

Trustee Indemnity and Organisational Liability Insurance FOR CHARITABLE AND NOT FOR PROFIT ORGANISATIONS

IMPORTANT NOTICE TO THE APPLICANT

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Applicant, and if so, on what terms. The Proposal Form applies to the "Applicant". The "Applicant" includes the Applicant Company, Charity, Association or Organisation and its Trustees, Officers, Directors and Committee Members individually.

SECTION 1 - ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

1.	Applicant Company Name, Charity Name or Organisation Name:	
2.	Applicant is a:	
	Registered Charity	
	Company Limited by Guarantee	
	Other Not for Profit Organisation (please specify)	
3.	Principal address: (also include any other office locations)	
4.	Date established:	
5.	Website & contact email address:	
6.	Person to contact about insurance and contact telephone number(s):	
7.	Company or charity registration number: (if applicable)	
8.	Applicant's principal activities:	
9.	Proposed inception date for policy:	



SECTION 2 – BUSINESS STATEMENTS

The Applicant can confirm that:				
10.	It is a	True False		
11.	It acts	True False		
12.	It is not registered as an Industrial and Provident Society, Friendly Society or other lending institution.			
13.	It has been in continuous operation for more than 12 months. True False			
14.	It has not acquired any other organisations or concerns since its last financial year end which have True False increased its total assets by 50% or more.			
15.	It has	no mergers or future acquisitions planned.	True False	
16.	No activities under the Applicant Organisation's past, present or planned future management or ownership involve any of the following:			
	i)	For Profit subsidiary or Associated Fundraising Companies	True False	
	ii)	Provisions of medical treatment, advice or diagnosis	True False	
	iii)	Provision of nursing or care services	True False	
	iv)	Provision of loans or extended credit	True False	
	v)	Provision of planning, regulatory or other legal advice	True False	
	vi)	Provision of advice or services for a fee	True False	
17.	7. The Applicant Company has NO subsidiaries, assets, directors, trustees or shareholders in the True ☐ False ☐ USA/Canada.			
If the response to statements 10 to 17 is False please provide details in the Additional Information Section.				

SECTION 3 – FINANCIAL STATEMENTS

18. Please provide the Applicant Organisation's turnover in each of the financial periods derived from clients based in each of the territories below:

Territory	Last Complete Financial Year Ended//20	Estimate for Current Financial Year Ending/20
ROI€		
UK - € equivalent		
USA/CAN - € equivalent		
Elsewhere* - £ equivalent		
Total £		

^{*} Provide details of turnover designated as elsewhere in the Additional Information Section.

SECTION 3 – FINANCIAL STATEMENTS

The Applicant can confirm that:			
19.	Its latest financial statements are prepared by a qualified accountant and are less than 18 months old.	True False	
20.	Its latest financial statements do NOT contain any qualification or concerns.	True False	
21.	It has sufficient funds to continue operating for the next 12 months.	True False	
22.	75% or more of all income for the last complete financial year was generated from the Republic of Ireland and other member states of the European Union.	True False	
23.	75% or more of all income for the current financial year is expected to be generated from the Republic of Ireland and other member states of the European Union.	True False	
24.	The Applicant Organisation 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.	True False	
If the	response to statements 19 to 24 is False please provide details in the Additional Information Section.		
0505	TION (FIRE COMENT DE ACTIONS STATEMENTS (OPTIONAL COMENS)		
SECT	ION 4 – EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)		
The A	Applicant can confirm that:		
25.	All the Applicant Organisation's employees* are based in the Republic of Ireland.	True False	
26.	The Applicant Organisation's total annual wages divided by its total number of employees* is €50,000 or less.	True False	
27.	The Applicant Organisation's total number of employees* is not expected to exceed 100 in the next 12 months.	True False	
28.	All the Applicant Organisation's existing and new employees* have a signed contract of employment.	True False	
29.	The Applicant Organisation has a written grievance procedure in place, which is communicated to all employees*.	True False	
30.	The Applicant Organisation is NOT currently undergoing or contemplating any involuntary redundancies or terminations.	True False	
31.	The Applicant Organisation has NOT dismissed any employee(s)* or made any redundancies in the last six months.	True False	
32.	The Applicant Organisation always consults with a human resources consultant, qualified employment consultant or a law firm specialising in employment law prior to the dismissal of any employee(s)*, making any employee(s)* redundant or carrying out any disciplinary action or suspension of an employee*.	True False	
	* Employees include part time, seasonal and volunteer workers.		
If the response to statements 25 to 32 is False please provide details in the Additional Information Section.			

SECTION 5 – CLAIMS INFORMATION STATEMENTS

The Applicant can confirm that:				
33.	3. The Applicant, or its Trustees, Directors, Officers, Committee Members or Managers, are NOT aware of any claim(s) that have been made in the past, or any circumstances(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:			
	• its employees or volun	teers		
	• its members			
	• its beneficiaries			
	its former or current Tr	ustees, Directors, members or b	eneficiaries	True Faise
	Government authorities	s accountants, liquidators or rece	eivers	
	or any other person or entit	y not mentioned above.		J
34.	against them or been the liquidators or receivers.	tors, Officers, Committee Members subject of an investigation be	y any government authorities,	accountants
	Regardless of whether or to a current or previous li	not the claim(s) or circumstansurer.	nce(s) was/is insured or has b	een notified
If the	roonanno ta atatamant 22 ar	24 in Falso places provide data	ille in the Additional Information	Caption
ii uie	response to statement 33 or	34 is False please provide deta	ilis III trie Additional Information	Section.
SECT	ION 6 – SELECT LEVEL OI	F COVER		
35.	Use the table below to sele	ct the level of cover required.		
rec qua	Angel Policyholders eive free legal advice from alified solicitors on matters ly to give rise to a claim.	THE ANGEL TRUSTEE POLICY (For Not for Profit Organisations)	PLUS ORGANISATIONAL LIABILITY (Entity, Professional and Fidelity)	PLUS EMPLOYMENT PRACTICES LIABILITY
RI	EQUESTED COVERAGE			
RI	EQUESTED LIMIT			
] €250,000	□ €1,000,000* □ €2,0	000,000*	☐ Other €
bot	h of which are available in		gel Risk Management website.	ent Significant Features document We recommend that appropriate
36.	Does the Applicant currentl	y have the same or similar insur	ance in place?	Yes ☐ No ☐
	If Yes please provide the fo	ollowing details:		
	Type of Cover:		Insurer:	
	Limit:		Renewal Date:	

ADDITIONAL INFORMATION		
Note: Additional information is subject to further consideration by the Insurer. Use	e separate sheet if necessary	
PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEF	ORE YOU SIGN THE DECLARATION	
Similar to other professional insurances, the Angel Trustee and Organisational Li 'claims made basis.' This means that the policy will only provide cover against the notified to the Insurers during the period of insurance. The nature and type of insurinsurer to insurer. It is therefore important the Applicant ensures the cover mee advice from their insurance broker.	ose claims or circumstances that are discovered and ance cover offered can vary from policy to policy and	
Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management Limited is a subsidiary of AX	gement is an intermediary which is authorised and Gracechurch Street, London, EC3V 0BG.	
DATA PROTECTION		
By signing this Proposal Form the Applicant consents to the Insurer or its representatives using the information Insurers may hole 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 2018 (DPA 2018). 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 undersigned declares on behalf of the Applicant that to the best of their knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal Form on behalf of the Applicant.		
☐ More information is attached to this Proposal Form		
Signature:	Dated:	
Print Name:	Position*:	

^{* (}Must be Chairman, Managing Partner, Managing Director or other Director responsible for insurance)