


Community First

Combined Insurance Proposal Form

Community First in partnership with Zurich have been insuring village halls and playing field associations for over a decade and are considered experts within their field. Zurich in-house claims handling means we are with you from start to finish. If you require any assistance in completing this form please do not hesitate to contact us.

 Please provide a full answer to every question. Where there is insufficient space to answer a question please enclose additional sheets. Please note that the completion and submission of this form does not bind you or us to enter into a contract of insurance.

You understand that you must make a fair presentation of the risk to us when completing this form and at inception, renewal and whenever you request changes to your policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by the policy in a clear and accessible manner and must not misrepresent any material facts. A material fact is one which would influence our acceptance or assessment of the risk. If you have any doubt about facts considered material, it is in your interest to disclose them.

If you do not make a fair presentation of the risk the policy may be avoided, written on different terms or a higher premium may be charged, depending on the circumstances of the failure to present the risk fairly.

Cover requirements

Please confirm what sections of cover you require:

- Buildings** including cover for outbuildings Yes No
- Contents** to cover items kept within the buildings – items taken out of the buildings or kept outdoors should be detailed individually Yes No
- Computer** to cover laptops, other computer equipment and data recovery Yes No
- Loss of Revenue** to cover for loss of income following an insured loss Yes No
- If Yes to Loss of Revenue what Indemnity Period do you require? 12 months 24 months
- Employers' Liability** to cover injury to paid employees Yes No

No. of full time manual workers

No. of part time manual workers
- Public Liability** for injury or damage to third parties, volunteers or their property. This has a £10m Limit of Indemnity as standard Yes No
- Do you have any outdoor play equipment, skateparks, playing fields, etc. Yes No
- Motor** to cover any minibus or van owned by the Hall/PFA Yes No
- Money** to cover against the loss of money/cheques Yes No

Financial and Administration Liability

Employee Dishonesty – to cover for fraudulent acts of committee members or employees

Yes No

Sum Guaranteed required

£25,000 £50,000

Trustees' Indemnity – to cover for Trustees failing in their management responsibilities

Yes No

Libel and Slander for cover against accusations of defamation

Yes No

Personal Accident to cover committee members for injuries sustained which are not as a result of your negligence

Yes No

Legal Expenses to cover a range of legal defence costs

Yes No

General questions

Name of management committee

Primary contact name

Contact telephone number

Contact email address

Correspondence address

Total annual income £

Your activities

This policy will **automatically cover** the management, maintenance and hire of the hall and for special fundraising **events** with up to 750 people attending.

Larger events or events with inflatable play equipment or firework displays will need to be notified to us.

Do you provide any other activities which you organise yourselves?

Yes No

Do you have a recreation area or playground with play equipment that you are responsible for?

Yes No

Buildings insurance

Risk/property address

Postcode

Please confirm the value (as new) of the Building/Outbuilding(s)

Building £

Outbuilding 1 (if applicable) £

Outbuilding 2 (if applicable) £

Is the building standard construction (brick, stone, slate or tile)?

If the building is non-standard construction, please provide the percentage of the building that is non-standard

%

Have you had any incidences of subsidence, landslip or heave?

Yes No

Contents insurance

Please confirm the value (as new) of the Contents, which are items kept within the buildings such as tables, chairs, computers, indoor equipment etc.

Main building	£
Outbuilding 1 (if applicable)	£
Outbuilding 2 (if applicable)	£

Please confirm details of the items which are temporarily taken out of the premises (such as sports equipment, trophies etc.) or items which are permanently kept outside of the buildings (such as outdoor play equipment) if any:

Description of items	Value
	£
	£
	£
	£
	£

Do you have any ride-on mowers, forklift trucks or other motorised vehicles which are **not** licensed for road use or road registered?

Yes No

If Yes, please provide details and value:

	£
	£
	£

N.B. Please note that equipment which is licensed or registered for road use must have valid Motor insurance cover. This can be provided under a separate policy by speaking to your Community First representative.

Playground equipment

If you are responsible for play equipment in children's playgrounds, please indicate the number of items you are responsible for e.g. one roundabout and one see-saw would be 'two' items.

Skatepark/BMX tracks

If you are responsible for any skateparks or BMX tracks, please indicate the number of items you are responsible for e.g. one half pipe and one rail would be 'two' items.

Your employees and volunteers

Do you have any paid employees?

Yes No

Are you PAYE exempt?

Yes No

Some organisations with employees do not have a PAYE (usually where the employer pays all their employees below the PAYE threshold of £503.00 monthly).

If No, please provide your ERN/PAYE number:

ERN/PAYE number:

Wages and salaries	Number	Salary bill
Admin/clerical		£
Non-clerical		£
Manual		£
Other – please specify		£

Number of Trustees:

Data Protection Statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN11AP.

Declaration

Important. I/we declare that the statement and particulars in this proposal are true and complete. I/we have made a fair presentation of the risk and have not misrepresented or suppressed any material facts after full enquiry of relevant parties within my/our organisation. I/we agree to the contract of insurance being prepared using the information I/we have supplied in this form, along with any associated information I/we have supplied. I/we shall inform you of any material alteration to those facts and/or the information supplied before completion of the contract of insurance.

Signed

Date

D	D	M	M	Y	Y	Y	Y
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Name _____

Capacity _____

Zurich Insurance Company Ltd

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