

PROPOSAL FORM

Religious Buildings Insurance

IMPORTANT

So that we're able to generate quotes for you, please print, complete, email and scan this proposal form to quotes@mybusinesscover.co.uk. We will approach underwriters on your behalf in order to obtain the most competitive terms.

You must disclose all material facts likely to influence the assessment of the risk. Failure to disclose a material fact may invalidate your policy or may result in a claim being rejected or not being fully paid.

Once a contract of insurance is concluded the proposal form and any additional information provided by you will form the basis of contract.

SECTION 1: Your Organisation

Name of organisation (legal entity)

Full Name of Proposer

What is your role in the organisation?

Full Postal Address (include postcode)

<input type="text"/>	
Post Code	<input type="text"/>

Address of the premises to be insured (if different to postal address)

<input type="text"/>	
Post Code	<input type="text"/>

Telephone Number

Website Address

Mobile Number

Email Address

How long has the organisation been established?

At these premises

Elsewhere

Charity Number

Charitable Status

From what date would you like cover to start?



Is Long Term Undertaking required? Not required 3 years 5 years

Date of expiry of current LTU

Current Insurer

Current Premium £

Number of members at the organisation

Type of premises

Does any person reside at the premises Yes No

Please detail any work in which you are engaged with youths or vulnerable adults

What is the maximum number of children or vulnerable adults at any one time?

Do you have written safeguarding policies in place? Yes No

If YES, please give details below

What type of advice do you provide? (if any)

Please provide details of make, model, capacity and cost of any lifts or other plants below (if any)



Do you hold any hazardous or unusual events or activities

Yes No

If YES to the above, please give details below

Please provide details of any non-standard activities undertaken by the organisation such as exercise classes, one off events or conferences

Please give details of any activities or visits abroad (if any)

Please give details of type of manual work away from the premises i.e. community work (if any)

Do you perform any cooking at the premises?

Yes No

What is the average congregation or class size held per week (if any)?

What is the estimated gross annual income?

£

Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal, sheets, or slabs and non combustible materials?

Yes No

In approximately what year were the premises built?

Is the Building listed or subject to a Building Preservation Notice?

Yes No

Are there any special features at the property i.e. sport facilities, activity area, graveyard, other?

Yes No

Is the premises in an area susceptible to flooding or subsidence?

Yes No

Do you require subsidence cover?

Yes No



Is there any processes, machinery or heating used at the premises?

Yes No

Do you require cover for sudden and unforeseen damage to boiler and heating installation?

Yes No

Please indicate type of Intruder Alarm currently fitted at the premises

Do you have a maintenance contract in place?

If the alarm was installed after 2005 please specify

What is the method of signalling?

Do you require cover for frozen foods? If so, please state sum insured required

Buildings Cover

Do you require cover for the buildings?

Yes No

Buildings Sum Insured (including stained glass and fixed contents)

Day one *If Day One - please provide declared value sum insured for building*

Tenants Improvements Sum Insured

Rebuilding Sum Insured (Office or other buildings)

Address of office or other buildings (include postcode)

Do you require cover for Accidental Damage?

Yes No

Contents Cover

All Contents Sum Insured

Do you require cover for Accidental Damage?

Yes No



All Risks

Specified Item:	Premises	<input type="text" value="£"/>	UK	<input type="text" value="£"/>	Worldwide	<input type="text" value="£"/>
Specified Item:	Premises	<input type="text" value="£"/>	UK	<input type="text" value="£"/>	Worldwide	<input type="text" value="£"/>
Specified Item:	Premises	<input type="text" value="£"/>	UK	<input type="text" value="£"/>	Worldwide	<input type="text" value="£"/>
Total :	Premises	<input type="text" value="£"/>		<input type="text" value="£"/>	Worldwide	<input type="text" value="£"/>
Unspecified Items:	Premises	<input type="text" value="£"/>		<input type="text" value="£"/>	Worldwide	<input type="text" value="£"/>

Business Interruption

Extra Expenses:	£25,000	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	or state higher amount	<input type="text" value="£"/>
Loss of Income:	£25,000	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	or state higher amount	<input type="text" value="£"/>

Please indicate level of indemnity required?

12 Months

24 Months

36 Months

Do you require income cover to include collections, gifts & donations? Yes No

Computer Breakdown

Data limit required

£5,000

£10,000

£25,000

£25,000



Publishers Indemnity

Please select Indemnity limit required

- £25,000
- £50,000
- £100,000

Church football team (in a league) (if cover required or/and applicable)

Yes No

Hirers Liability Extension

Yes No

Trustees Indemnity

Please select Indemnity limit required

- £100,000
- £250,000
- £500,000
- 1 Million

Do you require cover for terrorism cover?

Yes No

Employers Liability

Do you require cover for employers liability?

Yes No

If YES to the above, please fill details in below:

Employee Wage Roll

£

Employers Reference Number

Number of employees



Claims/Loss History

Have any previous claims been made against the company or directors?

Yes No

Have you or any partner/director/employee been investigated or charged with a criminal offence (other than motoring offences)?

Yes No

Have you or any partner/director/employee ever been declared bankrupt, insolvent or been the subject to bankruptcy proceedings, insolvency proceedings or been disqualified from being a company director?

Yes No

Has the company or any principal or partner in the business ever had an insurer decline a proposal for insurance, refused renewal, increased premium, imposed special terms or cancelled an insurance application?

Yes No

If YES to any of the above, please give full details, including amounts

Please give details of all losses (whether insured or not) or of any claims made against the proposer (in this or any other business)

Date of occurrence dd/mm/yyyy	Brief details of incident	Cost (£)

Has any Health & Safety notice/order/prosecution, welfare or environmental protection legislation been placed in the last 5 years?

Yes No



Other Information

Please provide us with any additional information here



Your Marketing Preferences

By providing us with your contact information you are consenting to us contacting you with regards to your insurance requirements.

From time to time you may also receive marketing communications from My Business Cover regarding any updates, news and selected products and services that may be of interest to you.

If you prefer not to receive marketing information from My Business Cover please tick the following boxes below:

Post Email SMS Phone Other Electronic Means

If your personal details change or if you change your mind about your marketing preferences please let us know by sending an email to contact@mybusinesscover.co.uk.

Declaration

Please read the declaration carefully and sign at the bottom. It is advised that you retain a copy of this proposal for your own records.

- a. I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.
- b. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon.
- c. I/We understand by now declaring, misstating or suppressing any material fact on this application could lead to any future claims made on an implemented Insurance Policy based on this to be declined and the claim application not to be paid.
- d. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.
- e. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'My Business Cover' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signature:

Print Name:

Position:

Date:



For QUOTES please complete and return the proposal form to My Business Cover (MBC):
By post to: MBC Head Office, 141-143 Princess Road, Fallowfield, Manchester, M14 4RE
You can scan and email to: quotes@mybusinesscover.co.uk
Need help? Give us a call on 03333 444 585