

Charity Assured Choice - Quotation Form

Your Organisation

Name of organisation, management committee
or responsible body:

Year established:

Employee reference number:

Insurance to start from:

Correspondence Address:

Post code:

County:

Contact Name:

Telephone:

Email:

Charity Aims and Activities

Please fully describe the aims of your organisation and explain all activities and services it's involved in. Please provide as much detail as possible.

Do you arrange any one of the following Special Events, for which cover is required? List events as follows; Agricultural Shows, Dances, Fashion Shows, Field Sports/Trials, Fun Runs, Gymkhanas, Horse Drawn Vehicle Displays, Horse Driving Events, Sponsored Walks, Theatre Shows, Traction Engine Rallies, Wind Ensemble and Brass Band Concerts.

Please use the space provided at the end of this document if necessary

Email: enquiries@bhibaffinities.co.uk Telephone: 0330 013 0036

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Registered Office: AGM House, Barton Close, Grove Park, Enderby, Leicester, LE19 1SJ

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Mandatory Covers

- Public Liability • Personal Accident • Money • Employers Liability • Legal Expenses

Number of Registered Voluntary Workers & Committee Members –

Number of paid Employees & Committee Members –

Please Provide the Annual Wage roll –

Clerical Wage Roll –

Number of Home Security persons /Carpenters –

Full Time Domiciliary Assistants -

Full Time Handy Persons -

Part Time Domiciliary Assistants -

Part Time Handy Persons -

Domiciliary Assistants Estimated Wage roll –

Are you involved in the Shop Mobility scheme?

Yes

No

Do you operate bouncy castles?

Yes

No

Optional Covers

- Property Damage
- Increased Cost of working
- Personal Accident Other users of premises
- Money in Meters
- All Risks
- Fidelity Guarantee
- No Claims Bonus/Application of Excess
- Additional Attendees Extension
- Employment Contract Disputes

Risk Address:

Post code:

County:

Is this the Head Office address?

Yes

No

Is this property a retail shop?

Yes

No

If yes please answer questions on page 7
skipping pages 5&6

What is the construction of the external walls?

E.g Bricks or Timber

What is the construction of any party walls?

What is the construction of the roof?

E.g Tile or Ashfelt

What form of heating is used?

Are there any other occupants of the building?

Yes

No

If Yes, please advise details of the other
occupants' trades and processes –

On what floor are you situated –

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Please describe details of locks installed at the premises –

Please describe details of any additional security applied to accessible windows to the premises –

- | | | |
|---|------------------------------|-----------------------------|
| Is the property unoccupied? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the property situated in an area prone to flooding, or designated a potential flood risk area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the property showing any signs of damage due to subsidence, heave or landslip, or are any neighbouring properties affected by such damage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the property a Portacabin? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you wish to insure Buildings at this location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require cover for Contents including Computers, at this location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require additional cover for the deterioration of frozen food at this location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require cover for Glass and/or Sanitary Ware at this location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require Increased Cost of Working cover at this location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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Buildings Sum Insured

£

Do you wish to add Tenants Improvements?

Yes

No

Tenants Improvements Sum Insured

£

Is Subsidence cover required?

Yes

No

Do you require cover for the Loss of up to 12 months Rent?

Yes

No

Loss of Rent Sum Insured (12 Months)

£

Contents including Computers – Sum Insured

£

Please indicate the value of all computers and Computer equipment included within the above Sum Insured

£

Do you wish to extend to include Contents and Computers in the homes of workers?

Yes

No

Home Workers Contents Sum Insured

£

Frozen Food Sum Insured

£

Cover up to £500 is included free of charge. Please only use this extension if a higher Sum insured is required

Glass and Sanitary Ware Sum Insured

£

Cover for Glass and/or Sanitary Ware is automatically included where you have already selected Buildings cover

Increased Cost of Working Sum Insured

£

Do you require increased Personal Accident Benefits?

Yes

No

The policy provides one unit of cover as standard at no extra cost. You may select an additional one or two units of cover here.

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Please indicate the number of additional units of cover required

1 Unit 2 Units

Do you require Public Liability cover for other users of your premises?

Yes No

Cover extension applies to non commercial organisations or individuals only

Do you require cover for loss of money from meters installed at your premises?

Yes No

Please indicate the number of premises to which this extension is to apply

Limit required?

£100 £150

Do you require All Risks cover for contents and equipment whilst away from your own premises?

Yes No

If yes please full out the following questions and insert a sum insured if required

Stock/Publications	
Exhibition Equipment/Materials	
General Contents	
Electronic Office Equipment	
Photographic Equipment	
Video/Camcorder Equipment	
PC's & Laptops	
Wheelchairs & Scooters	
Gardening Equipment	
Mobile Phones	

Do you require Fidelity Guarantee cover?

Yes No

The maximum standard limit available is £80,000. If higher limits are required please indicate the limit required in the below.

Please indicate the Limit of Indemnity required -

Please advise the number of full time employees -

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Please advise the number of part time employees –

	Declarations	Yes	No
A	Are 3 years written references obtained from previous employers for all employees?		
B	Do all cheques have joint signatories added after the amount is inserted?		
C	Will all money be banked at least weekly?		
D	Will all money be reconciled at least monthly independently of employees' handling records?		
E	Will all petty cash and unpaid wages be independently checked at least monthly?		
F	Will all wages lists be checked for fictitious names and inflated amounts?		
G	When cheques are signed are supporting documents supplied and checked?		
H	Will there be an independent physical stock check on at least a monthly basis?		

Please provide additional details, where known, in relation to each of the questions answered 'no' above. If details are unknown, please type 'Not Known'.

Do you require No Claims Bonus/Application of Excess? Yes No

Please provide the number of drivers to - whom the extension will apply

Do you require Additional Attendees cover? Yes No

Please select the number of additional attendees for whom personal effects cover is required (not including volunteers or employees)

1-50 51-100
101-250 251-500
Over 500

Do you wish to extend the Legal Expenses section to include Employment Contract Disputes? Yes No

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RETAIL SHOP QUESTIONS

Do you wish to insure retail Shops Buildings at this location? Yes No

If yes please answer the following questions

Buildings Sum Insured -

Do you wish to add Tenants Improvements? Yes No

Tenants Improvements Sum Insured -

Is Subsidence cover required? Yes No

Do you require cover for the Loss of up to 12 months Rent? Yes No

Loss of Rent Sum Insured (12 Months) -

Retail Shops contents cover if required -

Do you wish to increase the Retail Shops Loss of Profits Sum Insured?

Automaticly provides twice the Contents sum insured, please enter a higher value if required.

Do you wish to cover Retail Shops Goods in Transit up to £1000? Yes No

Please note that cover is limited to £500 in respect of spirits, tobacco products and video tapes.

If you have other properties you would like to insure, please find spare sheet at the end of this document

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General Questions

Have you or any partner, principle or director

Been subject to any county court judgements or sheriff court decrees? Yes No

If yes please provide extensive details

Had any insurer decline or refuse to renew any of these insurances? Yes No

If yes please provide extensive details

Been convicted/charged/cautioned in respect of any criminal offence? Yes No

If yes please provide extensive details

Been declared bankrupt or been disqualified from being a company director? Yes No

If yes please provide extensive details

Claims Information

Please detail any claims or losses in the past 3 years, whether insured or not

Date of Loss	Claim Information	Amount Paid	Amount Outstanding if applicable

End of quotation document
Thank you for taking the time to fill in this form

The below space is for any additional property cover required

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