

Education 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 to be insured.

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3 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

4 Postal address.

Postcode	Telephone
Email	Website

- 5 Please provide details of the regulatory/professional body you are registered with and/or the quality standard scheme with which you are accredited.**

Name

Registration number/Unique Reference Number

- 6 Does the business cater for students with special needs?**

Yes

No

If 'Yes', please give details.

- 7 Please indicate**

Number of students

Residential

Non-residential

Age range of students

- 8 Please give a full description of the business.**

- 9 Is the business a registered charity?**

Yes

No

- 10 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 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.

- 2 Please give details of the construction of any outbuildings to be insured**

- 3 Are the premises at least 200 metres away from any natural or man-made watercourse or the sea?**

Yes

No

If 'No', please give details.

4 Are the premises listed?Yes ☐No ☐

If 'Yes', please state.

Grade I ☐Grade II ☐Grade II* ☐Other **5 Inflation protection.**

The standard policy includes index-linking of your buildings and contents sums insured.

For a small extra charge you may choose the alternative '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.

15% ☐25% ☐Not required ☐**6 Sums to be insured.****(a) Buildings (excluding private dwelling houses).** £

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) Private dwelling houses. £

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

(c) Contents.

Contents belonging to the business or entrusted to you including fixtures and fittings, tenants improvements, visual aids, office equipment, computers, sports equipment, boats and associated equipment, scientific equipment, musical instruments, cups and trophies.

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, governors and employees £2,500 per person

Visitors £500 per person

Students £250 per student

Boats and associated equipment (non-motorised boats only) £

Groundperson's machines and equipment £

All other contents £

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

Note: only complete this if you require cover for individual items exceeding £5,000 away from the premises. Items of a lower value will be covered under the 'Property away from the premises' extension up a maximum of £25,000 any one claim.

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

7**Please tick if the following extension of cover is required.**

Subsidence

☐
8**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 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.

Fine art

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.

If on the other hand a 'modern replacement' basis is acceptable, then the insurance under the Property damage section should suffice.

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 £

3 Jewellery, watches, guns and furs.

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

Sum insured for all items for which you have an itemised list	£ <input type="text"/>
Sum insured for all items for which you do not have an itemised list	£ <input type="text"/>

Note: all items in excess of £5,000 should be itemised. We may require a valuation.

- (b) Of your jewellery, watches, guns 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	£	<input type="text"/>
Safe depository	£	<input type="text"/>
Safe	£	<input type="text"/>

Business interruption

1 Is cover required?

Yes ☐No ☐

If 'Yes', complete questions 2 & 3 as follows. If 'No', please proceed to the Terrorism section.

2 Indemnity period required:

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.

(a) Loss of revenue

including additional costs incurred to reduce loss of revenue.

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 increases in fees and expansion of the business.

(b) Additional cost of working only.

no revenue cover

Yes ☐No ☐

Sum insured (minimum £10,000)

£

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.

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 Money with assault extension section.

2 Please confirm that all property you insure, whether under this policy or any other policy, is or will be insured for terrorist damage

Yes ☐No ☐

3 Is this cover to exclude terrorist damage for Business interruption?

Yes ☐No ☐

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 Liabilities 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. teachers, 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) 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.

 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 ☐**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 Fidelity section (you will not be able to choose cover for Hirers liability, Professional indemnity or Governors trustees' and management liability if you do not choose the Liabilities section).

Cover**Limit of indemnity**

Employers' liability

£10,000,000

☐

Public and products liability

£10,000,000 (standard)

☐

£5,000,000

☐

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.

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

Yes ☐

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		£
Groundsperson and maintenance		£
Matrons and care staff		£
Other (please specify)		£

4 Please advise your gross annual income/revenue/turnover.

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 Governors' 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).

4 Anticipated total annual hiring charges.

£

5 To the best of your knowledge, do you anticipate that any of the following events will be held on school premises 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 archeryYes ☐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.

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

Professional indemnity and Governors' 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

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

Legal expenses

1 Is cover required?

Yes ☐No ☐

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

2 Limit of indemnity required:

£250,000 ☐£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.

5 Do you require the optional cover of debt recovery?

Yes ☐No ☐

6 Do you require a quotation for Employment Practices Legal Protection (EPL)?

Yes ☐No ☐

Note: with EPL cover we will defend employers at employment tribunals with no dependency on the likelihood of success.

7 Total estimated annual wages.

£

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 Have the premises or the site previously suffered from flooding, however caused?**

Yes ☐No ☐

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 (a) Are all the premises to be insured being used 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.

- (c) Are any additional activities carried out by you or other parties. Please include details of any hazardous activities, such as water sports, abseiling, parachuting, horse riding, go-karting or fireworks displays?**

Yes ☐No ☐

If 'Yes', please give details.

- (d) If you are engaged in any hazardous activities, 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 ☐

- (e) 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.

- 3** 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 staff and volunteers.

Yes ☐No ☐

- 4** (a) Do you have a documented Fire Risk Assessment?

Yes ☐No ☐

(b) If 'Yes', is this reviewed annually?

Yes ☐No ☐

- 5** Has the fire authority inspected the premises?

Yes ☐No ☐

If 'Yes', have you completed all the fire authority requirements?

Yes ☐No ☐

- 6** (a) Are the premises protected by an intruder alarm?

Yes ☐No ☐

(b) Are the premises protected by a fire alarm?

Yes ☐No ☐

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

- 7** Please detail if you have any resident members of staff including a caretaker who live on the premises?

- 8** What checks/precautions are undertaken on the premises during holiday periods?

- 9** Have you previously traded under another name?

Yes ☐No ☐

If 'Yes', please give details.

10	(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"/>
11	(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"/>
12	(a) Do you ensure any asbestos is professionally removed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Where asbestos has been present, do you ensure an asbestos management survey is completed by a competent and qualified person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	(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"/>
14	(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"/>
15	(a) Do you have an inspection contract in place with a bona fide inspection company for all relevant plant and machinery 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"/>
16	(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"/>
17	Are written references taken up for all staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	For all of your personnel, do you undertake appropriate criminal record checks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'No', please provide details.

- 19** Is there a policy to safeguard children and vulnerable adults which is reviewed and updated annually? Yes ☐ No ☐
- 20** (a) Is there a documented procedure to ensure that all staff have completed and understood training that has been delivered to them taking into account factors such as experience, capability and language? Yes ☐ No ☐
- (b) Are signed training records by trainers/trainees retained on an indefinite basis? Yes ☐ No ☐
- 21** (a) Are there annually reviewed documented Health and Safety policy and procedures in place? Yes ☐ No ☐
- (b) If 'Yes', are these cascaded to all staff including volunteers? Yes ☐ No ☐
- 22** (a) Has any sanction, penalty or corrective action been imposed within the last 5 years as a result of an investigation of the organisation by any regulatory or professional body such as the Health & Safety Executive or Ofsted? Yes ☐ No ☐
- (b) Have you or any principal, governor, director, bursar, employee or representative ever been prosecuted under the Factories Act or any similar legislation? Yes ☐ No ☐
- 23** Have you or any director or partner, governor, 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.

24 Disclosure of additional material circumstances.

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

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

Yes No

26 Would you like a quotation for Computer, data and cyber-risks insurance?

Yes No

This is a separate policy you can take which will cover you for various risks which could damage your business or reputation whether it be data recovery following a hardware failure or a full scale data breach.

27 Would you like a quotation for an annual group travel policy to cover your overseas educational trips?

Yes No

28 Would you like a quotation for Inspection services to meet Statutory requirements for engineering plant and equipment?

Yes No

Additional information

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
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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.



Benefact House, 2000, Pioneer Avenue,
Gloucester Business Park, Brockworth,
Gloucester, GL3 4AW, United Kingdom