

VOLUNTARY ORGANISATIONS INSURANCE POLICIES

arranged by

Keegan & Pennykid (Insurance Brokers) Ltd

50 Queen Street, Edinburgh, EH2 3NS. Tel: 0131 225 6005, Fax: 0131 226 3811

Email: mail@keegan-pennykid.com Website: www.keegan-pennykid.com

Members of the British Insurance & Investment Brokers Association

Member of the General Insurance Standards Council



Please complete in CAPITAL LETTERS in ink

Name of Organisation _____

Office Bearer _____ Tel. No. _____

Address of Organisation _____

_____ Post code _____

How long has your organisation been established? _____

Full description of activities

(Please supply a copy of your latest Report and Accounts together with any other literature about your organisation)

Period of Insurance _____ From _____ To _____

PROPERTY

1. Replacement cost as new of all furniture fixtures and fittings £
2. Replacement cost as new of all Electronic Equipment
a) at your premises £
b) away from your premises £
(i.e. laptop computers, mobile phones etc)
3. Business Files £
4. Stock £
5. Buildings/Tenants Improvements
(reinstatement cost including debris removal cost and professional fees) £

LIABILITY

1. Description of Employees & volunteers, supplied or hired or borrowed by the proposer	Number of volunteers	Number of employees	Annual Payment to employees
Clerical & Managerial and non-manual	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other (please indicate a split in these activities)	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Do you provide advice or information ? YES NO

3. What form does the advice or information take ? _____

4. Is advice or information provided for a fee ? YES NO

BUSINESS INTERRUPTION

Do not complete if proposing solely for a shop as cover is automatically included - see Schedule

1. Indicate indemnity period required 12/18/24 months _____
2. State estimated Gross Revenue £
3. Sum Insured if cover is to be limited to Additional Expenditure only £

GENERAL QUESTIONS

1. Are your premises in a good state of repair YES NO
2. Do any of the buildings that you occupy have walls that are not made of brick stone or concrete or roofs not made of slate tile concrete metal or asbestos? YES NO
3. Has your organisation previously held insurance? YES NO
4. Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? YES NO
5. Has any Director or Trustee been convicted of or is any prosecution pending for arson or any offence involving dishonesty of any kind, eg fraud, robbery, theft or handling of stolen goods? YES NO
6. Has any Director, Trustee or Office Bearer ever been declared bankrupt or insolvent? YES NO
7. Has your organisation incurred any loss destruction or damage or made any claims or had any claim made against it in the last 5 years? YES NO

If you have answered yes to questions 2-7 please provide details on a separate sheet

Do you require quotations for any of the following cover?

- | | | |
|------------------------------------------|-----|----|
| Theft by Employee | YES | NO |
| Personal Accident | YES | NO |
| Legal Expenses | YES | NO |
| Trustee Insurance | YES | NO |
| Counselling Services | YES | NO |
| Loss of No Claim Discount for Volunteers | YES | NO |

(If so please complete the appropriate additional proposal form)

IMPORTANT

Please read the following carefully before you sign and date the Declaration The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this proposal. However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk. Material information would include any special features of the risk which makes losses more likely to happen or more serious if they do. Please disclose on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not. Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid. You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

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 that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed. I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not the agent of Royal & Sun Alliance Insurance plc I/We declare that this Proposal Form is for insurance in the normal terms and conditions of the insurer's policy and shall be incorporated in and for part of the insurance contract.

Signature of Director/Trustee/Office Bearer _____ Date _____

The insurance will not commence until the Insurers have indicated their acceptance of the Proposal

The Insurers reserve the right to decline any Proposal

PLEASE INITIAL ANY ALTERATIONS ON THIS PROPOSAL FORM

Royal & SunAlliance Insurance plc Registered in England and Wales No. 93792.
Registered Office: St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL
Members of the Association of British Insurers.