

## 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
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**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](http://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
<b>Out-of-school clubs</b>				
<b>Holiday schemes</b>				

**(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 Does the property have a Flat Roof?**

 Yes

 No

If 'Yes' approximately what percentage is flat?

- 4 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.

  


- 5 Are the premises listed?**

 Yes

 No

If 'Yes', please state.

Grade I

Grade II

Grade II\*

Other

- 6 Please provide name and address of any party with a financial interest in the property to be insured (ie. Bank, Mortgage Company, Landlord, Leasing Company etc)**

  
  


- 7 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

**8 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.*

**(b) Contents.**

Contents belonging to the business or entrusted to you including fixtures and fittings, tenants improvements, visual aids, office equipment, computers and musical instruments.

The personal belongings of the following is included within the contents cover and the sum insured should make an allowance if appropriate.

Directors, trustees, officials, partners, governors and employees	£2,500 per person
Visitors	£500 per person
Nursery children	£100 per child

Groundsperson's machines and equipment are covered up to a limit of £5,000 in any one period of insurance. If this is insufficient, please let us know what sum insured you require.

£

Tenant's improvements

£

All other contents

£

**(c) Additional limits**

(i) Canopies and sunshades. These will be covered up to £20,000 in the aggregate in any one period of insurance as part of the limit for fixtures to the exterior of the buildings or unfixed equipment in the grounds of the premises. If this is insufficient, please let us know what sum insured you require.

£

(ii) Fixed and unfixed play equipment is covered up to £20,000 in the aggregate in any one period of insurance as part of the limit for fixed and unfixed equipment in the grounds of the premises. If this is insufficient, please let us know what sum insured you require.

£

**(d) Property away from the premises - specified items.**

Note: only complete this if you require cover for individual items exceeding £2,500 away from the premises. Items of a lower value will be covered under the 'Property away from the premises' extension up a maximum of £5,000 any one claim.

Description of property	Location (UK, Europe, Worldwide?)	Sum insured
		£
		£
		£
		£
		£
		£
		£
		£

**9****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. 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

**Loss of registration (standard)**

**1 Limit of indemnity required:**

£50,000 (standard)  £100,000  £150,000   
 £200,000  £250,000

**Money with assault extension (standard)**

Standard cover for Money is as follows:  
 - £5,000 in transit, in a bank night safe, on premises during business hours  
 - £1,500 in a locked safe at the premises  
 - £500 in any other circumstances

**1 Do you require higher limits?**

Yes  No

If yes, please specify?

**Personal accident (standard)**

Cover provides £50,000 for Death, for Loss of limb(s) or eye(s) and for Permanent total disablement. £500 per week for Temporary total disablement and £250 per week for Temporary partial disablement.

**1 To the best of your knowledge or belief are all the persons to be insured:**

(a) in good physical and mental health? Yes  No

(b) free from any physical disability or infirmity?

Yes

No

If 'No', please give details.

  
  


## Liabilities (standard)

### 1 Employers' Liability cover included with a Limit of indemnity of £10,000,000.

Please indicate the Limit of indemnity required for Public and products liability.

Public and products liability £5,000,000 (standard)

£10,000,000

### 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

If 'Yes', please give details.

**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



**(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"/>
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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"/>
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**(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"/>
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**(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"/>
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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"/>
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**5 (a) Do you have a documented Fire Risk Assessment?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**(b) If 'Yes', is this reviewed annually?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**6 Has the fire authority inspected the premises?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes', have you completed all the fire authority requirements?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**7 Are the premises protected by a fire alarm?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**8 Security Requirements for final exit doors:**

- Timber doors – by five lever mortice deadlocks
- Aluminium doors – by cylinder mortice locks
- PVCu doors – by key operated multi-point locking devices

Are all final exit doors at your nursery secured in accordance with the security requirements set out above?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'No' please explain why final exit doors do not comply with the security requirements.


**9** Are all opening windows or rooflights accessible from the ground or via roofs, pipework or other structures secured by key operated locking devices?

Yes  No

If 'No' please give details.

**10** Are roller shutters fitted to all external doors and ground floor windows?

Yes  No

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

Yes  No

(b) If 'Yes' is the alarm maintained under an annual maintenance agreement with a security company?

Yes  No

(c) Please describe the alarm signalling method e.g. bells only/remote signalling

**12** (a) Is CCTV in operation at the premises?

Yes  No

(b) If 'Yes' please detail where the CCTV system is e.g. internal or external or both?

**13** How is access to the premises controlled? e.g. coded key pad, biometrics (finger print)

**14** Are all child accessible doors fitted with Fingershield or similar devices?

Yes  No

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

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

**17** Have you previously traded under another name?

 Yes

 No

If 'Yes', please give details.




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

 Yes

 No

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

 Yes

 No

**19** (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

**20** (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

**21** (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

<b>22</b>	<b>(a) Is there a programme for testing portable electrical appliances?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>(b) If 'Yes', are records of such tests maintained?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>23</b>	<b>(a) Do you have an inspection contract in place with a bona fide inspection company for all relevant plant and machinery such as lifts?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>(b) If 'Yes', do you ensure any improvements required following an inspection are completed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>24</b>	<b>(a) Do you have an accident book for recording all details of incidents which cause personal injury?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>(b) Are procedures in place to ensure employees/volunteers understand the requirement to report accidents?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>25</b>	<b>(a) Are written references taken up for all staff?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>(b) For all of your personnel, do you undertake appropriate criminal record checks?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'No', please provide details.		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<b>(c) What additional checks are undertaken when engaging potential employees/volunteers (verification of qualifications and previous experience, credit checks etc)?</b>	<input type="text"/>	
	<input type="text"/>		
	<input type="text"/>		
<b>26</b>	<b>Is there a policy to safeguard children which is reviewed and updated annually?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>27</b>	<b>(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?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>(b) Are signed training records by trainers/trainees retained on an indefinite basis?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>28</b>	<b>(a) Are there annually reviewed documented Health and Safety policy and procedures in place?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>(b) If 'Yes', are these cascaded to all staff including volunteers?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**29 (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  No

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

Yes  No

**30 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  No

**(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  No

**(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  No

**(d) had any County Court Judgments made:**

**(i) against you in a personal capacity?**

Yes  No

**(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  No

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

**31 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.

**32 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](http://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](http://www.poundgateschildcare.com)**

Underwritten by



**01473 346 118**  
**[www.poundgateschildcare.com](http://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

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