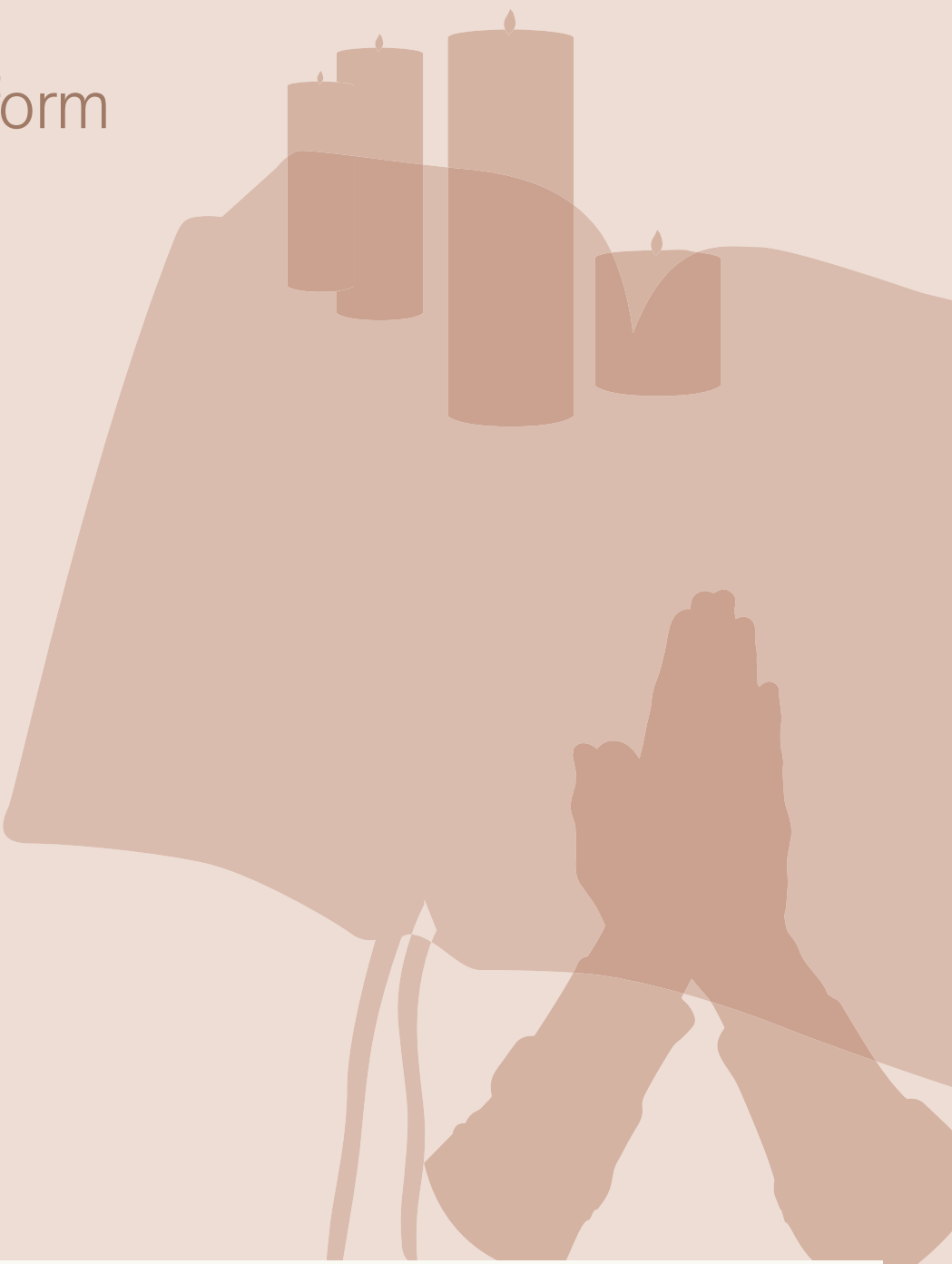


# application form

FAITH 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 relevant facts must be disclosed. Failure to do so could result in you not being insured and claims being refused. Relevant 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 relevant you should include it. 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 document is also available.

**Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.**

**Applicant details**

**1 Name of organisation**  
 (Please specify the full legal entity to be insured e.g. The trustees, elders and committee of the organisation)

**2 Denomination of church/organisation**

**3 Postal address**

Postcode	Telephone
Email	Website

**4 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.*

**General details**

**1 If a charity, what is your charity registration number?**

**2 How many years have you been established**  at the current premises?  
 elsewhere?

**3 Please advise the number of members you have**

**4 Please state or enclose a copy of your mission statement outlining your aims and ideals**

- 5 It is most important that you fully describe the activities that are carried out at each of your premises and elsewhere. Please detail these in the box below**

- 6 Please advise the annual revenue of your organisation**

(a) last year

£

(b) estimated for this year

£

- 7 Have you ever been subject to an investigation by the Charity Commission or any other body?**

If 'Yes' please provide details

### Premises to be insured

- 1 Full address(es) of premise(s) to be insured**

Postcode

Telephone

- 2 General description of the premises to be insured**

(Please include its original date of construction and purpose)

- 3 Are the premises listed?**

Yes

No

If 'Yes' please state

Grade I

Grade II\*

Grade II

other

**Property damage**

**1 The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, subterranean fire, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, sprinkler leakage, accidental damage, theft or attempted theft and breakage of glass and sanitary fixtures.**

**We can also provide cover for the following.**

Please tick if required                      Subsidence                       Terrorism

**2 Sums to be insured**

**(a) Buildings**

This is the cost of rebuilding the premises, not the market value, together with any associated fees and debris removal costs.

**(b) Contents**

(i) audio and video equipment, computers and other office machinery

(ii) all other contents (including consumable stock not for sale)

**(c) Stock (not including consumable stock not for sale) and materials**

**(d) Tenants' improvements and decorations for which you are responsible**

**(e) 'All Risks' for specified items**

All risks cover is provided for unspecified items anywhere in the UK subject to limits of £1,000 for any single item and £5,000 in any one period of insurance (lower limits apply to personal belongings). If you require additional cover for specified items list them here.

Item description	Location (UK, Europe, worldwide?)	Sum insured
		£
		£
		£

**3 Do you want your sums insured to be adjusted by the 'Day One' method of inflation protection?**                      Yes                       No

*Note: Day One basis does not apply to stock intended for sale.*

If 'Yes' please select the percentage uplift you require

15%                       25%                       50%                       Other limit (please specify)  %

**4 Are the external walls and roof coverings of the premises constructed solely of brick, stone, concrete, slates or tiles?**                      Yes                       No

If 'No' please provide details





2

**(a) The standard limit of indemnity for Employers' liability is £10,000,000**

A higher limit can be considered on request, please specify:

£ **(b) The standard limit of indemnity for Public & products liability is £2,000,000**

If you require a different limit, please specify:

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

3

**Do you engage unpaid officials or voluntary helpers?**Yes No 

If 'Yes' please advise

Nature of duties	Total number engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

4

**Health & Safety****(a) Do you have a written Health & Safety policy?**Yes No **(b) Is responsibility for Health & Safety issues designated to a Senior Official?**Yes No 

If 'No' please provide details of arrangements


5

**Do you engage in fundraising activities e.g. collections, fetes, etc?**Yes No 

If 'Yes' please advise

Full details of the nature and scope of the activity	Approximate numbers attending each activity	Number per year



**6 Please tick the box if you engage in any of the following activities**

Sponsored walks or other sponsorship events	<input type="checkbox"/>	Mountaineering/rock climbing/caving/pot holing/abseiling/orienteering/gully bashing/waterfall jumping/bungee jumping or any activity involving the use of elasticated ropes	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>		
Bonfire parties and/or firework displays	<input type="checkbox"/>		
Water sports or water related activities including canoeing/kayaking/rafting/any white water activities/sub aqua diving/snorkelling	<input type="checkbox"/>	Parachuting/sky diving/any activity involving the use of aircraft	<input type="checkbox"/>
Any other potentially hazardous pursuits?	<input type="checkbox"/>	Activities involving vehicles, e.g. karting	<input type="checkbox"/>

Please provide details (if you are in any doubt whether an activity is hazardous or not please disclose it)

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**7 Risk assessments**

Are all necessary risk assessments undertaken by suitably qualified and competent personnel before taking part in any of the activities described in questions 5 and 6 above and are such activities supervised by suitably qualified people?

Yes  No

**8 Are celebrities ever involved in any of your activities?**

If 'Yes' please provide details

Yes  No

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**9 Do you always comply with established codes of practice and safety policies before engaging in any activity?**

Yes  No

**10 If you are engaged in any hazardous activities, do you always**

(a) use a specialist service provider?

Yes  No

(b) 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

If 'No' to (a) or (b) please provide details

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**11 Do you or your representatives offer any advice or counselling to third parties?**

Yes No 

If 'Yes' please provide details


**12 Are your activities limited to the United Kingdom?**

Yes No 

If 'No' please confirm:

The countries outside the UK in which activities are undertaken


The scope of these activities


Details of any insurance specifically arranged in respect of such activities


**13 Do you engage personnel who are not ordinarily resident within the United Kingdom?**

Yes No 

If 'Yes' please provide full details


**14 Do you act at all times within the guidelines and advice provided by the Foreign and Commonwealth Office in respect of travel to places abroad?**

Yes No 

**15 Are you engaged in any activity involving children and/or young people under the age of 18 years or vulnerable adults?**

Yes No 

If 'Yes'

(a) Do you have a safeguarding policy which is reviewed at least annually?

Yes No 

(b) For any of your personnel dealing with children and/or young people or vulnerable adults do you undertake appropriate criminal record checks?

Yes No

If 'No' to (a) or (b), please provide details


**16 Do you sell or supply any products?** (including second hand items)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' please provide details. In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale.


**17 Trustee and management liability extension**

**(a) Are you or any of your present or former trustees, officials of your place of worship or officers aware (after making enquiries) of any situation or incident which you or they have reason to consider might lead to liability under the Trustee and management liability extension provided under the liability section?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' please state the date and details of each incident


**(b) Regarding your latest accounts did your auditor or independent examiner adversely qualify his opinion in any way concerning your accounts, accounting procedures or financial position?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you require a higher limit than the £100,000 provided by this extension, please complete the following Trustee and management liability section questions.

## Trustee and management liability

### 1 Is cover required?

If 'Yes' complete questions 2 to 8 below.  
If 'No' please proceed to Fidelity section

Yes No 

### 2 Limit of indemnity required

Standard £250,000

If a higher limit is required please specify (up to a maximum of £1,000,000)

£ 

### 3 In addition to the organisation detailed on page 3, are any related bodies to be insured i.e. any company or association which exists for your charitable purposes?

Yes No 

If 'Yes' please confirm the organisations to be covered


### 4 To what date do your last accounts cover?

### 5 Do they cover a 12 month period?

If 'No' please provide details

Yes No 


### 6 Were your accounts (please tick one)

audited?

independently examined?

### 7 What is the total gross assets (fixed assets plus investments plus current assets) in the last balance sheet?

£ 

### 8 If you are a charity that acts as a custodian trustee, what is the total gross assets in the charity's custody?

£

**Fidelity**

**1 Is cover required?** Yes  No

If 'Yes' complete questions 2-11  
If 'No' please proceed to Goods in transit section

**Section A – All employees**

**2 Do you require cover for all employees and officials?** Yes  No   
Limit is £10,000 (in total for all employers and officials) any one period of insurance

**3 Please confirm the total number of employees and officials**

**4 What is the estimated total wagheroll for all employees and officials?** £

**Section B – All voluntary workers**

**5 Do you require cover for all voluntary workers?** Yes  No   
Limit is £5,000 (in total for all voluntary workers) any one claim and £10,000 any one period of insurance

**6 Please confirm the total number of voluntary workers**

**7 Have you ever found the need to question the honesty or conduct of any person to be insured?** Yes  No   
If 'Yes' please provide details

**8 Are written references obtained directly from former employers (for the whole of the preceding three years of engagement) of any employee or official or voluntary worker who has responsibility for money, accounts or goods?** Yes  No

If 'No' please describe procedure

9

**Minimum standard of control**

The terms of this cover require the Minimum standard of control declared on this application to remain fully operative during the currency of the policy. It is therefore essential that any alterations are advised to us and our agreement to such alterations confirmed.

If your answer to any question below is 'No', please provide full details of the controls you have in operation in the Additional information box below.

- (a) Are two manually applied signatures required on all cheques drawn for more than £10,000?  Yes  No
- (b) When cheques are signed will supporting vouchers be examined independently of the persons preparing the cheques?  Yes  No
- (c) Are the wages and salaries checked independently of the person preparing them before payment?  Yes  No
- (d) Are all monies, cheques and postal orders, received or collected, banked in full on day of receipt or next banking day?  Yes  No
- (e) Are statements of account sent to customers direct by post at least monthly and independently of the persons receiving or collecting monies, cheques or postal orders?  Yes  No
- (f) Will there be at least monthly physical checks, independently of the persons respectively responsible for
- (i) Cash book entries against bank statements, paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with cash and unpresented cheques?  Yes  No
- (ii) Petty cash account against vouchers, receipts and the cash balance?  Yes  No
- (g) Will there be at least an annual physical check, independently of the persons respectively responsible, of all stocks against verified stock records?  Yes  No
- (h) Will the ordering, certification of receipt and the authorisation of payment for goods, subcontracted work and services be carried out by different persons acting independently?  Yes  No
- (i) If you use a computer or rent computer time in connection with your business are computer checks built into your security system?  Yes  No
- (j) Do all persons who are responsible for money, goods, accounts or computer operations/programming take an uninterrupted break away from your premises of at least two weeks every year?  Yes  No
- (k) Are all supplier/creditor accounts that are received for payment checked and validated, independently of those placing the orders or settling the accounts, directly with the supplier/creditor before payment is authorised?  Yes  No

Additional information

**10 External audits**

Are your accounts including those of any subsidiary companies examined by external auditors at least annually?

Yes  No

If 'Yes' please state their name and address

**11 Internal audits**

(a) Do you have an internal audit team or department?

Yes  No

(b) Do they undertake at least one full audit annually at each of your premises?

Yes  No

If 'No' to either (a) or (b) please describe procedure

**Goods in transit**

**1 Is cover required?**

Yes  No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to the General questions

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

**3 Estimated annual carryings**

Additional information

(a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings	<input type="text"/>
Limit required any one vehicle (including trailer)	<input type="text"/>

**(b) If you require cover for goods carried other than in your own vehicles please complete the following**

Carrier	Limit	Type	Estimated annual carryings
Hauliers	£	any one parcel /consignment	£
Parcel	£	any one parcel /consignment	£
Rail	£	any one parcel /consignment	£

## 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 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 provide details

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**3 During the last five years**

**(a) has the name of your organisation changed?**

Yes  No

**(b) has any other organisation amalgamated with or been merged with the organisation?**

Yes  No

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

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**4 Have you or any employee, official, trustee or representative ever been**

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

Yes  No

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

Yes  No

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

**5 Have you or any official, trustee or representative 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

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?

(c) had any County Court Judgments made

(i) against you in a personal capacity?

Yes  No

(ii) against any organisation, company, business or firm in which any of you have been involved as a trustee, official or partner or in a similar capacity?

Yes  No

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

**6 Disclosure of additional relevant facts**

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

**7 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 organisation 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.**

### How we will use your data

**We hold data in accordance with the Data Protection Act 1998. It may be necessary for us to pass data to other organisations that supply products and services for this policy.**

### Fraud prevention

**We may check your details with various fraud prevention and credit reference agencies. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. If you make a claim, we will share your information (where necessary) with other companies to prevent fraudulent claims. For further information please refer to our Privacy Policy at [www.ecclesiastical.com/privacypolicy](http://www.ecclesiastical.com/privacypolicy).**

### 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





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Gloucester GL1 1JZ

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