

Proposal Form 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	UK domiciled charity or not for profit organisation (including any subsidiaries).	True 🗌 False 🗌	
11.	It acts	solely for the advancement of charitable purposes or the benefit of its members.	True 🗌 False 🗌	
12.	It is n	ot registered as an Industrial and Provident Society, Friendly Society or other lending institution.	True 🗌 False 🗌	
13.	It has	been in continuous operation for more than 12 months.	True 🗌 False 🗌	
14.		not acquired any other organisations or concerns since its last financial year end which have used its total assets by 50% or more.	True 🗌 False 🗌	
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)	Working with vulnerable persons	True 🗌 False 🗌	
	v)	Provision of loans or extended credit	True 🗌 False 🗌	
	vi)	Provision of planning, regulatory or other legal advice	True 🗌 False 🗌	
	vii)	Provision of advice or services for a fee	True 🗌 False 🗌	
17.		Applicant Company has NO subsidiaries, assets, directors, trustees or shareholders in the Canada.	True 🗌 False 🗌	

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
UK £		
EU - £ equivalent		
USA/CAN - £ equivalent		
Elsewhere* - £ equivalent		
Total £		

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

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 United Kingdom 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 United Kingdom 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.			

SECTION 4 – EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)

The Applicant can confirm that:			
25.	All the Applicant Organisation's employees* are based in the United Kingdom.	True 🗌 False 🗌	
26.	None of the Applicant Organisation's employees* are permanently based in the London postcodes EC, WC or W1.	True 🗌 False 🗌	
27.	The Applicant Organisation's total annual wages divided by its total number of employees* is £50,000 or less.	True 🗌 False 🗌	
28.	The Applicant Organisation's total number of employees* is not expected to exceed 100 in the next 12 months.	True 🗌 False 🗌	
29.	All the Applicant Organisation's existing and new employees* have a signed contract of employment.	True 🗌 False 🗌	
30.	The Applicant Organisation has a written grievance procedure in place, which is communicated to all employees*.	True 🗌 False 🗌	
31.	The Applicant Organisation is NOT currently undergoing or contemplating any involuntary redundancies or terminations.	True 🗌 False 🗌	
32.	The Applicant Organisation has NOT dismissed any employee(s)* or made any redundancies in the last six months.	True 🗌 False 🗌	
33.	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 33 is False please provide details in the Additional Information Section.		

The Applicant can confirm that:

- 34. 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 volunteers
 - its members
 - its beneficiaries
 - its former or current Trustees, Directors, members or beneficiaries
 - Government authorities e.g. Charity Commission, HM Revenue & Customs, Department for Business, Enterprise and Regulatory Reform (formerly the Department of Trade and Industry)

True 🗌 False 🗌

• accountants, liquidators or receivers

or any other person or entity not mentioned above.

35. None of its Trustees, Directors, Officers, Committee Members or Managers have ever had a claim made True False against them or been the subject of an investigation by any government authorities, accountants liquidators or receivers.

Regardless of whether or not the claim(s) or circumstance(s) was/is insured or has been notified to a current or previous Insurer.

If the response to statement 34 to 35 is False please provide details in the Additional Information Section.

SECTION 6 – SELECT LEVEL OF COVER

36. Use the table below to select the level of cover required.				
All Angel Policyholders receive free legal advice from qualified solicitors on matters likely 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	
REQUESTED COVERAGE				
REQUESTED LIMIT				
□ £250,000 □ £500,000 □ £1,000,000* □ £2,000,000* □ £3,000,000* □ Other £			Other £	
* For further details of the cover available please refer to the full Policy wording and the current Significant Features document both of which are available in the Resource Centre of the Angel Risk Management website. We recommend that appropriate professional advice is sought before purchasing this or any other insurance product.				
37. Does the Applicant currently have the same or similar insurance in place? Yes 🗌 No 🗌				
If Yes please provide the following details:				
Type of Cover:		Insurer:		

Limit:

Renewal Date:

Note: Additional information is subject to further consideration by the Insurer. Use separate sheet if necessary		

PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION

Similar to other professional insurances, the Angel Trustee and Organisational Liability 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 the Applicant ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 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 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 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.

	ation is attached to this Proposal Porti		
Signature:		Dated:	
Print Name:		Position*:	

* (Must be Chairman, Managing Director or other Director responsible for insurance)

More information is attached to this Droposal Form