

Charity and Community and Faith and Community insurance

APPLICATION FORM

To Ecclesiastical Insurance Office Plc, Benefact House, 2000, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom.

You have a duty to present us with a fair presentation of the risks to be insured and must disclose every material circumstance which you know or ought to know about such risks. You do not need to disclose circumstances which reduce the risk or those which the Company already knows or ought to know. If you breach your duty to provide a fair presentation of the risks to be insured, the policy could be cancelled or terms changed in accordance with the policy conditions.

Please complete in BLOCK CAPITALS and tick where indicated.

How we use your data

We take data protection seriously and your privacy is important to us. We will process your data in accordance with the applicable data protection law. Please ensure you read the 'How we will use your data' notice at the end of this form.

Applicant details

1 Name of applicant(s).

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

2 Name of establishment/charity to be insured.

3 Denomination of church/organisation (if applicable)

4 Charity registration number (if applicable)

5 Full address of premises to be insured.

If there is more than one premises to be insured, please complete an additional application form.

Postcode

Telephone

6 Contact details

Postcode

Telephone

Email

Website

7 How long has the organisation been operating for?**8 Please give a full description of the business. Include a copy of your Mission statement or brochures if you wish.**

Include details of any activities for which you have to have a special registration or licence.

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 Is cover required?**Yes No

If 'Yes' please answer questions 2 to 8 as follows.

If 'No' please proceed to the Fine art section.

2 Are the premises (excluding outbuildings) constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal?Yes No

If 'No', please give details.

3 Please give details of the construction of any outbuildings to be insured**4 (a) Are all of the premises to be insured used solely for the purpose of your business?**Yes No

If 'No', please give details.

(b) Are any of the premises or part of the premises hired out?

Yes No

If 'Yes', please give details.

5 Are the premises listed?

Yes No

If 'Yes', please state.

Grade I Grade II Grade II* Other

6 Inflation protection.

The standard policy includes index-linking of your buildings and contents sums insured. In addition you may choose the 'Day One' method of inflation protection which provides you with a specified uplift of the sums insured. This is especially relevant if your buildings may take an extended time to re-build because of planning or other issues, please tick the relevant increase you require.

Not required 15% (no charge) 25% 30%

other (please specify) %

7 Sums to be insured.

(a) Buildings.

£

This declared value is the cost of rebuilding the insured property – not the market value. This sum should include landlord's fixtures and fittings including fixed glass and sanitary fixtures, outbuildings, storage tanks, walls, gates and fences, yards, car parks, roads and pavements, artificial playing surfaces, tennis courts, swimming pools and associated apparatus and the following items fixed to the buildings: - wind turbines*, solar panels* and photovoltaic panels*.

The Declared value should represent the full rebuilding costs including an allowance for VAT if appropriate, architects' and surveyors' fees, legal charges, debris removal and the cost of meeting public authority requirements.

**Cover for these items fixed to the building is subject to a limit of £20,000 in the aggregate in any one period of insurance.*

(b) Contents.

Contents belonging to the business or entrusted to you including fixtures and fittings, tenants improvements, visual aids, office equipment, computers, and consumable stock not for sale.

The personal belongings of the following is included within the contents cover and the sum insured should make an allowance if appropriate.

| | |
|---|------------------------|
| Directors, trustees, officials, partners, employees residents and authorised volunteers | £2,500 per person |
| Visitors and members | £1,000 any one claim |
| Groundperson's machines and equipment | £ <input type="text"/> |
| All other contents | £ <input type="text"/> |

(c) Property away from the premises - specified items.

Note: only complete this if you require cover for individual items exceeding £1,000 away from the premises.

| Description of property | Location (UK, Europe, Worldwide?) | Sum insured |
|-------------------------|-----------------------------------|-------------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| | | £ |

Subsidence - optional cover

Please complete question 8 if cover is required or continue to the Fine art and collections section.

8

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 the property or any part of it ever been affected by movement of any kind (for example subsidence, heave, landslip or settlement), been underpinned or provided with other means of structural support or situated on made-up ground, underground workings or within 200 metres of a cliff?

Yes No

If 'Yes' to (b), please give details.

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Fine art and collections

You may want this optional cover, if you have fine art, collections or antiques. It allows you to insure these special items on a market or agreed value basis.

The cover provided by this section is wider and more specialised than the cover available under the Property damage section where items are insured on a 'modern replacement' basis.

1

Is cover required?

Yes No

If 'Yes', complete questions 2 and 3 as follows.

If 'No', please proceed to the Business interruption section.

2 Art.

- (a) Please specify below all items of art, furniture, china, coins and stamp collections you wish to insure on an agreed value basis.

Note: a valuation is required for all items insured on this basis.

| Item | Agreed Value |
|---|--------------|
| Paintings, prints and drawings | £ |
| Antiquarian books and manuscripts | £ |
| Antique furniture | £ |
| Rugs and tapestries | £ |
| Mirrors and mirror paintings | £ |
| Non-fragile sculptures and bronzes | £ |
| Ceramics, glass and other brittle items | £ |
| Clocks and barometers | £ |
| Gold, silver and plate | £ |
| Coins, stamps and medals | £ |
| Other (please specify) | £ |

Please attach copy of valuation or other listing.

- (b) Please provide a sum insured for art, furniture, china, coins and stamp collections you wish to insure on a market value basis.

Unspecified art

*Note: all items in excess of £30,000 should be itemised.
We may require a valuation.*

3 Jewellery, watches and furs.

- (a) Please specify the following details for your jewellery, watches and furs

Sum insured for all items for which you have an itemised list

Sum insured for all items for which you do not have an itemised list

Note: all items in excess of £17,500 should be itemised. We may require a valuation.

- (b) Of your jewellery, watches or furs, what is the maximum value that you will have at any one time out of a safe or bank vault?

- (c) Please specify the amount of jewellery that is kept when not being used in the following:

Bank vault

Safe depository

Safe

Business interruption

1 Is cover required?

 Yes

 No

If 'Yes', complete questions 2 to 4 as follows. If 'No', please proceed to the Goods in transit section.

2 Indemnity period required:

 18 months

 24 months

 36 months

 other please specify

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.

If you do not wish to insure your income, but only additional costs incurred to help you continue after a loss, you need only complete part (b)

(a) Loss of revenue

including additional costs incurred to reduce loss of revenue and any income you receive from sub-letting the premises you occupy.

 Yes

 No

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 e.g. 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 expansion.

Donations and grants are included within the sum insured as standard. Please specify the amount to be covered.

Donations and grants sum insured

£

If you would like to remove donations and grants from your sum insured, please tick the box below.

Remove donations and grants from sum insured

(b) Additional cost of working only.

no revenue cover

 Yes

 No

Sum insured

£

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

4 Rent receivable cover

(a) If required, which premises do you require this cover for?

(b) Maximum indemnity period required

This is the length of time it would take to re-build and re-let the premises after damage.

 18 months

 24 months

 36 months

(c) Sum insured required

£

Goods in transit

1 Is cover required Yes No

If 'Yes', complete question 2 to 4 as follows. If 'No', please proceed to the Money with assault extension section.

2 Please provide details of the type of goods to be sent.

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3 Please state the number of vehicles owned or operated by you.

4 Please provide details of your annual carryings in the table below.

| | Estimated annual carryings | Limit any one vehicle, parcel or consignment |
|------------------|----------------------------|--|
| In your vehicles | £ | |
| By haulier | £ | |
| By parcel | £ | |
| By rail | £ | |

Money with assault extension

1 Is cover required? Yes No

If 'Yes', please complete questions 2 to 4 as follows. If 'No', please proceed to the 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 for Death, for Loss of limb(s) or eye(s) and for Permanent total disablement. £100 per week is provided for Temporary total disablement and £40 per week for Temporary partial 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 5 as follows. If 'No', please proceed to the Loss of registration/licence section

2 Complete the table below to show the cover you require

| Persons to be insured Complete only the categories you require | Description of duties e.g. admin, catering, gardening. | Number of persons | Cover required Whilst at work only or 24-hour cover | Number of units per person* |
|---|---|-------------------|--|-----------------------------|
| All full-time permanent staff | | | | |
| All part-time permanent staff | | | | |
| All volunteers | | | At work only | |
| Named persons Insert name and position | | | | |

**One unit provides £2,500 for Death, for Loss of limb(s) or eye(s) or loss of hearing and for Permanent total disablement. One unit also provides £100 per week for Temporary total disablement and £40 per week for Temporary partial disablement. If you would prefer a different basis for determining the level of cover - e.g. benefits linked to staff earnings - please let us know.*

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.

4 weeks

6 weeks

8 weeks

13 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.

5 Do you require a quotation for Permanent partial disablement?

Yes No

Loss of registration/licence

1 Do you require cover for Loss of registration/licence

Yes No

If 'Yes', complete question 2 as follows. If 'No', please proceed to the Liabilities section.

2 Please tick which cover(s) and limit(s) you require. Higher limits can be considered on request.

| Cover | £100,000 | £150,000 | £250,000 | £300,000 | £500,000 |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Education registration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care registration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Premises licence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wedding licence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Liabilities

1 Please indicate the cover(s) required by ticking the box(es).

If you do not require any cover for Liabilities please proceed to the Cyber section (you will not be able to choose cover for Reputational risks, Hirers liability, Professional indemnity or Trustees' and management liability if you do not choose the Liabilities section).

| Cover | Limit of indemnity | <input type="checkbox"/> |
|-------------------------------|--|--------------------------|
| Employers' liability | £10,000,000 | <input type="checkbox"/> |
| Public and products liability | £5,000,000 (standard) | <input type="checkbox"/> |
| | £10,000,000 | <input type="checkbox"/> |
| | Higher limits can be considered on request | |

2 Employer Reference Number

Please provide the Employer Reference Number (ERN) for your business (the ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer). Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.

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If you do not have an ERN, please confirm that you are exempt from holding one.

Yes

3 Wageroll information

Note: The premium may be adjusted to reflect actual figures at renewal.

Please provide a breakdown of all wages/salaries paid during your last complete financial year split between your various classes of employees, e.g. clerical & administrative, gardening & maintenance staff etc.

| Category | Numbers | Gross annual wages and benefits |
|----------|---------|---------------------------------|
| | | |
| | | |
| | | |

Volunteers - please provide a breakdown of volunteers, providing either the total hours donated or the number of full-time equivalent volunteers.

| Nature of duties | Total hours donated | Full-time equivalent |
|------------------|---------------------|----------------------|
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4 Please advise your gross annual income/revenue/turnover.

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5 Do you engage in adventure activities, hazardous sports such as water sports, abseiling, parachuting, horse riding or go-karting, firework displays or bonfires, or any other hazardous activity that carries the risk of death or serious injury?

Yes

No

If yes, do you always:

(i) use a specialist service provider?

Yes No

(ii) check that the service provider has public liability insurance in force at the time of the event with a limit of indemnity no less than that sought under this insurance and which includes an 'Indemnity to principal' extension?

Yes No

6 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 employees or volunteers involved?

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Reputational risks

Cover A PR Crisis communication - claims related is automatically given when the Public & products liability section of the Liabilities cover is operative. The limit is £25,000.

1 Do you require cover for Cover B PR Crisis communication - any claim?

Yes No

If 'Yes', complete question 2 as follows. If 'No', please proceed to the Hirers' liability section.

2 Please tick which limit you require.

Limit

£2,500 £5,000 £10,000

Hirers' liability

1 Is cover required?

Yes No

If 'Yes', complete questions 2 to 7 as follows. If 'No', please proceed to the Professional indemnity and Trustees' and management liability section.

2 Limit of indemnity required.

£1,000,000 £2,000,000 (standard) £5,000,000

3 List of events to be held (please give details of proposed lettings during the next 12 months).

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4 Anticipated total annual hiring charges.

£

5 To the best of your knowledge, do you anticipate holding any of the following events in the coming year?**(a) Mechanical fairground amusements/rides**Yes No **(b) Non-static motorised events including racing of any kind**Yes No **(c) Shooting or archery**Yes No **(d) Aerial events e.g. flying displays (inc. model aircraft), gliding, ballooning, parachuting, hang-gliding etc.**Yes No **(e) Elastic rope sports or activities e.g. barfly (jumping) or bungee jumping**Yes No **(f) Fireworks displays**Yes No **(g) Armed or unarmed combat sports including martial arts**Yes No

If 'Yes' to any of the above, please give details below.

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6 Will any grandstand, tiered seating or similar structure be provided for spectators?Yes No

If 'Yes', will it be inspected by the Local Authority or a qualified surveyor?

Yes No

7 In respect of letting activities arranged during the past five years, have there been any occurrences resulting in injury to the public or loss or damage to their property?

Yes No

If 'Yes', please give details of all such injury, loss or damage.

| Date | Paid or estimated cost | Details |
|------|------------------------|---------|
| | | |
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Professional indemnity and Trustees' and management liability

Is cover required?

Yes No

If 'Yes', please also complete the relevant questionnaire available from our website at www.ecclesiastical.com

Cyber section

1 Is cover required?

Yes No

If 'Yes', complete questions 2 to 7 as follows. If 'No', please proceed to the Legal expenses section.

2 Do you require cover for Cyber Crime?

Yes No

3 Do you have an email and internet usage policy to manage email use and prevent access to inappropriate or potentially damaging websites that your employees are expected to follow?

Yes No

4 When making payments online or transferring money do you have documented procedures in place to ensure that payment requests are genuine and verified before making payments?

Yes No

5 Do you and your service providers who provide data storage or hosting of any part of your computer system perform data backups at least every 7 days?

Yes No

6 Do you have a firewall in place which controls access to your computer system?

Yes No

7 Is your computer system protected with up-to-date anti-virus software which is paid for and not freely available and is updated at least every 7 days?

Yes No

If you have ticked 'No' to any of questions 3 - 7 please provide further details of systems in place:

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Legal expenses

1 Is cover required?

Yes No

If 'Yes', complete questions 2 to 5 as follows. If 'No', please proceed to the Fidelity section.

2 Limit of indemnity required:

£250,000 (standard) £500,000

3 Are any redundancies envisaged in your business within the next 12 months?

Yes No

4 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 3 or 4 above, please give details below.

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5 Total estimated annual wages.

£

Fidelity

Is cover required for theft of money and goods by employees?

Yes No

If 'Yes', please also complete the additional questionnaire entitled Fidelity insurance application form available from our website at www.ecclesiastical.com

Terrorism

- 1** For premises located in England, Wales or Scotland (excluding property located in the Channel Islands, Isle of Man and Northern Ireland) do you require cover for terrorist damage? Yes No
- If 'Yes', complete question 2 & 3 as follows. If 'No', please proceed to the Claims questions.
- 2** Please confirm that all property you insure, whether under this policy or any other policy, whether insured with us or not, is or will be insured for terrorist damage via a member of Pool Re. Yes No
- 3** Is this cover to exclude terrorist damage for Business interruption? Yes No

Claims

- 1** In respect of the risks to be insured whether at these premises or elsewhere
- (a) has any loss, damage, injury or liability arisen during the past five years whether insured or not? Yes No
- (b) are you aware of any circumstances which might give rise to a claim? Yes No
- If 'Yes', please give details.
-
- 2** Are you aware of any flooding at the premises or anywhere adjacent to the premises however caused? Yes No

Risk management

- 1** Is there a documented procedure to ensure all activities are supervised and managed by personnel who are competent and qualified? This includes third parties as well as employees and volunteers. Yes No
- 2** (a) Do you have a documented Fire Risk Assessment? Yes No
- (b) If 'Yes', is this reviewed annually? Yes No
- 3** Where the premises have been inspected by the relevant fire authorities have you completed all the requirements raised by them? Yes No

| | | | |
|-----------|--|------------------------------|-----------------------------|
| 4 | (a) Are the premises protected by an intruder alarm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) Are the premises protected by a fire alarm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If 'Yes' to either (a) or (b), please give details. | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| 5 | (a) Are the premises in a good state of repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) Is there a documented programme of preventative buildings maintenance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | (a) Is there an agreed method to ensure competent and qualified contractors are employed for building work including maintenance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) Do you ensure a Hot Works Permit system is in place and operated during building works? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | (a) Have you taken steps to identify if Asbestos Containing Material is present in your buildings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) Have you assessed the condition of any Asbestos containing Material and keep a record | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (c) Do you have a plan to manage Asbestos Containing Material in your buildings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | (a) Has an electrical inspection been carried out within the last 5 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) If 'Yes', did this result in a satisfactory grade? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | (a) Is there a programme for testing portable electrical appliances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) If 'Yes', are records of such tests maintained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | (a) Do you have an inspection contract in place with a bona fide inspection company for all relevant plant and machinery which require statutory inspections such as lifts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) If 'Yes', do you ensure any improvements required following an inspection are completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | (a) Do you have an accident book for recording all details of incidents which cause personal injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) Are procedures in place to ensure employees/volunteers understand the requirement to report accidents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|-----------|---|------------------------------|-----------------------------|
| 12 | (a) Is there a documented procedure to ensure that all employees have completed and understood training that has been delivered to them taking into account factors such as experience, capability and language? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) Do you have signed training records which are retained for an appropriate period of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13 | (a) Are there annually reviewed documented Health and Safety policy and procedures in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) If 'Yes', are these cascaded to all employees including volunteers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Safeguarding

| | | | |
|----------|---|------------------------------|-----------------------------|
| 1 | Have any allegations of abuse have ever been made against you or any of your employees and volunteers or service providers (hereafter referred to as 'personnel') whilst working for you or acting on your behalf? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Where you or any of your personnel work unsupervised with children or vulnerable adults, or have unsupervised access to children or vulnerable adults, have you: | | |
| | (a) prepared and implemented a written safeguarding policy that is regularly reviewed at least annually? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (b) a designated safeguarding officer or named person(s) responsible for safeguarding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (c) implemented safe recruitment procedures for your personnel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (d) provided safeguarding training with regular updates (at least annually) for all of your personnel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (e) arrangements in place for incident reporting and investigation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | (f) undertaken Disclosure and Barring Service (DBS) or equivalent checks at the appropriate level of all eligible personnel working with children and vulnerable adults? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | g) retained securely or will you retain securely: | | |
| | i) a copy of your safeguarding policy and any revisions of it | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | ii) evidence that training has been given and received by all relevant persons, | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | iii) employment and engagement applications, references, identity verifications and DBS or equivalent reference numbers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

iv) records of any abuse allegations, incidents, notifications and any action taken?

Yes No

If you answer 'No' to any of the above, please provide details

General questions

1 In respect of the risks to be insured whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If 'Yes', please give details, including what insurance this was in respect of?

2 Have you previously traded under another name?

Yes No

If 'Yes', please give details.

3 Have you or any director or partner, trustee or manager ever:

(a) been convicted of any criminal offence other than a driving offence or have any non-motoring prosecutions pending? You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974.

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.

Law applicable

This policy shall be governed by and construed in accordance with the law of England and Wales unless the *Insured'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 shall apply.

Declaration

This declaration must be signed and dated. The person(s) signing below must be authorised to sign on behalf of all Insured parties.

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

How we use your data

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

Ecclesiastical Insurance Office plc ("**we**", "**us**", "**our**") is the data controller in respect of any personal data which you provide to us or which we hold about you and any personal data which is processed in connection with the services we provide to you.

Where you provide us with personal data about a person other than yourself (such as a dependant or named person under a policy), you must inform them that you are providing their personal data to us and refer them to this notice.

To provide our insurance related services, we will collect and process your personal data such as your name, contact details, financial information and any information which is relevant to the insurance policy we are providing. In order to provide your insurance policy or when making a claim, we may also need to collect or process 'special categories of personal data' such as information relating to your health or criminal convictions or information which is likely to reveal your religious beliefs.

We process your personal data for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention, business management, systems development and carrying out statistical and strategic analysis.

Providing our services will involve sharing your personal data with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, our service providers and professional advisors, or business partners and our regulators.

In some circumstances we may transfer your personal data to countries outside of the European Economic Area. We will put appropriate safeguards in place to ensure that your personal data is protected.

Where we have your consent, we may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by clicking on the link at the bottom of any email or by contacting us.

Fraud Prevention

We need to carry out fraud and anti-money laundering checks, and this will involve sharing your personal data (such as your name, contact details and financial information) with credit reference and fraud prevention organisations such as the Claims and Underwriting Exchange, run by MIB. If you make a claim, we will share your personal data (to the extent necessary) with other companies including other insurers and anti-fraud organisations to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf.

If false or inaccurate information is provided and fraud is identified, your personal data will be passed to fraud prevention agencies including the Insurance Fraud Register, run by the Insurance Fraud Bureau. Law enforcement agencies may access and use this information.

Please note that when carrying out any fraud prevention activities, we may need to process your special categories of data such as criminal offence information and share it with fraud prevention agencies.

Further Information

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at www.ecclesiastical.com/privacypolicy or contact our Data Protection Officer at Benefact House, 2000, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom or on **0345 6073274** or email compliance@ecclesiastical.com.

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

Or visit us at

www.ecclesiastical.com

If you would like this application in large print, braille, on audio tape or computer disc please call us on

0345 777 3322.

You can also tell us if you would like to always receive literature in another format.



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Gloucester, GL3 4AW, United Kingdom