

**Trustees, Directors and Officers Insurance
Proposal Form**

*PLEASE MAKE SURE YOU ANSWER ALL QUESTIONS
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED*

SECTION 1: ORGANISATION DETAILS

Organisation Name:

Contact Name:Email Address:

Address:

.....

Telephone Number:**AdviceUK** Reference (if known/if applicable):

SECTION 2: INCOME

1. In what year was the centre established?
2. Please state the income of the Centre for the last complete financial year £
3. Please state the estimated income of the Centre for the 2011/12 financial year £

SECTION 3: CATEGORY AND LEVEL OF INDEMNITY REQUIRED

Indicate your required category (tick as appropriate):

- Centres with annual income of less than £250,000** []
- Centres with annual income of £250,000 to £500,000** []
- Centres with annual income of £500,001 to £1,000,000** []
- Centres with annual income of £1,000,001 or above**..... []

Indicate your required level of indemnity (tick as appropriate):

- £250,000**.....[]
- £500,000**.....[]
- £1 million**.....[]

SECTION 4: CLAIMS AND CIRCUMSTANCES (please ensure you answer all questions)

1. After enquiry, have there been or is there now pending any claim(s) against any person or against the Organisation in respect of the proposed insurance ?
[] **Yes:** [] **No:** *If Yes please provide full details*
2. After enquiry, is any person aware of any circumstances which may give rise to a claim against any person or the Organisation in respect of the proposed Insurance ?
[] **Yes:** [] **No:** *If Yes please provide full details*
3. After enquiry, is any person proposed for coverage aware of any facts or circumstances which might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s)? [] **Yes:** [] **No:** *If Yes please provide full details*

It is agreed that if any known facts or circumstances exist, any claim or action arising from them is excluded from this proposed coverage.

SECTION 5: FURTHER INFORMATION

Is your organisation a member of any advice networks? Yes / No (delete as applicable)

If yes, please name all relevant network memberships:.....

Does your organisation have the CLS Quality Mark? Yes / No (delete as applicable)

If yes, please state at which level:

Has your organisation met any other recognised quality standards? Yes / No (delete as applicable)

If yes, please give details.....

Data protection
Information submitted in this form will be stored and processed electronically for the purposes of delivering membership services, marketing, supplying information and to enable statistical analysis. Data may be passed to other parts of the organisation, our commercial partners or contractors operating on our behalf to enable this to take place.

Section 6: DECLARATION

I declare that the statements and particulars in this proposal are true and that no material facts* have been mis-stated or suppressed after enquiry.

I confirm that our organisation’s governing document permits us to purchase this type of insurance cover**. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I understand that we must hold Professional Indemnity Insurance for the full term of this policy.

I, as an officer of the organisation, am authorised to sign this declaration on the organisation’s behalf.

Please PRINT name:

Signed: **Date:**

Position in Organisation:

*a material fact is one likely to influence acceptance or assessment of the proposal by underwriters.
**please check that your organisation’s Constitution or Memorandum & Articles permits the purchase of this cover before you apply.

Please return your completed form to:
VCS Insurance, c/o AdviceUK, 63 St Mary Axe, London EC1A 8AA.
If you have any queries, please call 020 7469 5702.