

Community Shield

application form



To Methodist Insurance plc, Brazennose House, Brazennose Street, Manchester M2 5AS
Insurance available in England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

The following questions help us to assess the risk. All relevant facts must be disclosed. Failure to do so may result in the policy being inoperative. Relevant facts are those which would be likely to influence an insurers' consideration of the application. If you are in any doubt as to whether a fact is relevant you should tell us about it.

You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance. We will supply a copy of this completed application form on request within three months of completion.

A specimen policy is also available.

Any telephone calls you make to us may be monitored or recorded.

Please write clearly

Full name of club, group, society or organisation

(Please state full legal title including, if appropriate, the Committee/trustees for the time being etc.)

Type of organisation, e.g. Club, Registered Charity, Voluntary Organisation, Not-for-Profit Company/Organisation

How long has the organisation been established? What is the annual income? £

If a registered charity, registration number: or turnover? £

Address of premises used for regular activities:

Postcode:

Name and address for correspondence (if different from address above):

Postcode:

Contact details:

Telephone number(s): Fax number:

E-mail address: Website address:

Full description of the activities undertaken by the club, group, society or organisation:

If you undertake activities away from the premises please provide details:

Date from which insurance is required:

The insurance will be for 12 months from this date, unless you request a different period.

If a club, group or society, how many members do you have?

Do you have any employees?

Yes

No

If 'Yes', please state: a) the number full time employees :

b) the number of part time employees:

c) your estimated annual gross payroll:

£

Do you have any volunteers?

Yes

No

If 'Yes', please state the total number of hours worked by volunteers each week:

If you have employees or volunteers, what activities are undertaken by:

The employees?

The volunteers?

Do you make and/or sell food & drinks to your members or members of the public?

Yes

No

If 'Yes', please provide details.

Do you make, or collect any goods for sale or distribution to members of the public?

Yes

No

If 'Yes', please provide details:

For any activity undertaken or provided by you, do you always ensure that established codes of practice and safety are complied with?

Yes

No

Do you undertake any unusual fund-raising or other events involving any hazardous sport or activity?

Yes

No

If 'Yes' please provide details, including full details of health & safety precautions taken:

Do any of your activities involve working with children or young people? Yes No

If 'Yes', what type of club/ group, e.g. Nursery, Pre or After school club, Mother & toddler group, Youth club.

Is the club/group registered with the local authority? Yes No

What is the:

a) Usual number of children in the club/group?

b) Maximum no. of children permitted?

c) Maximum number of hours open per week?

d) Age range of the children?

What is the ratio of employees/helpers to children? :

Do you have a written child protection policy in force? Yes No

Are regular audits/checks made to ensure that the policy is being followed? Yes No

Cover required

Public and Products Liability (This cover must be included)

What limit of indemnity do you require? £2 million £3 Million £5 million

Employers Liability

Do you require cover for employers' liability? Yes No

Property insurance suitable for insuring office or other equipment used by the group or organisation.
(If you own or lease a building which you are responsible for insuring please contact us)

Do you require cover for office or other equipment used by the group? Yes No

If 'Yes', what is:

a) The maximum new replacement value of any one item? £

b) The estimated new replacement value of all of the equipment to be insured? £

Please describe fully the equipment to be insured (please describe individually any items over £5,000).

(continue on a separate sheet if necessary)

Where is the equipment kept when not in use?

What protections are in place to prevent theft or malicious damage?

Money

Do you require cover for loss of money?

Yes No

What is the maximum amount of money to be covered at any one time?

£

Is there any other insurance cover you may need or be interested in arranging, e.g., Loss of income following damage to buildings or property, Personal accident for employees, members or volunteers, trustee indemnity?

Yes No

If you have answered 'Yes' to either of these questions please provide brief details:

Previous history

Are you now or have you previously been insured against any of the risks proposed?

Yes No

If 'Yes' please state:

a) Name of Insurer:

b) Policy number:

c) Expiry date of policy:

Has any insurer:

a) Declined any proposal or cancelled or refused to renew any policy?

Yes No

b) Increased the premium on renewal, imposed special terms or conditions or insisted upon additional precautions?

Yes No

To your knowledge, have you or any official, trustee or director of the club/group/society/organisation been:

a) charged with, convicted of or received a caution for any criminal offence other than motoring offences? Yes No

b) the subject of bankruptcy proceedings or a county court judgement? Yes No

c) insured against any of the risks proposed, either in your name or in another name? Yes No

Have you sustained any loss or damage or incurred any liability arising from any of the risks to be insured during the last three years? Yes No

If you have answered 'Yes' to any of the questions in this section please provide details, including, where appropriate, dates, circumstances and costs (please continue on a separate sheet, if necessary).

Customer information

Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the register.

We will treat the information you supply as confidential and we will use it for the purpose of insurance administration by us.

We may contact you from time to time with details of other products and services available from Methodist Insurance that we believe may interest you. However, if you do not wish to receive this information please tick the box(es) below.

I/We do not want to receive information: By mail By telephone By email

Law applicable

The policy will be interpreted in accordance with the law of England and Wales unless you live in Scotland in which case the law of Scotland will apply.

Declaration

I/We confirm that as far as I/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: _____



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