

Charity Trustee Assurance Proposal

A full Policy Wording is available on request

Please ask your broker, usual Royal & SunAlliance contact or see our website, www.profin.uk.royalsun.com

Please complete in capital letters using an ink pen and tick boxes as appropriate

Note: The insurance cover can be provided only to recognised charities (registered or otherwise) which are formally constituted, whether as a trust, an association or a company. If more than one underlying organisation is involved in the same or related charitable activity, all can normally be covered under a single insurance contract if details of all are provided in this Proposal Form. The term 'Charity' herein means each such organisation; the term 'Trustee' means anyone who is a trustee, committee member, director or officer (as the case may be) of the Charity. If a Charity and/or Trustee is itself incorporated and/or if any of the charitable activity is conducted by a related company, each such company (as declared in the Proposal Form) and its subsidiaries and their directors and officers are included in the cover.

Please ensure that all relevant sections of the Proposal are completed. Please use a separate initialled continuation sheet where necessary.

Section A - The Charity

1. Name of Charity

2. Addresses of Charity's Principal Office

<input type="text"/>	
Postcode	Telephone

3. Full names of all current Trustees of the Charity:

4. When was the Charity established?

Section A Continued

5. The Charity is officially recognised as a charity and is:
*complete as appropriate (one only)

*a. in England or Wales and registered under number

*b. in England or Wales but not required to register

*c. outside England and Wales, being in

6. Principal charitable objects:

These questions relate to the charities and any subsidiaries thereof or other related organisations as per note above.

7. During the last five years:

a. Has the name of the Charity changed?

Yes No

b. Has any other charity amalgamated with or been merged with the Charity?

Yes No

If 'Yes', please give details

8. a. To what date were the last Charity accounts made up?

b. Please state period of accounts if other than 12 months

c. Were those accounts audited or 'independently examined'?

Yes No

d. Did the auditors qualify their opinion in any way?
(If the examiner or auditor expresses no concerns about the organisations' accounts, accounting procedures or financial position, the report is unqualified).

* If yes, please forward a copy of latest Report & Accounts

Yes No

e.* State the **gross** annual income shown in those accounts:

f.* State the total **gross** Charity assets (i.e. fixed assets + investments + current assets) shown in the last balance sheet:

g.* If the Charity acts as a custodian trustee, state the total gross assets in its custody:

9. a. Is any Charity named at (1) above incorporated as a body corporate? (eg limited by guarantee)

Yes No

b. Does any Charity named at (1) above (whether or not incorporated) carry out any of its activity through any separately incorporated company (e.g. a trading subsidiary)?

Yes No

If 'YES' to (a) and/or (b), please state on a separate sheet:

(i) the name and description of all companies concerned (referred to collectively hereinafter as 'the Companies'), indicating how and when each was incorporated (e.g. the relevant legislation or other legal authority), the relationship between the Charity and the Companies and the activity carried on by each.

Section B - Professional Services (Optional) extension of cover

Note: The questions in this section must be answered in relation to any 'Professional Services' provided by the Charity. 'Charity' for this purpose means any charity, any of the companies, any present trustee or any present employee of any of them. 'Professional Services' means any service such as advice, information, assistance or design provided to anyone (other than wholly for the purpose of managing or administering the Charity itself), whether gratuitously or otherwise. It does not include the supply of any product. If you are uncertain what in your case constitutes 'Professional Services', please consult your broker or Royal & SunAlliance.

1. Does the Charity provide any of the following Professional services:

- a.* Financial or legal advice? Yes No
- b.* Counselling? Yes No
- c.* Medical advice, diagnosis or treatment? Yes No
- d.* Certification, examination, licensing or regulatory activities or functions? Yes No
- e.* Other? Yes No

***If any answer to Q1 is 'YES', please supply copies of any leaflets or brochures which describe the work of and services provided by the charity. Please also answer Q2-6 as appropriate. If all answers to Q1 are 'NO', please go to Section C**

2. a. Give details of type of financial or legal advice provided:

b. How many people provide it? Part-time: Full-time:

c. What is the qualification/background/experience of the people who provide it?

d. Approximate number of enquiries per annum?

3. a. Give details of type of counselling provided:

b. How many people provide it? Part-time: Full-time:

c. What is the qualification/background/experience of the people who provide it?

d. Approximate number of enquiries per annum?

Section B - Professional Services Continued

4. a. Where counselling or financial or legal advice is provided, give details of present procedures/guidelines which identify situations where the person being counselled/advised should be encouraged to seek independent professional advice:

- b. Where such independent advice is appropriate, is it the usual practice to recommend one or more named advisors?

Yes No

5. Give details of medical advice, diagnosis or treatment provided:

6. a. Give full details of other services (e.g. advice, information, assistance, design, training) provided:

- b. How many people provide it?

Part-time:

Full-time:

- c. What is the qualification/background/experience of the people who provide it?

Section C - Employee Fidelity (Optional extension of cover).

1. Do you require this cover?

Yes No

If 'NO', please proceed to Section D

2. Has there during the last 5 years been occasion to question the honesty of any Trustee/Employee/Volunteer to be insured?

Yes No

If 'YES', please give details:

3. Do all manually prepared cheques and other bank instruments drawn for more than £2500 require two manually applied signatures to be added after the amount has been inserted?

Yes No

If 'NO', what limit is applied:

Are your bankers advised accordingly?

Yes No

4. Is all the money received banked on the same or next banking day?

Yes No

5. Number of Employees

6. Wage roll for the last financial year

Section D - General

1. Has any insurer in respect of the risks to which this proposal relates ever declined a proposal, refused renewal or terminated insurance?

Yes No

If 'YES', please give details:

2. Has any claim which might have fallen within the scope of the proposed insurance been made during the last five years against the Charity, any of the Companies or any past or present Trustee?

Yes No

If 'YES', please give details:

3. Is the Charity, any of the Companies or any present Trustee aware, after enquiry, of any circumstance or incident which it or he/she has reason to suppose might result in any future claim which would fall within the scope of the proposed insurance?

Yes No

If 'YES', please give details:

4. Have you any of the following Insurances in force at present?

Yes No

If 'YES' please state:

TYPE OF INSURANCE	CURRENT LIMIT OF LIABILITY (£)	RENEWAL DATE	NAME OF INSURER
Trustee Liability			
Professional Indemnity			
Trustee Fidelity			
Employee Fidelity			

Important

Please read the following carefully before you sign and date the Declaration.

- The signing of this Proposal Form does not bind any proposer to effect insurance but the Proposal Form and any supporting information supplied shall be the basis of any resulting contract of insurance, and will be incorporated in the contract.
- All questions must be answered fully and truthfully to the best of the proposers' knowledge and belief. If the proposers consider that any questions require knowledge which they do not have they must indicate this in their answer.
- All material facts must be disclosed, including any which might arise or change between the date of this Proposal Form and the date of inception of any contract of insurance based upon this Proposal Form. Failure to do so may nullify any such contract. A material fact is one likely to influence acceptance or assessment of this Proposal; if the proposers are in any doubt as to what constitutes a material fact they should consult their broker.
- The proposers should retain a copy of this completed Proposal Form and all supporting information supplied.

Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare the above statements made by me/us or on my/our behalf are true and complete and will form part of the contract between me/us and the insurer. I/We agree to accept a policy in the insurer's usual form for this class of business.

Signature

Date

Print Name

On behalf of
(insert name
of Proposer)

Date

(signing this form does not bind the Proposer to complete the insurance)

We recommend that you keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this contract.

Please initial any alterations on this proposal form.