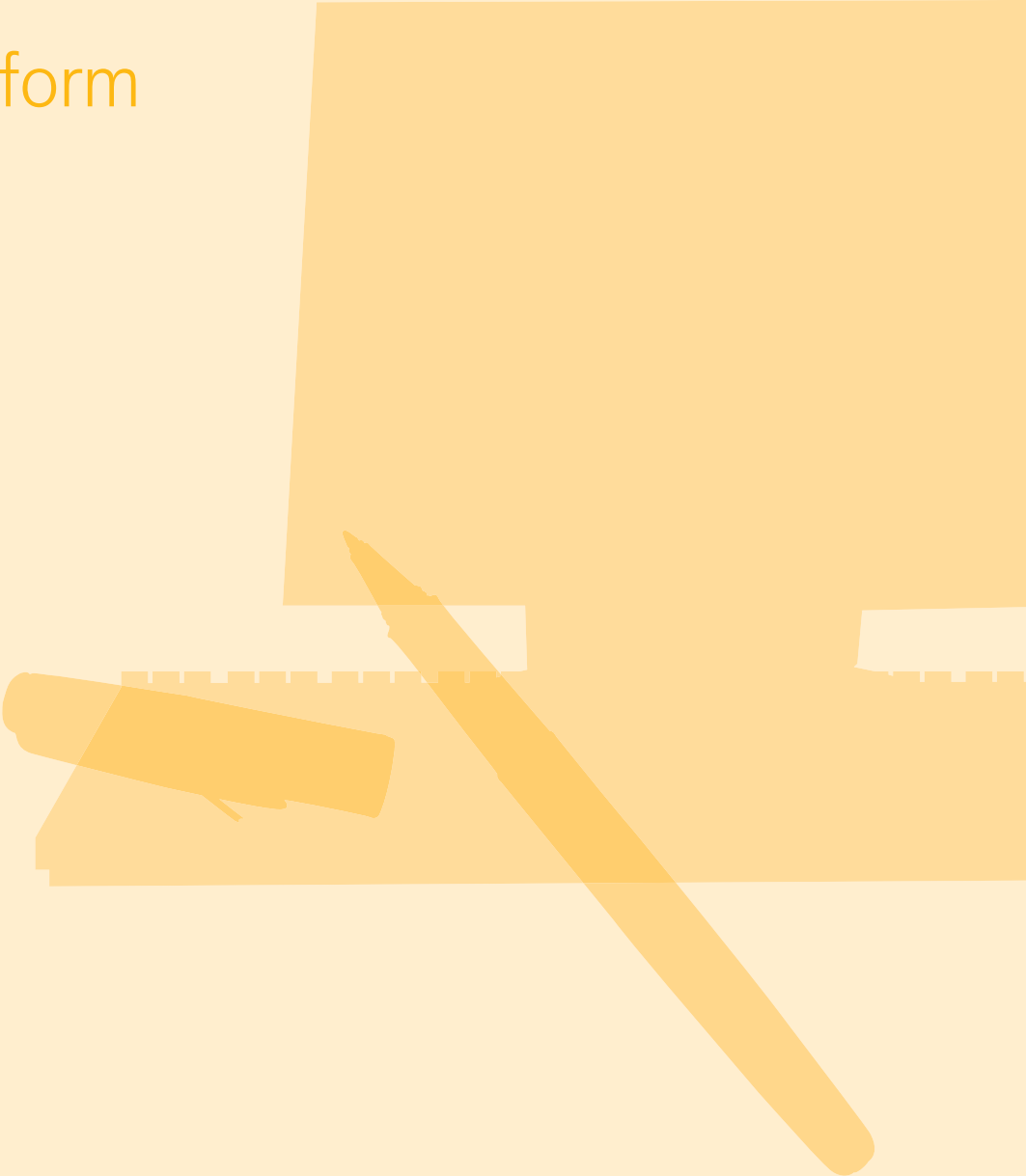


# application form

EDUCATION INSURANCE



**To Ecclesiastical Insurance Office Plc, Beaufort House, Brunswick Road, Gloucester GL1 1JZ.**

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. All material facts must be disclosed. Failure to do so may result in the policy being inoperative. 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 it should be disclosed. 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 booklet is also available.

**Please complete in BLOCK CAPITALS and tick where indicated.**

### Applicant details

**1 Name of applicant(s)**

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

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**2 Name of establishment to be insured**

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**3 Full address(es) of premises to be insured**

|          |           |
|----------|-----------|
|          |           |
|          |           |
|          |           |
| Postcode | Telephone |

**4 Postal address**

|          |           |
|----------|-----------|
|          |           |
| Postcode | Telephone |
| Email    | Website   |

**5 Does the business cater for students with special needs?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If 'Yes' please give details

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**6 Please indicate**

|                       |                      |                      |                 |                      |
|-----------------------|----------------------|----------------------|-----------------|----------------------|
| Number of students    | Residential          | <input type="text"/> | Non-residential | <input type="text"/> |
| Age range of students | <input type="text"/> |                      |                 |                      |

**7 Please give a full description of the business including any ancillary activities**

(eg facilities open to the general public)

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**8 Is the business a registered charity?**

Yes  No

**9 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*

**Property damage**

**1 Please tick if either of the following covers are required**

Subsidence  Terrorism

**2 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 the property been underpinned or provided with other means of structural support?** Yes  No

**(d) Is the property situated on made-up ground, underground workings or near a cliff?** Yes  No

If 'Yes' to any of the above please give details

**3 Flood risk**

**(a) Does the land bounding the property contain any watercourses, ponds, lakes, other areas of water, quarries, mineral extraction pits, mines, caves or tips?** Yes  No

**(b) Is the property on a site which has suffered from flooding at anytime in the past 10 years?** Yes  No

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

**4 Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates or tiles?**

Yes No 

If 'No' please give details


**5 Are the premises listed?**

Yes No 

If 'Yes' please state

Grade I Grade II Grade II\* Other 

**6 Do you require the 'Day One' method of inflation protection?**

Yes No 

(See the Summary of cover for full explanation)

If 'Yes' please select the percentage uplift you require

15% 25% 

**7 Sums to be insured**

**(a) Buildings (excluding private dwelling houses)**

£ 

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 and artificial playing surfaces. Also allow for any fees incurred eg architects and surveyors fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

**(b) Private dwelling houses**

£ 

This is the cost of rebuilding the insured property – not the market value.

**(c) Contents**

£ 

Contents belonging to the business including visual aids, office equipment, computers, sports equipment, scientific equipment, musical instruments, cups and trophies.

**(d) Students' personal belongings**

Limit per student £ 

Including sports equipment but excluding money, jewellery and furs and pedal cycles.

**(e) Tenant's improvements and decorations for which you are responsible**

£ 

**(f) Boats and associated equipment**

£ 

**(g) Groundsmen's machines and equipment**

£

**8 Are any additional interests to be noted on the policy such as bank, mortgagee, freeholder or lessor?**

Yes  No

If 'Yes' give names, addresses and nature of interest

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**Property damage plus ('all risks' for specified items)**

*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 questions 2 – 4 as follows. If 'No' please proceed to Liabilities section

**2 Indemnity period required**

12 months (standard)  18 months  24 months  36 months

*Note: The indemnity period should represent the time it would take to get your business back to normal trading after a loss.*

**3 Tick which option you require and complete as necessary**

**(a) Loss of revenue**

Yes  No

including additional costs incurred to reduce loss of revenue

Sum insured

This should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating eg the cost of food and drink etc. If your selected indemnity period is greater than 12 months, increase the sum insured in proportion remembering to allow for factors such as increases in fees and expansion of the business.

**(b) Additional cost of working only**Yes No 

no revenue cover

Sum insured (minimum £10,000)

£ 

This should cover all your costs in continuing to operate for the duration of the indemnity period eg the cost of moving to, and operating from, temporary premises.

**4 Do you require cover for terrorist damage?**Yes No **Liabilities****1 Is cover required?**Yes No 

If 'Yes' complete questions 2 to 6 as follows. If 'No' please proceed to Legal expenses section

**2 Please indicate the cover(s) required by ticking the box(es)****Cover****Limit of indemnity**

Employers' liability

£10,000,000

(a higher limit can be considered on request)

Public liability and Products liability

£2m

£5m

(In respect of products liability this will be the maximum amount payable any one period of insurance)

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

| Category                                | Numbers | Employees earnings or, for sub-contractors, Annual payments made |
|-----------------------------------------|---------|------------------------------------------------------------------|
| Teachers                                |         | £                                                                |
| Clerical, managerial and administrative |         | £                                                                |
| Groundsmen and maintenance              |         | £                                                                |
| Matrons and care staff                  |         | £                                                                |

**4 Are any activities away from the premises planned for the next 12 months?**Yes No 

If 'Yes' please give details of types of locations within the United Kingdom and abroad, the countries concerned, the approximate periods and the numbers of students/staff involved

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**5 Do you engage any personnel who are ordinarily resident within the United States of America or Canada?**

Yes  No

**6 Health & Safety**

(a) Do you have a written Health & Safety policy?

Yes  No

(b) Who is responsible for Health & Safety matters?

Name

Position

Relevant qualifications

**Legal expenses**

**1 Is cover required?**

Yes  No

If 'Yes' complete questions 2 to 8 as follows. If 'No' please proceed to Money with assault extension section

**2 Limit of indemnity required**

£50,000  £100,000

**3 Do you require the optional cover of debt recovery?**

Yes  No

If 'Yes' please answer the following questions. If 'No' please proceed to question 4

**(a) What is your maximum credit limit?**

£

**(b) What is the maximum credit period allowed?**

**(c) Please give full details of your credit control procedures**

**(d) What is the credit limit allowed without credit checks being carried out?**

£

**(e) Please state the total**

(i) number of debts within the last financial year

(ii) average size of debts

£

(iii) amount recovered

£

(iv) cost of recoveries

£

**(f) Please give the name and address of any outside agency used for the collection of outstanding debts**

**4 Total estimated annual wages**

£

**5 Total estimated turnover**

£

**6 Redundancies, mergers and legal disputes**

(a) Are any redundancies envisaged in your business within the next 12 months?

Yes  No

(b) In the last three years have you been taken over by, merged with, acquired or disposed of any companies or made significant changes to your business activities, or are any such developments currently under consideration?

Yes  No

(c) Have you or any director, 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 company, business or firm with which any of you have been involved (excluding driving offences)?

Yes  No

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

**Money with assault extension**

**1 Is cover required?**

Yes  No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to Personal accident section

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

£

**3 Cash**

(a) State the maximum cash on the premises during business hours

£

(b) State the maximum cash in transit

£

**(c) State the maximum cash in the following locked safe(s) out of business hours**

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

**4 Assault extension**

This extension covers all your staff and volunteers for injuries if attacked whilst carrying your money.

**Is cover required?**

Yes  No

If 'Yes' please state number of units required\*

units

\*One unit provides £2,500 in permanent disablement benefits, £25 per week for temporary total disablement. The maximum number of units you can choose is ten.

**Personal accident**

**1 Is cover required?**

Yes  No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to Professional indemnity section

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

| Persons to be insured<br>Complete only the categories you require | Description of duties | Number of persons | Cover required<br>Whilst at work only or 24-hour cover | Amount of benefits required per person |          |
|-------------------------------------------------------------------|-----------------------|-------------------|--------------------------------------------------------|----------------------------------------|----------|
|                                                                   |                       |                   |                                                        | Lump sum*                              | Weekly** |
| All full-time permanent staff                                     |                       |                   |                                                        |                                        |          |
| All part-time permanent staff                                     |                       |                   |                                                        |                                        |          |
| All volunteers                                                    |                       |                   |                                                        |                                        |          |
| Named persons<br>Insert name and position                         |                       |                   |                                                        |                                        |          |

\*Lump sum benefits is for death etc. \*\*Weekly benefit is for temporary disablement

**3 Deferment period**

The standard deferment 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

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' please give details

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### Professional indemnity

The liabilities section provides legal liability cover where an injury has occurred or the property of others has been damaged. Professional indemnity cover is a form of legal liability cover that protects the educational establishment and its Governors, Trustees and employees for breach of professional duty where no injury or physical damage has occurred.

**Is cover required?**

Yes  No

If 'Yes' please also complete the additional questionnaire entitled Schools Professional Indemnity Questionnaire available from our website at [www.ecclesiastical.com](http://www.ecclesiastical.com)

### 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

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**2 Are all the premises to be insured being used for the purpose of the business?**

Yes  No

If 'No' please give details

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**3 Do you comply with all legislation relevant to your business, including where necessary registration with the appropriate controlling bodies eg Local Authority, Health and Safety at Work etc Act 1974?**

Yes  No

If 'No' please give details

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**10 Have you or any principal, governor, director, bursar, employee or representative ever been**

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

Yes No 

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

Yes No 

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

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**11 Have you or any director or partner 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 company, business or firm in which any of you have been involved as a director or partner or in a similar capacity?

Yes No 

If 'Yes' to any of the above please give details

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**12 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.

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**13 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 business 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.**

**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.**

Name

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date



**Additional information**

Lined area for providing additional information.

Charity  
Care  
Heritage  
Education  
Nurseries  
Commercial bespoke  
Property Owners  
Flats  
Motor fleet  
Household

For further information on any of our products, please speak to your insurance broker.

Or visit us at

**[www.ecclesiastical.com](http://www.ecclesiastical.com)**



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