

Management Risks Insurance for Third Sector Organisations

Note to the Applicant: Signing or completing this proposal does not bind the proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provided separately.

Policyholder Details

Policyholder:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Website address:	<input type="text"/>
Date policyholder established:	<input type="text"/>
Purpose of the policyholder and its subsidiaries:	<input type="text"/>
What is the legal structure of the policyholder?:	<input type="text"/>

Does the Policyholder, or any organisation or trust which will be insured under the policy:

- | | | |
|---|---------------------------|--------------------------|
| i. give advice or counselling? | <input type="radio"/> Yes | <input type="radio"/> No |
| ii. provide any health or medical services? | <input type="radio"/> Yes | <input type="radio"/> No |
| iii. carry out research activities? | <input type="radio"/> Yes | <input type="radio"/> No |

If 'Yes', please attach a statement of full details.

Please complete the 'General Information' section at the end and those sections of this proposal form for which cover is required.

Managers & Trustees Insurance and Organisation Insurance

1. During the last five years has the structure of the policyholder changed? Yes No

If 'Yes', please provide details.

2. Please state all registers, whether in the United Kingdom or abroad, which the policyholder is registered on (e.g. Charities Commission, Companies House, Registry of Friendly Societies kept by FCA).

3. Please give the total gross assets of the policyholder's subsidiaries domiciled in the United States of America:

\$

Employment Practices Insurance (only complete if this cover is required)

4. Please state the number of employees in the policyholder and its subsidiaries and where those employees are located:

United Kingdom	
USA	
Rest of World	
Total	

If cover is required for the USA, please complete the USA supplemental proposal form.

5. During the last 24 months has the policyholder or any of its subsidiaries made any redundancies, staff reductions or facility closures or do any of them anticipate or contemplate doing so in the next 12 months? Yes No

If 'Yes', please give details under separate attachment.

Employment Practices Insurance (continued)

6. Do the policyholder and its subsidiaries all have written procedures in place regarding:

- a. Discipline and termination of employment? Yes No
- b. Preventing discrimination and harassment? Yes No
- c. Handling complaints of harassment, including sexual harassment and discrimination? Yes No

If 'No' to any of the above, please give details of how this function is handled:

7. Please provide details of all employment lawsuits and proceedings (e.g. tribunal proceedings, court proceedings etc.) commenced during the past 3 years. Describe the type of allegation and defence costs or settlement for each.

Employee Crime, Crime using Computers and Social Engineering Crime (only to be answered if higher optional limits are selected for this cover).

8. Locations and employees of policyholder and its group:

	Locations	Employees
Total in the UK:		
Total Overseas:		
Total:		

Employee Crime, Crime using Computers and Social Engineering Crime (continued)

9. Do the policyholder and its subsidiaries all:

- a. have an established policy for checking the background of job candidates prior to their being offered employment? Yes No
- b. operate the principle of dual control regarding all payments, including the drawing and signing of cheques and use of electronic funds transfer? Yes No
- c. have a process in place where unusual payment instructions purporting to come from the senior management are followed up by call backs to senior management at a previously known and pre-designated phone number to confirm payment instructions and check authenticity? Yes No
- d. have a process in place where instructions to change bank account details, or to pay into a different bank account, purporting to come from vendors and suppliers are followed up by call backs to vendors and suppliers at a previously known and pre-designated phone number to confirm instructions to change bank account details and check authenticity? Yes No
- e. vet new suppliers? Yes No

Professional Liability (only complete if this cover is required)

10. Please describe the professional advice/services provided:

11a. What does the policyholder consider are significant potential risks associated with their field of work?

11b. How does the policyholder minimise these risks?

Professional Liability (continued)

12. Fee income/revenue for last two financial years

Year:	<input type="text"/>	Year:	<input type="text"/>
Fees:	<input type="text"/>	Fees:	<input type="text"/>

13. Are any fees derived from advice or services provided outside the UK or to customers domiciled outside the UK?

Yes No

If Yes, please provide details.

14. Does the policyholder require all consultants and sub-contractors to maintain professional indemnity insurance?

Yes No

15. Please provide details of the three largest contracts undertaken in the last 5 years:

Client Name	Date work started and completed	Total contract value	Fee Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional services provided			
<input type="text"/>			

Client Name	Date work started and completed	Total contract value	Fee Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional services provided			
<input type="text"/>			

Client Name	Date work started and completed	Total contract value	Fee Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional services provided			
<input type="text"/>			

General information

16. In the last 5 years, has any person or organisation to be insured by the policy given notice to an insurer of any liability claim (or circumstance which could give rise to a liability claim) or any other insured situation under any policy affording cover of the following type:

- | | | |
|--|---------------------------|--------------------------|
| Managers & Trustees Insurance | <input type="radio"/> Yes | <input type="radio"/> No |
| Organisation Insurance | <input type="radio"/> Yes | <input type="radio"/> No |
| Employment Practices Insurance | <input type="radio"/> Yes | <input type="radio"/> No |
| Employee Crime, Crime using Computers and Social Engineering Crime | <input type="radio"/> Yes | <input type="radio"/> No |
| Professional Liability | <input type="radio"/> Yes | <input type="radio"/> No |

If Yes, has been answered to 17 above, please attach a statement of full details.

17. After enquiry, is any person or organisation proposed for cover aware of any facts or circumstances which might lead to a valid claim by any insured under any part of the Policy which is sought or indicate the probability of such claim?

- Yes No

It is agreed that if known facts or circumstances exist any matter arising from them is excluded from the proposed cover.

Signature:

Date:

Name of Signatory:

Title of Signatory:

- Chairman of the Board CEO President

Warning It is important that, when applying for the Policy, the applicants tell the insurers all facts which are material to the insurance. A material fact is one which might influence the insurers in deciding whether to accept the application or on what terms to insure. If in any doubt as to whether a fact is material, then the applicants should disclose it. They should keep a record (including copies of all letters and forms) of all information supplied to the insurers.