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

**SECTION 1: ORGANISATION DETAILS**

Organisation Name: Click here to enter text.

Contact Name: Click here to enter text. Charity Number: Click here to enter text.

Telephone Number: Click here to enter text. Email Address: Click here to enter text.

Address: Click here to enter text.

Any previous name(s) in the last 5 years (if applicable): Click here to enter text.

AdviceUK Reference (if known/if applicable): Click here to enter text.

AdviceUK Membership status: Click here to enter text. Membership start date: Click here to enter text.

**SECTION 2: STAFFING LEVELS**

Number of volunteer advice workers: [ ]

Number of paid advice workers (excluding Barristers; Solicitors and Accountants): [ ]

Number of Solicitors; Barristers and/or Accountants: [ ]

**SECTION 3: LEVEL OF INDEMNITY**

Indicate your required level of indemnity (tick as appropriate)

£250,000 [ ]  £500,000 [ ]  £1million [ ]

£2 million [ ]  £5 million [ ]

Other [ ]  Please specify: Click here to enter text.

PLEASE NOTE: If you employ barristers or solicitors £1million cover may be the minimum considered adequate and appropriate. If you are a registered charity and hold a Legal Aid Agency contract for delivery of public legal help you must select at least £1million cover. If you are not a registered charity £2million cover is equivalent to the minimum required for a law practice by the Solicitors Regulatory Authority.

**SECTION 4: YOUR WORK - Please tick all areas that are appropriate**

[ ]  Community Care [ ]  Debt [ ]  Education [ ]  Employment

[ ]  Family (Private & Public) [ ]  Housing [ ]  Immigration [ ]  Mental Health

[ ]  Race Equality/Diversity [ ]  Welfare benefits [ ]  Actions against the police

**SECTION 5: CASE FILE MANAGEMENT**

How do you store and manage your centre’s case files?

[ ] Paper files [ ] Electronic case management system. Which one?:

**SECTION 6: CLAIMS**

1. After enquiry, has the centre incurred a claim or made notification of a possible claim under a Professional Indemnity Insurance policy in the last 5 years?

 Yes: [ ]  No: [ ]  **If Yes please attach full details**

1. After enquiry, are there any existing circumstances which might give rise to a claim against any person or the centre in respect of the proposed insurance?

 Yes: [ ]  No: [ ]  **If Yes please attach full details**

PLEASE NOTE: Failure to provide accurate declarations in response to the above questions will invalidate your insurance. Circumstances that might give rise to a claim include complaints received by your service alleging negligence, errors or omissions.

Continued overleaf...

**SECTION 7: DEBT RELIEF ORDERS AND DEBT ARRANGEMENT SCHEME**

Are you registered to act as intermediaries for Debt relief Orders (England and Wales) or the Debt Arrangement Scheme (Scotland)? Yes: [ ]  No: [ ]

PLEASE NOTE: Carrying out these activities does not affect your premium but you must inform us if you are registered.

**SECTION 8: SOLICITORS, BARRISTERS, AND ACCOUNTANTS**

Please only complete this section if you have solicitors, barristers or accountants working for you as paid staff or volunteers and acting in that function.

1. Have any solicitors, barristers or accountants ever been refused a practising certificate?

Yes: [ ]  No: [ ]

1. Does your centre obtain written references for all such staff before commencing employment?

Yes: [ ]  No: [ ]

1. Are you aware of any criminal or civil matters or any other circumstances which might affect the reputation of any

 solicitor, barrister or accountant working for you?

Yes: [ ]  No: [ ]

1. Do you carry out regular file reviews and training for these staff?

Yes: [ ]  No: [ ]

**SECTION 9: FURTHER INFORMATION**

1. Is your organisation a member of any advice networks? Yes: [ ]  No: [ ]

 If yes, please name all relevant network memberships:

1. Has your organisation met any recognised quality standards? Yes: [ ]  No: [ ]

 If yes, please give details:

**SECTION 10: EXISTING INSURANCE COVER**

Name of your current insurer: Click here to enter text.

Current limit of indemnity: Click here to enter text.

Current excess level: Click here to enter text.

Current retroactive date: Click here to enter text.

**SECTION 11: DECLARATION**

I/we 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 agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I, as an officer of the organisation, am authorised to sign this declaration on the organisation’s behalf.

Please PRINT name: Click here to enter text. Date: Click here to enter text.

Signed: Position in organisation: Click here to enter text.

Please return your completed form to: AdviceUK Insurance Services by e-mail to office@adviceuk.insure or by post to Selsdon House, 212-220 Addington Road, South Croydon, London, CR2 8LD.

**Data Protection:**

Information submitted in this form will be stored and processed electronically in accordance with the UK Data Protection Act 2018 and Data Protection (Bailiwick of Guernsey) Law 2017 for the purposes of delivering services, supplying information and enabling statistical analysis. Data may be passed to partner organisations or companies or contractors operating on our behalf to enable this to take place. This may include transferring or holding your data outside the European Economic Area (EEA). We follow appropriate security procedures in the storage and disclosure of personal information so as to prevent unauthorised access by third parties. We also require those parties to whom we transfer personal information to comply with the same.