

Charity Insurance Portfolio

Management liability proposal form

This proposal is for charities with an annual income up to €2,000,000.

This form must be completed by you honestly and accurately. You must disclose all information, circumstances and material which is, or may be, relevant to our consideration of your proposal for insurance.

1. a. Name
 Address
 Postcode Telephone number:
- b. Activities:
- c. Total number of employees (full and part-time):
- d. Income:
2. a. Have you made a surplus in at least one of the last three years? Yes No
- b. Does your charity provide any of the following services?
 Management or supervision of children or vulnerable persons? Yes No
 Financial or legal advice? Yes No
 Medical advice, diagnosis or treatment? Yes No
 Certification or regulation? Yes No
 If Yes, please provide full details including percentage of overall income, qualifications and background of persons involved and full details of service provided:
- c. Have you declared a positive net worth in your latest annual accounts (total assets exceeded total liabilities)? Yes No
- d. Are your accounts reviewed by a qualified accountant at least once a year? Yes No
- e. Are written employment and grievance policies communicated to all new and existing employees? N/A Yes No
- f. Has the charity had any redundancies in the last six months? Yes No
- g. Does the charity anticipate any redundancies in the next 12 months? Yes No
- h. Are all disciplinary actions or employee terminations subject to prior review and approval by a suitably qualified professional advisor? N/A Yes No
- i. Are all duties segregated so that at least dual control exists on signing cheques (above £2,500), issuing instructions for disbursement of assets or funds, fund transfer procedures and investments? Yes No
- j. In the last five years, have there been any claims or investigations made against the charity, its trustees or employees which may have been covered by this policy had it been in force? Yes No
- k. After enquiry, are the charity, trustees or any employee aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy? Yes No

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If you have ticked any of the shaded boxes, please provide further details (please attach additional pages if necessary):

Your cover

Trustees and individual liability, employment practices liability and professional and legal liability

Limit (aggregate /costs inclusive) per section	Income			
	Up to €250,000	€250,001 to €500,000	€500,001 to €1,000,000	€1,000,001 to €2,000,000
€250,000	€600 <input type="checkbox"/>	€800 <input type="checkbox"/>	€1,000 <input type="checkbox"/>	£1,200 <input type="checkbox"/>
€500,000	€800 <input type="checkbox"/>	€1,000 <input type="checkbox"/>	€1,200 <input type="checkbox"/>	£1,400 <input type="checkbox"/>
€1,000,000	€1,000 <input type="checkbox"/>	€1,200 <input type="checkbox"/>	€1,400 <input type="checkbox"/>	£1,600 <input type="checkbox"/>
€2,000,000	€1,200 <input type="checkbox"/>	€1,400 <input type="checkbox"/>	€1,600 <input type="checkbox"/>	£1,800 <input type="checkbox"/>

The premiums shown includes Insurance levy of 3% and apply only if you have not ticked any of the shaded boxes on page 1. The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.

Excess

Trustees liability:

Employment practices liability:

Professional and legal liability

Please enter the date you would like the policy to start*:

*Cover will only commence upon confirmation from Hiscox.

Please note that this insurance policy is a continuous insurance policy and that it will therefore continue in force until either party gives notice of termination in accordance with the procedure set out in the terms or until Hiscox terminates the policy following the non-payment of any premium due from you.

Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.



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Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1988. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of trustee

Date

A copy of this proposal should be retained for your records.

Complaints

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0044 207 448 6000

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX