

Additional information:

14. Audits

- Do your professional auditors undertake at least one full audit annually? Yes No

If 'Yes' please state their name and address:

15. Internal audits

- (a) Do you have an internal audit team or department? Yes No

- (b) Do they undertake at least one full audit annually at each of your premises? Yes No

If 'No' to either (a) or (b) please describe procedure:

Goods in transit

1. Is cover required?

Yes No

If 'Yes' complete questions 2 and 3 below.

If 'No' please proceed to Personal accident section

2. Please provide details of the type of goods to be sent

3. Estimated annual carryings

Additional information

(a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings £

Limit required any one vehicle (including trailer) £

(b) If you require cover for goods carried other than in your own vehicles please complete the following

Carrier	Limit	Type	Estimated annual carryings
Hauliers	£	one parcel /consignment	£
Parcel	£	one parcel /consignment	£
Rail	£	one parcel /consignment	£

Personal accident

1. Is cover required?

Yes No

If 'Yes' complete questions 2 to 4 below.

If 'No' please proceed to General questions section

2. Complete the table below to show the cover you require

Note: one unit of cover provides £2,500 in permanent disablement benefits, £25 per week for temporary total disablement.

Individual cover is available for directors, trustees and employees only

Names or positions of persons to be insured	Occupation	Cover required	No. of Units (max ten)
		Whilst at work only/24-hour*	
		Whilst at work only/24-hour*	
		Whilst at work only/24-hour*	

*delete as applicable

3. The standard deferred period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period?

Yes No

If 'Yes' state the number of weeks

4. To the best of your knowledge or belief are all the persons to be insured (a) in good physical and mental health?

Yes No

(b) free from any physical disability or infirmity?

Yes No

If 'No' to either (a) or (b) please provide details:

Personal accident insurance is also available on a 'selected benefits' or 'wages and salaries' basis. If cover is required on this basis please contact us.

General questions

1. Are all the premises to be insured in a good state of repair and will they be so maintained?

Yes No

If 'No' please give details:

2. In respect of the risks to be insured whether at these premises or elsewhere has any

(a) loss, damage, injury or liability arisen during the past five years whether insured or not?

Yes No

(b) company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If 'Yes' to either (a) or (b) please provide details:

3. During the last five years

(a) has the name of the charity changed?

Yes No

(b) has any other charity amalgamated with or been merged with the charity?

Yes No

If 'Yes' to either (a) or (b), please provide details:

4. Have you or any trustee, director, partner, employee or representative ever been

(a) prosecuted under the Factories Act or the Health & Safety at Work etc. Act or any similar legislation?

Yes No

(b) served with a Prohibition Notice under the Health & Safety at Work etc. Act?

Yes No

If 'Yes' to either (a) or (b) please provide details:

5. Have you or any trustee, director, partner or representative ever

(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence?

Yes No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?

Yes No

(c) had any County Court Judgments made

(i) against you in a personal capacity?

Yes No

(ii) against any organisation, company, business or firm in which any of you have been involved as a trustee, director or partner or in a similar capacity?

Yes No

If 'Yes' to either (a), (b) or (c) please provide details:

6. Disclosure of additional material facts

Please read the paragraph about material facts which appears at the head of this application form. If there are any material facts that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

7. Have you been supplied with a summary of cover in respect of this insurance?

Yes No

Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless your organisation is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

Extending your cover

If you are interested in extending your cover in any of the following areas please tick the box or discuss with us.

- Extra deterioration of stock
- Statutory inspection of plant machinery
- Business interruption following damage at specified suppliers or customers premises

Declaration

I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete. I/We agree to accept a policy in the Company's usual form for this class of business.

Signature: _____ Date: _____

Please print name: _____

Position in organisation: _____

Signature: _____ Date: _____

Please print name: _____

Position in organisation: _____



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