



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: _____
(12 month policy period assumed)

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 not 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. It has not acquired any other organisations or concerns since its last financial year end which have increased 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. The Applicant Company has NO subsidiaries, assets, directors, trustees or shareholders in the USA/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.*

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 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.

SECTION 5 – CLAIMS INFORMATION STATEMENTS

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)
- accountants, liquidators or receivers

} True False

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 against them or been the subject of an investigation by any government authorities, accountants liquidators or receivers.

True False

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.

<i>All Angel Policyholders receive free legal advice from qualified solicitors on matters likely to give rise to a claim.</i>	<u>THE ANGEL TRUSTEE POLICY</u> (For Not for Profit Organisations)	<u>PLUS ORGANISATIONAL LIABILITY</u> (Entity, Professional and Fidelity)	<u>PLUS EMPLOYMENT PRACTICES LIABILITY</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUESTED LIMIT			
<input type="checkbox"/> £250,000 <input type="checkbox"/> £500,000 <input type="checkbox"/> £1,000,000* <input type="checkbox"/> £2,000,000* <input type="checkbox"/> £3,000,000* <input type="checkbox"/> 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: _____

