

APPLICATION FORM

FOR CLUBS AND ASSOCIATIONS

IMPORTANT NOTICE TO THE APPLICANT

To apply for Trustee and Committee Members Liability Insurance, please fully complete the following Application Form. It is very important that the person completing the Application Form understands that full disclosures must be made on the basis of proper enquiries and that the Application Form applies to the "Applicant". The "Applicant" includes the Applicant Club or Association or Organisation and its Trustees, Officers, Directors and Committee Members individually.

ABOUT THE APPLICANT

(Please write in block capitals or cross the appropriate boxes as required)

1. APPLICANT NAME:

5. PERSON TO CONTACT:

2. WEBSITE & CONTACT EMAIL
ADDRESS:

6. CONTACT TELEPHONE NUMBER:

3. APPLICANT IS A:

- Unincorporated Club or Association
- Registered Charity or CIO
- Company Limited by Guarantee

7. REGISTRATION NUMBER:
(If applicable)

8. APPLICANT'S PRINCIPAL
ACTIVITY:

4. ADDRESS OF APPLICANT:
(Principal address must be in United Kingdom)

9. PROPOSED POLICY START DATE:
(12 month policy period assumed)

STATEMENTS

The statements below attach to the Policy if one is issued. Insurers rely upon the answers to these statements when deciding whether or not to offer insurance to the Applicant, and if so, on what terms. If the answer is NO to any of the following statements, Insurers will require further information before proceeding.

THE APPLICANT CAN CONFIRM THAT	YES	NO
10. The Applicant acts solely for the advancement of charitable purposes or the benefit of its members.	<input type="checkbox"/>	<input type="checkbox"/>
11. The Applicant's annual accounts are reviewed by a qualified accountant.	<input type="checkbox"/>	<input type="checkbox"/>
12. The Applicant is NOT part of, or a subsidiary of another Organisation.	<input type="checkbox"/>	<input type="checkbox"/>
13. The Applicant does NOT have any associated or subsidiary Company (ies).	<input type="checkbox"/>	<input type="checkbox"/>
14. The Applicant's activities take place exclusively in the UK or other EU member countries.	<input type="checkbox"/>	<input type="checkbox"/>
15. No activities under the Applicant's past, present or future management or ownership involve the provision of:	<input type="checkbox"/>	<input type="checkbox"/>
i) Financial or legal advice		
ii) Medical treatment or advice		
iii) Care services		
iv) Planning, regulatory or other professional advice		
16. The Applicant has procedures in place to control all incoming and outgoing monies and carries out checks at regular intervals to ensure all cheques and other outgoing funds have been properly drawn and correctly accounted for.	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS

17. The Applicant and its Trustees, Directors, Officers, Committee Members or Managers, are not aware of any claim(s) that have been made in the past, or any circumstance(s) that could give rise to a claim being made in the future, against the Applicant Organisation, or its Trustees, Directors, Officers, Committee Members or Managers involving the following: YES NO

- its employees or volunteers
- its customers or members
- its beneficiaries
- its former or current Trustees, Officers, Directors, committee members or beneficiaries
- Government authorities e.g. Charities Commission, HM Revenue & Customs, Department for Business, Enterprise and Regulatory Reform (formerly the Department of Trade and Industry)
- accountants, liquidators or receivers

or any other person or entity not mentioned above

Regardless of whether or not the claim(s) or circumstance(s) has been notified to a current or previous Insurer

SELECT LEVEL OF COVER

18. Applicant's Estimated Annual Turnover or Income

Select level of cover by:

£ _____

i) Identifying the Applicant's turnover

ii) Selecting the limit available

iii) Placing an X against the desired limit

	Limit (aggregate)	Fidelity Limit (aggregate)	X
Up to £100,000	£50,000	Not available	<input type="checkbox"/>
	£100,000	£5,000	<input type="checkbox"/>
Up to £1,000,000	£250,000	£25,000	<input type="checkbox"/>
	£500,000	£25,000	<input type="checkbox"/>
	£1,000,000	£50,000	<input type="checkbox"/>
Up to £2,000,000	£500,000	£25,000	<input type="checkbox"/>
	£1,000,000	£50,000	<input type="checkbox"/>
Above £2m	Insurers will require further information to provide a quotation		<input type="checkbox"/>

More information is attached to this Application Form

I would like my broker to contact me before completing my Policy

Similar to other professional insurances, the Angel Trustee and Committee Members Insurance Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurers during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important that you ensure that you have the cover that is right for you.

Angel Underwriting Limited is regulated by the Financial Services Authority (FSA). Further information about the FSA can be found on their website www.fsa.gov.uk and www.moneymadeclear.fsa.gov.uk.

DATA PROTECTION

By signing this Application Form the Applicant consents to the Insurer or its representatives using the information Insurers may hold about the Applicant for the purpose of providing insurance and handling claims and to process sensitive personal data about the Insured where this is necessary, in compliance with the provisions of the Data Protection Act 1998. This may necessitate providing such information to third parties.

MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by Insurers. If the Applicant is in any doubt as to what constitutes a material fact they should consult their insurance broker.

DECLARATION

The Applicant warrants to the best of his or her knowledge and belief that all the information contained in this Application Form is true and includes all material information. The Applicant warrants that if the information supplied herein changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify the Insurers of such change, and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Application on behalf of the Applicant.

Signature: _____

Print Name: _____

Title: _____

(Must be Chairperson or other Managing Trustee or Committee Member)

Dated: _____

Your broker details

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