



# PROPOSAL FOR INSURANCE

RETURN TO JENNIE LANE, COMMUNITY FIRST, WYNDHAMS, ST JOSEPH'S PLACE, DEVIZES, WILTS SN10 1DD  
Please complete this form in conjunction with the Summary of Insurance which can be found on the above website.

## 1. Your details

Name of organisation .....  
Contact name ..... Address for correspondence.....  
.....  
Telephone ..... Email.....

## 2. Your village hall / community building

Name and address of the premises to be insured .....  
..... Post code .....

Renewal date .....

**Main building** reinstatement value £.....  
Full construction details of walls & roof e.g. brick or timber built, roofed with slates or asphalt

**Ancillary building** (ie separate but on the same site) re-instatement value £.....  
Full construction details of walls & roof e.g. brick or timber built, roofed with slates or asphalt

**Other buildings** re-instatement value £ and construction details .....

**Contents** [tables, chairs, etc.] replacement value to be insured:

Main £..... Ancillary £..... Other £.....

**Other property** occasionally (eg trophies) or permanently (benches, swings, slides) out of the building £.....

## 3. Quotes for cover in addition to property (see summary of insurance for further details)

Public Liability £6,000,000	YES	NO
Employers Liability £10,000,000	YES	NO
Hirers liability £2,000,000 Property limit £1M [ad hoc community groups & individuals]	YES	NO
Money £250	YES	NO
Fidelity guarantee £25,000	YES	NO
Libel and slander £250,000	YES	NO
Personal Accident – committee members, capital sum £20,000/ weekly sum £100	YES	NO
Trustee Indemnity £500,000	YES	NO

Is Loss of Revenue cover required? Yes/No. If so ,annual revenue £.....

**4. Please provide full details of all claims/ losses over the last five years**

Have any losses arisen from land heave or subsidence at any time? Please give details on a separate sheet if this is the case

**5. Other information**  
**Responsibilities and activities**

In addition to your role as a provider of a community building, please note here any other activities or services you undertake [such as a fireworks display, fete, trips out] or areas of responsibility [such as playing fields, play equipment ,skate parks]

**Trustees Indemnity**

If this cover is required we will assume that your legal work and investment management [if anything other than placing money in a bank or building society] are carried out by outside professionals.

If this is not the case, please advise details

**Employers Liability**

Where you have employees please let us know the annual wage roll if it exceeds £20,000. Please then split the wage roll between clerical and non clerical staff.

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief

- the premises will be maintained in good order and repair and are not specially exposed to any of the covers for which insurance is required.
- the statements made by me/us or on my/our behalf are to the best of my/our knowledge and belief true and complete

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Zurich Insurance Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature .....  
(Chairman or other authorised member)

For and on behalf of ..... Date: .....

Signing this form does not bind the Proposor to complete the insurance.

Please complete this form in conjunction with the Summary of Insurance which can be found on the Village Halls Plus Group website:  
[www.villagehallinsurance.com](http://www.villagehallinsurance.com)  
Please contact Jennie Lane at the address below should you wish to receive a hard copy