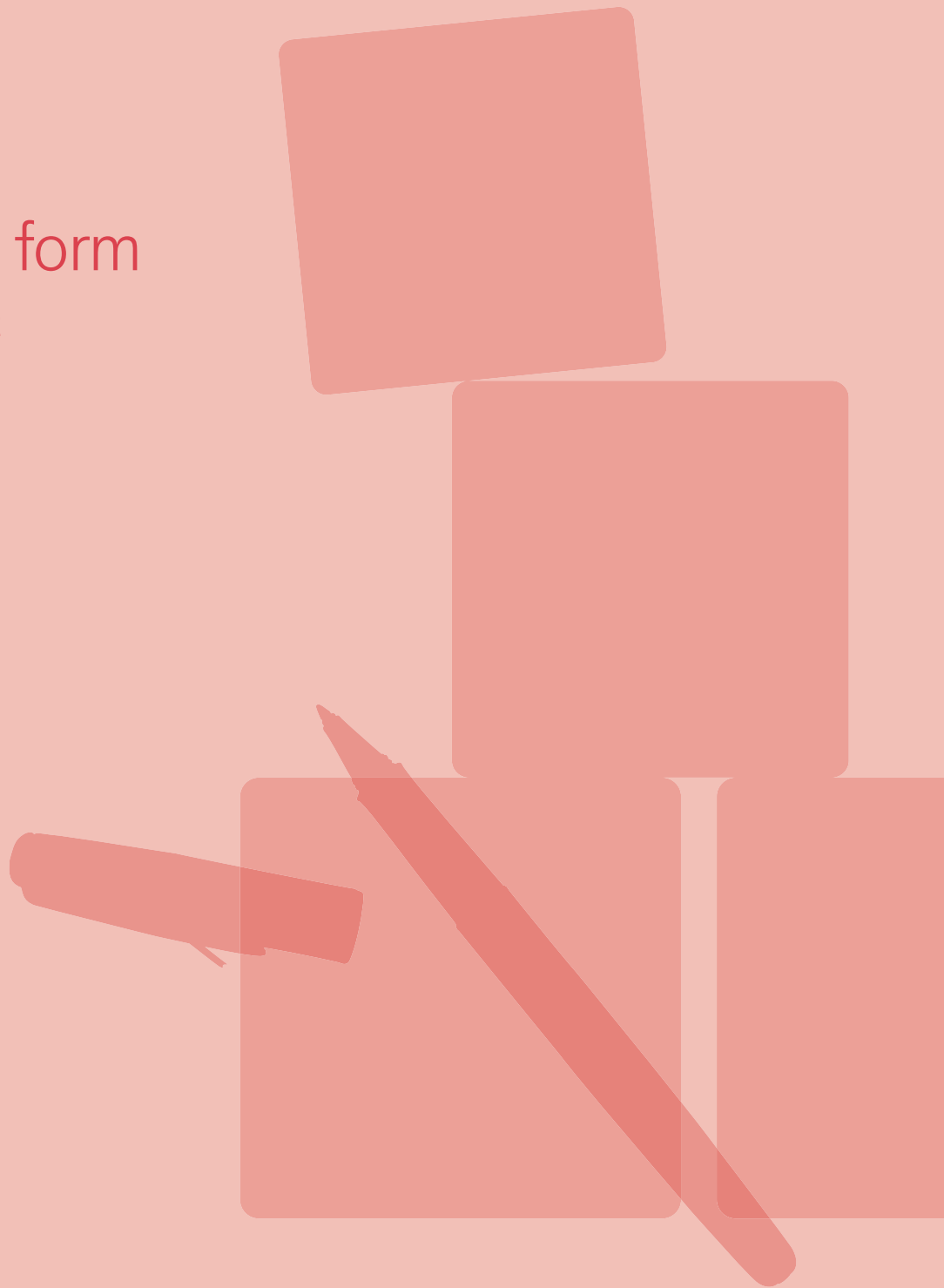


application form

NURSERIES INSURANCE



Version 2

5 Maximum number of nursery children
 (excluding out of school clubs/holiday scheme children)

6 Number of employees
 NNEB qualified Other

7 Estimated annual turnover of the business

8 Estimated annual waggeroll. Please complete the following table

Occupation/nature of work undertaken	Number	Estimated annual waggeroll
Management staff		£
Nursery nurses and teachers		£
Childrens' carers		£
Clerical/administrative/receptionist		£
Caretakers		£
Cleaners		£
Maintenance		£

9 Out-of-school clubs and holiday schemes

(a) Please complete the following table

	Location (if not 'main premises' state full address)	Maximum number of children	Age range	Number of supervisors
Out-of-school clubs				
Holiday schemes				

(b) Is the out-of-school club or holiday scheme run as part of the existing business under the same trading name? Yes No

If 'No' please give details of any other companies/businesses involved

(c) Are all of the children regular users of the main day nursery?

 Yes

 No

If 'No' please give full details

(d) Are the staff who run the out-of-school club or holiday scheme also employed at the main day nursery?

 Yes

 No

If 'No' please give full details

(e) What activities are provided for the children at the out-of-school club or holiday scheme?

Please give full details

10 Your business

It is most important that you give us a complete picture of your business and the activities that are carried out. Use the following space to tell us about your business. Include details of any residential care offered, facilities for children who are registered with a disability, or special activities undertaken outside the premises

11 Please give details of

(a) the owners, principals, directors and partners of the business

Name(s)	Occupation(s)	Qualifications

Experience (including any current or previous business experience)

(b) the person in charge of the nursery

Name	Occupation
Qualifications	
Experience (including any current or previous business experience)	

12 Registration of the nursery

(a) Please name the authority or authorities under which the nursery is registered and provide details of any outstanding requirements

Authority	
Date of registration	Registration number
Outstanding requirements?	
Date given for completion of requirements	

(b) Have there been objections to any applications for registration or any complaints lodged with the registration authority in respect of your business?

Yes	No
-----	----

(c) Do you know of any reasons why there might be objections to future applications or to the continuation of your certificate?

Yes	No
-----	----

If 'Yes' to (b) or (c) please give details

Property damage

1 Sums to be insured

(a) Buildings

£

This is the cost of rebuilding the insured property – not the market value. Include: the buildings, including landlord's 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 eg architects and surveyors fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Tenant's improvements and decorations

£

For which you are responsible.

(c) Contents£

Include all business contents and equipment except items to be listed in computer equipment or 'all risks' below. Computer systems records are included up to 5% of the sum insured you select for contents.

(d) Computer equipment£

Include all computer equipment such as PCs, printers and scanners.

(e) 'All Risks' for specified items

All risks cover is provided for unspecified items anywhere in the UK subject to limits of £5,000 in any one period of insurance and £1,000 any single item.

If you require additional cover for specified higher value items list them here, do not allow for them in item (c) contents.

Item description	Location (UK, Europe, Worldwide?)	Sum insured
		£ <input type="text"/>
		£ <input type="text"/>
		£ <input type="text"/>
		£ <input type="text"/>

2 Please state the year the premises were built

(give an approximation if you don't know the exact year)

3 Are the premises listed?Yes No

If 'Yes' please state

Grade I Grade II Grade II* other

4 Please state the number of storeys in height of the premises

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

If 'No' please give details

6 Fire prevention**(a) Has the fire authority inspected the premises?**Yes No **(b) Have you completed all the fire authority requirements?**Yes No

If 'No' please list outstanding requirements

7 Are the premises protected by an intruder alarm or fire alarm?

Yes No

If 'Yes' please give details of alarm

8 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

9 Do you require cover for subsidence, heave or landslip?

Yes No

If 'Yes' please answer the following

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

Yes No

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

Yes No

(c) Is the property situated on made-up ground, underground workings or near a cliff?

Yes No

If 'Yes' to any of (a) to (c) above, please give details

10 Do you require cover for terrorist damage?

Yes No

11 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

Business interruption – sum to be insured

Note: the sum to be insured should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating eg the purchase 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.

1 Sum insured (Minimum £100,000)

£

2 Indemnity period required (please tick as 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 Do you require cover for terrorist damage?

Yes

No

Liabilities

1 After enquiry, are you aware of

(a) any professional negligence incident which may give rise to a possible claim?

Yes

No

(b) any principal, director, partner or member of staff having been involved in any professional negligence incident while engaged elsewhere?

Yes

No

If 'Yes' to either (a) or (b) please give details together with any payments made or outstanding (whether insured or not)

Date(s)	Details

2 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

Money with assault extension

1 Money limits

(a) Does the maximum amount in the premises during working hours or in transit exceed £5,000? Yes No

(b) Does the maximum amount in the safe(s) overnight exceed £1,500? Yes No

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

2 Please give details of make, model and age of each safe

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

Personal accident

Note: automatic cover is provided for accidental bodily injury suffered by any child attending the nursery whilst engaged in organised and supervised nursery activities for benefits of £5,000 in respect of Death, Loss of limb(s) eye(s) or permanent total disablement.

1 Do you require personal accident cover for other persons? Yes No

If 'Yes' please complete the following table

Persons to be insured <small>Complete only the categories you require</small>	Yes or No	If 'Yes'	Number	Description of duties	Whilst at work only	24-hour cover	Number of units per person*
All full-time permanent staff		→					
All part-time permanent staff		→					
Named persons <small>Insert name and position</small>		→					

**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.*

2 To the best of your knowledge and 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 give details

Loss of registration

The optional cover provided by this section is for the depreciation of your financial interest in the business following withdrawal of the certificate that allows you to run the business. The loss must be fortuitous, ie a loss not caused by your own acts or omissions. Cover is not provided where the loss has occurred because of redevelopment in the area or changes in the law.

1 Is this cover required?Yes No **2 Sum to be insured** (maximum £100,000)£ **General questions****1 Are the premises in a good state of repair and will they be so maintained?**Yes No

If 'No' please give details

2 Have you previously traded under another name?Yes No

If 'Yes' please give details

3 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 give details

4 Have you or any director, partner, 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

(c) involved in any legal disputes during the past five years in connection with any company, business or firm with which any of you have been involved?

Yes No

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

5 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

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 space below.

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

Yes No

Law applicable

The policy shall be governed by and construed in accordance with the law of England and Wales unless the policyholder's habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland in which case the law of Scotland will apply.

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



Beaufort House, Brunswick Road,
Gloucester GL1 1JZ

Ecclesiastical Insurance Office plc. (EIO) Reg.No.24869. Ecclesiastical Insurance Group plc. (EIG) Reg. No. 1718196. Ecclesiastical Life Ltd. (ELL) Reg. No. 243111. Ecclesiastical Group Asset Management Ltd. (EGAM) Reg. No. 2170213. Allchurches Investment Management Services Ltd (AIMS) Reg. No. 2170173. Allchurches Mortgage Company Ltd. (AMC) Reg. No. 1974218. Ecclesiastical Financial Advisory Services Ltd. (EFAS) Reg. No. 2046087. Ecclesiastical Risk Services Ltd. (ERS) Reg. No. 6290300. All companies are registered in England at Beaufort House, Brunswick Road, Gloucester, GL1 1JZ, UK. Tel: 01452 528533. EIO, ELL, EGAM, AIMS & EFAS are authorised and regulated by the Financial Services Authority and are members of the Financial Ombudsman Service. EIO & ELL are members of the Association of British Insurers and AIMS is a member of the Investment Management Association.