

Pound Gates Nursery Insurance

Application Form (Version: January 2017)

To Ecclesiastical Insurance Office Plc, Beaufort House, Brunswick Road, Gloucester GL1 1JZ.

You have a duty to present us with a fair presentation of the risks to be insured and must disclose every material circumstance which you know or ought to know about such risks. You do not need to disclose circumstances which reduce the risk or those which the Company already knows or ought to know. If you breach your duty to provide a fair presentation of the risks to be insured, the policy could be cancelled or terms changed in accordance with the policy conditions.

Please complete in BLOCK CAPITALS and tick where indicated.

Applicant details

1 Name of applicant(s).

Please clearly define all parties to be insured identifying any holding/subsidiary company relationships.

2 Name of establishment to be insured.

3 Company registration number, if limited company

4 Full address of premises to be insured.

If there is more than one premises to be insured, please complete an additional application form.

Postcode	Telephone
----------	-----------

5 Postal address.

Postcode	Telephone
Email	Website

6 Current insurers

Current premium

Where did you hear about Pound Gates?

Underwritten by



01473 346 118
www.poundgateschildcare.com

7 Are you a member of the National Day Nurseries Association (NDNA)?Yes No

If yes, please give your membership number.

8 Maximum number of nursery children.

(excluding out of school clubs/holiday scheme children)

9 Does the business cater for children with special needs or who are registered with a disability?Yes No

If 'Yes', please give details.

10 Out-of-school clubs and holiday schemes.**(a) Please complete the following table.**

	Location (if not 'main premises' state full address)	Maximum number of children	Age range	Number of supervisors
Out-of-school clubs				
Holiday schemes				

(b) Is the out-of-school club or holiday scheme run as part of the existing business under the same trading name?Yes No

If 'No', please give details of any other companies/businesses involved.

(c) Are all of the children regular users of the main day nursery?Yes No

If 'No', please give full details.

(d) Are the staff who run the out-of-school club or holiday scheme also employed at the main day nursery?Yes No

If 'No', please give full details.

(e) What activities are provided for the children at the out-of-school club or holiday scheme?

Please give full details.

11 Your business.

It is most important that you give us a complete picture of your business and the activities that are carried out. Use the following space to tell us about your business. Include details of any residential care offered, facilities for children who are registered with a disability, or special activities undertaken outside the premises.

12 Registration of the nursery

(a) Please name the authority or authorities under which the nursery is registered and provide details of any outstanding requirements.

Authority

Date of registration

Registration number

Outstanding requirements?

Date given for completion of requirements

(b) Have there been objections to any applications for registration or any complaints lodged with the registration authority in respect of your business? Yes No

(c) Do you know of any reasons why there might be objections to future applications or to the continuation of your certificate? Yes No

If 'Yes' to (b) or (c) please give details.

13 Please state the length of time the business has been operating under your management at:

(a) this premises?

(b) any other premises?

14 Is the business a registered charity? Yes No

15 Date upon which the insurance is to commence.

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.

Property damage (standard)

1 Are the premises (excluding outbuildings) constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal?

Yes

No

If 'No', please give details.

2 Please give details of the construction and security of any outbuildings to be insured.

3 Are the premises at least 200 metres away from any natural or man-made watercourse or the sea?

Yes

No

If 'No', please give details.

4 Are the premises listed?

Yes

No

If 'Yes', please state.

Grade I

Grade II

Grade II*

Other

5 Inflation protection.

The standard policy includes index-linking of your buildings and contents sums insured.

For a small extra charge you may choose the alternative 'Day One' method of inflation protection which provides you with a specified uplift of the sums insured.

This is especially relevant if your buildings may take an extended time to re-build because of planning or other issues, please tick the relevant increase you require.

15%

25%

Not required

6 Sums to be insured.

(a) Buildings.

£

This declared value is the cost of rebuilding the insured property – not the market value.

This sum should include landlord's fixtures and fittings including fixed glass and sanitary fixtures, outbuildings, storage tanks, walls, gates and fences, yards, car parks, roads and pavements, artificial playing surfaces, swimming pools and associated apparatus and the following items fixed to the buildings: - wind turbines*, solar panels* and photovoltaic panels*.

The Declared value should represent the full rebuilding costs including an allowance for VAT if appropriate, architects' and surveyors' fees, legal charges, debris removal and the cost of meeting public authority requirements.

**Cover for these items fixed to the building is subject to a limit of £20,000 in the aggregate in any one period of insurance.*

7 Subsidence risk

Note: it may be necessary to complete a separate subsidence questionnaire.

(a) Is the property currently insured against subsidence, heave, landslip or settlement?

Yes No

(b) Has the property or any part of it ever been affected by movement of any kind (for example subsidence, heave, landslip or settlement), been underpinned or provided with other means of structural support or situated on made-up ground, underground workings or within 200 metres of a cliff?

Yes No

If 'Yes' to (b), please give details.

Business interruption (standard)

Standard revenue cover of £500,000 is provided with a 12 month indemnity period.

1 Do you require a higher sum insured?

This should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating e.g. the cost of food and drink etc. If your selected indemnity period is greater than 12 months, increase the sum insured in proportion remembering to allow for factors such as increases in fees and expansion of the business.

2 Do you require a different indemnity period?

18 months 24 months 36 months other please specify

Note: The indemnity period should represent the time it would take to get your business back to normal trading after a loss.

Terrorism (optional)

1 For premises located in England, Wales or Scotland (excluding property located in the Channel Islands, Isle of Man and Northern Ireland) do you require cover for terrorist damage including cover for Business interruption?

Yes No

If 'Yes', complete question 2 & 3 as follows. If 'No', please proceed to the Loss of registration section.

2 Please confirm that all property you insure, whether under this policy or any other policy, is or will be insured for terrorist damage.

Yes No

2 Employer Reference Number

Please provide the Employer Reference Number (ERN) for your business (the ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer). Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.

If you do not have an ERN, please confirm that you are exempt from holding one.

Yes

Professional indemnity/Directors and Officers liability (standard)**1 The standard limit of indemnity for Professional indemnity is £100,000**

Please tick if a higher limit of indemnity is required

£250,000

£500,000

£1m

2 Do you currently have professional indemnity insurance in force?

Yes

No

If 'Yes' please advise the following:

Current renewal date

Number of years cover has been continuously in force

Limit of Indemnity

Retroactive expiry date

3 The standard limit of indemnity for Directors and officers liability is £25,000

Is a higher limit of £100,000 required?

Yes

No

4 Have any claims been made against you or any of your governors, trustees, directors, principals or members of the senior management team during the last 5 years?

Yes

No

5 Are you aware (after making enquiries of your governors, trustees, directors, principals or members of the senior management team or those acting in that capacity) of any circumstances which might lead to a claim against the nursery or any party to be insured under the proposed insurance?

Yes

No

If you have answered "yes" to Q4 or Q5, please provide details:

Date of claim/ circumstance	Details of claim/ circumstance	Amount paid or reserved (£)	Status of claim circumstance (open or closed)	Actions taken to prevent recurrence

6 Does the nursery provide any professional services to third parties such as counselling, financial, legal or medical advice (free of charge or otherwise – e.g. part of a Children’s Centre) other than of an incidental nature which would be considered an everyday feature of a nursery? Yes No

7 In relation to the applicant Shareholding, please confirm and identify

(a) the total number of shareholders

(b) How many are Directors and Officers?

(c) How many are not Directors and Officers?

8 Are you aware of any debts that you will not be able to pay as they fall due? Yes No

9 In the latest Annual Report & Accounts, has the auditor, (if applicable) issued a qualified, adverse or disclaimer of opinion or notes regarding your organisation’s ability to continue your business viably? Yes No

10 Do the annual accounts for the most recent accounting period show a net loss before tax or a deficit of income over expenditure that was not budgeted for? Yes No

If you have answered yes to any of the questions 8-10, please attach a copy of your annual report/latest accounts

Commercial legal protection (standard)

Cover is provided by ARAG plc and is underwritten by Brit Syndicate 2987 at Lloyd's.

(b) are you aware of any circumstances which might give rise to a claim?

Yes No

If 'Yes', please give details.

2 Have the premises or the site previously suffered from flooding, however caused?

Yes No

If 'Yes', please give details.

General questions

1 In respect of the risks and covers to be insured has any insurer declined to issue or renew, or cancelled or avoided a policy for your business or any party to be insured under this policy or imposed any special terms whether at these premises or elsewhere?

Yes No

2 Are you the sole occupant of the premises?

Yes No

If no, please give full details.

3 (a) Are all the premises to be insured being used for the purpose of your business?

Yes No

If 'No', please give details.

(b) Are any of the premises or part of the premises hired out?

Yes No

If 'Yes', please give details.

(c) Are any additional activities carried out by you or other parties? Please include details of any hazardous activities, such as horse riding, go-karting use of bouncy castle, swimming lessons, use of a swimming pool or fireworks displays?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details.

(d) If you are engaged in any hazardous activities, do you always:

(i) use a specialist service provider?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) check that the service provider has public liability insurance in force at the time of the event with a limit of indemnity no less than that sought under this insurance and which includes an 'Indemnity to principal' extension?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(e) Are any activities away from the premises, other than trips to park or other local amenities planned for the next 12 months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details of types of locations within the United Kingdom and abroad, the countries concerned, the approximate periods and the numbers of children/staff involved.

4 Is there a documented procedure to ensure all activities are supervised and managed by personnel who are competent and qualified? This includes third parties as well as staff and volunteers.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

5 (a) Do you have a documented Fire Risk Assessment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) If 'Yes', is this reviewed annually?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

6 Has the fire authority inspected the premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', have you completed all the fire authority requirements?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7 (a) Are the premises protected by an intruder alarm?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) Are the premises protected by a fire alarm?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' to either (a) or (b), please give details.

8 Please detail if you have any resident members of staff including a caretaker who live on the premises?

9 What checks/precautions are undertaken on the premises during holiday periods?

10 Have you previously traded under another name?

Yes No

If 'Yes', please give details.

11 (a) Are the premises in a good state of repair?

Yes No

(b) Is there a documented programme of preventative buildings maintenance?

Yes No

12 (a) Is there an agreed method to ensure competent and qualified contractors are employed for building work including maintenance?

Yes No

(b) Do you ensure a Hot Works Permit system is in place and operated during building works?

Yes No

13 (a) Are you responsible, i.e. under the lease or if you are the owner of the premises for the removal of asbestos?

Yes No

(b) If 'Yes', do you ensure any asbestos is professionally removed?

Yes No

(c) And where asbestos has been present, do you ensure an asbestos management survey is completed by a competent and qualified person?

Yes No

14 (a) Has an electrical inspection been carried out within the last 5 years? Yes No

(b) If 'Yes', did this result in a satisfactory grade? Yes No

15 (a) Is there a programme for testing portable electrical appliances? Yes No

(b) If 'Yes', are records of such tests maintained? Yes No

16 (a) Do you have an inspection contract in place with a bona fide inspection company for all relevant plant and machinery such as lifts? Yes No

(b) If 'Yes', do you ensure any improvements required following an inspection are completed? Yes No

17 (a) Do you have an accident book for recording all details of incidents which cause personal injury? Yes No

(b) Are procedures in place to ensure employees/volunteers understand the requirement to report accidents? Yes No

18 (a) Are written references taken up for all staff? Yes No

(b) For all of your personnel, do you undertake appropriate criminal record checks? Yes No

If 'No', please provide details.

(c) What additional checks are undertaken when engaging potential employees/volunteers (verification of qualifications and previous experience, credit checks etc)?

19 Is there a policy to safeguard children which is reviewed and updated annually? Yes No

20 (a) Is there a documented procedure to ensure that all staff have completed and understood training that has been delivered to them taking into account factors such as experience, capability and language? Yes No

(b) Are signed training records by trainers/trainees retained on an indefinite basis? Yes No

21

(a) Are there annually reviewed documented Health and Safety policy and procedures in place?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

(b) If 'Yes', are these cascaded to all staff including volunteers?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

22

(a) Has any sanction, penalty or corrective action been imposed within the last 5 years as a result of an investigation of the organisation by any regulatory or professional body such as the Health & Safety Executive or Ofsted?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

(b) Have you or any principal, governor, director, employee or representative ever been prosecuted under the Factories Act or any similar legislation?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

23

Have you or any director or partner, governor, trustee, manager or member of the senior management team ever:

(a) been convicted of any criminal offence other than a driving offence or have any non-motoring prosecutions pending? You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974.

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

(c) been subject to any disciplinary or regulatory enquiry or proceeding or incurred any fines, penalties or other sanctions by a governmental, regulatory or professional body?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

(d) had any County Court Judgments made:

(i) against you in a personal capacity?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

(ii) against any company, business or firm in which any of you have been involved as a director or partner or in a similar capacity?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

If 'Yes', to any of the above please give details.

24 Disclosure of additional material circumstances.

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

25 Have you been supplied with a summary of cover in respect of this insurance?Yes No

Additional information

A large rectangular area with a light gray border, containing 25 horizontal lines for writing additional information.

Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless your business is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

Fraud prevention

We may check your details with various fraud prevention and credit reference agencies. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. If you make a claim, we will share your information (where necessary) with other companies to prevent fraudulent claims. For further information please refer to our Privacy Policy at www.ecclesiastical.com/privacypolicy

How we will use your data

We hold data in accordance with the Data Protection Act 1998. It may be necessary for us to pass data to other organisations that supply products and services for this policy.

Declaration

This declaration must be signed and dated. The person(s) signing below must be authorised to sign on behalf of all Insured parties.

I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.

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

Name

Signature

Position

Date

Name

Signature

Position

Date

For further information please speak to
your insurance broker or Pound Gates
& Co Ltd on 01473 346118.

Or visit us at

www.poundgateschildcare.com

Underwritten by



01473 346 118
www.poundgateschildcare.com

Pound Gates St Vincent House, 1 Cutler Street, Ipswich, Suffolk, IP1 1UQ
Pound Gates & Co Ltd, trading as Pound Gates, is authorised and regulated by the
Financial Conduct Authority, and is an ISO and Investor in People accredited company

Ecclesiastical Insurance Office plc Reg. No.24869 is registered in England at Beaufort House, Brunswick Road, Gloucester, GL11JZ, UK and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority