

The Insurance
Supermarket



Personal Touch Financial Services Ltd

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**Professional Indemnity Proposal Form – Charity and
Association Liability**

**Personal Touch Financial Services Ltd is authorised
and regulated by the Financial Services Authority**

CHARITY AND ASSOCIATION LIABILITY

1) Please state:

Name of the Charity/Association	
Address	
	Postcode
Establishment date	Charity number

2) Please state type of Charity (e.g. Trust, Limited Liability Company, Industrial/Provident Society, Unincorporated Association/Trust, Incorporated by Royal Charter)

3) Please state total number of:

Qualified staff		All other staff	
Voluntary staff engaged in charitable work other than fund raising			

4) Please supply full details of all persons acting as Governors, Trustees, Directors of the Company and/or Officers of the Charity:

Name	Position	Date commenced	Occupation

5) Please state the activities/purpose of the Charity/Association:

6) Do the Charity/Association's activities/purpose extend overseas?

YES NO

IF YES, please state where and in what manner:

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7) How are investments managed?

External professional managers		Directly by the Trustees	
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8) Has the Charity/Association changed any of its professional advisers in the past three years?

YES		NO	
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IF YES, please provide full details:

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9) (a) Are written references obtained in respect of employees responsible for the handling of monies?

YES		NO	
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(b) Has the Charity/Association suffered any loss during the past five years through fraud or dishonesty of any employee?

YES		NO	
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IF YES, please provide full details including date, circumstances and steps taken to prevent a recurrence:

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(c) Is any employee allowed to sign cheques on his/her signature alone?

YES		NO	
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IF YES, up to what amount?

£	
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(d) Are cash books, receipts, counterfoils and bank statements checked independently by a Governor/Trustee/Director/Officer at least monthly?

YES		NO	
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- 10) (a) Have any complaints concerning the Charity/Association been made to the Charity Commissioners?

YES NO

IF YES, please provide details:

- (b) Has the Charity/Association ever been, or is it currently, subject to an investigation by the Charity Commissioners or any other official Body or Institution?

YES NO

IF YES, please provide details:

- 11) Has Trustee liability insurance been carried during the last year?

YES NO

IF YES, please state:

Name of Insurers	
Name of Broker	
Renewal Date	
Limit of Indemnity	
Premium	
Excess	

- 12) Please state limit of indemnity required:

- 13) (a) In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal?

YES NO

- (b) Has any loss been suffered by the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal in respect of ANY of the risks to which this proposal relates?

YES NO

IF YES, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(e) What steps have been taken to prevent a recurrence?

14) Is any Trustee or person stated in Question 4 of this Proposal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

(i) give rise to a claim against or cause any loss to the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal?

YES NO

(ii) Has any proposal for similar insurance made on behalf of the Charity/Association, any predecessor or any past or present Trustee or person stated in Question 4 of this Proposal ever been declined or has any such insurance ever been cancelled or renewal refused?

YES NO

(iii) otherwise affect the consideration of this proposal for insurance?

YES NO

IF YES to any of the above, please give details:

Please read this paragraph carefully before signing the declaration:

It is essential that you, when seeking a quotation to take out or renew any insurance, disclose to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Governor/Trustee/Director/Officer:

Date:

A COPY OF YOUR LAST YEARS' ACCOUNTS MUST BE SUBMITTED WITH THIS PROPOSAL FORM

All questions must be answered fully, and those questions not relevant to you should be marked accordingly.
If there is insufficient space, please provide details on your letterhead.

A copy of this Proposal should be retained by you for your own records