Our Run-off Cover is provided for a period of six years from the commencement date. A single premium is payable charged at 350% of the annual premium for the corresponding level of annual cover. The policy will answer claims made during the period of cover relating to work done for clients prior to your organisation closing or merging with another entity and your previous Professional Indemnity Insurance cover terminating.

**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 PRIOR TO CLOSURE / MERGER**

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: It is not essential to choose the same level of indemnity as prior to closure / merger but if you employed barristers or solicitors or held a Legal Aid Agency contract it might be considered appropriate.

**SECTION 4: YOUR WORK - Please tick all areas in which you undertook work**

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 were your case files stored and managed?

Paper files Where are they stored now? Click here to enter text.

Electronic case management system Which one? Click here to enter text.

How can your files be accessed in the event of a claim? Click here to enter text.

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

Email Address: Click here to enter text.

**SECTION 6: COMMENCEMENT DATE**

Please give the date on which you require cover to commence: Click here to enter text.

PLEASE NOTE: This should be the day after you ceased trading / you ceased taking new enquiries / you ceased working on existing cases / you ring-fenced or closed existing casefiles prior to merger / your previous period of PII insurance ended or was terminated.

Continued overleaf...

**SECTION 7: 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.

**SECTION 8: DEBT RELIEF ORDERS AND DEBT ARRANGEMENT SCHEME**

Were 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 were registered.

**SECTION 9: SOLICITORS, BARRISTERS, AND ACCOUNTANTS**

Please only complete this section if you had solicitors, barristers or accountants as employees or as volunteers acting in that capacity.

1. Have any of them ever been refused a practising certificate? Yes: No: Don’t know:
2. Are you aware of any criminal, civil or any other circumstances which might affect the reputation of any of them?

Yes: No: Don’t know:

**SECTION 10: FURTHER INFORMATION**

1. Was your organisation a member of any advice networks? Yes:  No:

If yes, please name all relevant network memberships: Click here to enter text.

1. Did your organisation meet any recognised quality standards? Yes:  No:

If yes, please give details: 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](mailto: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.