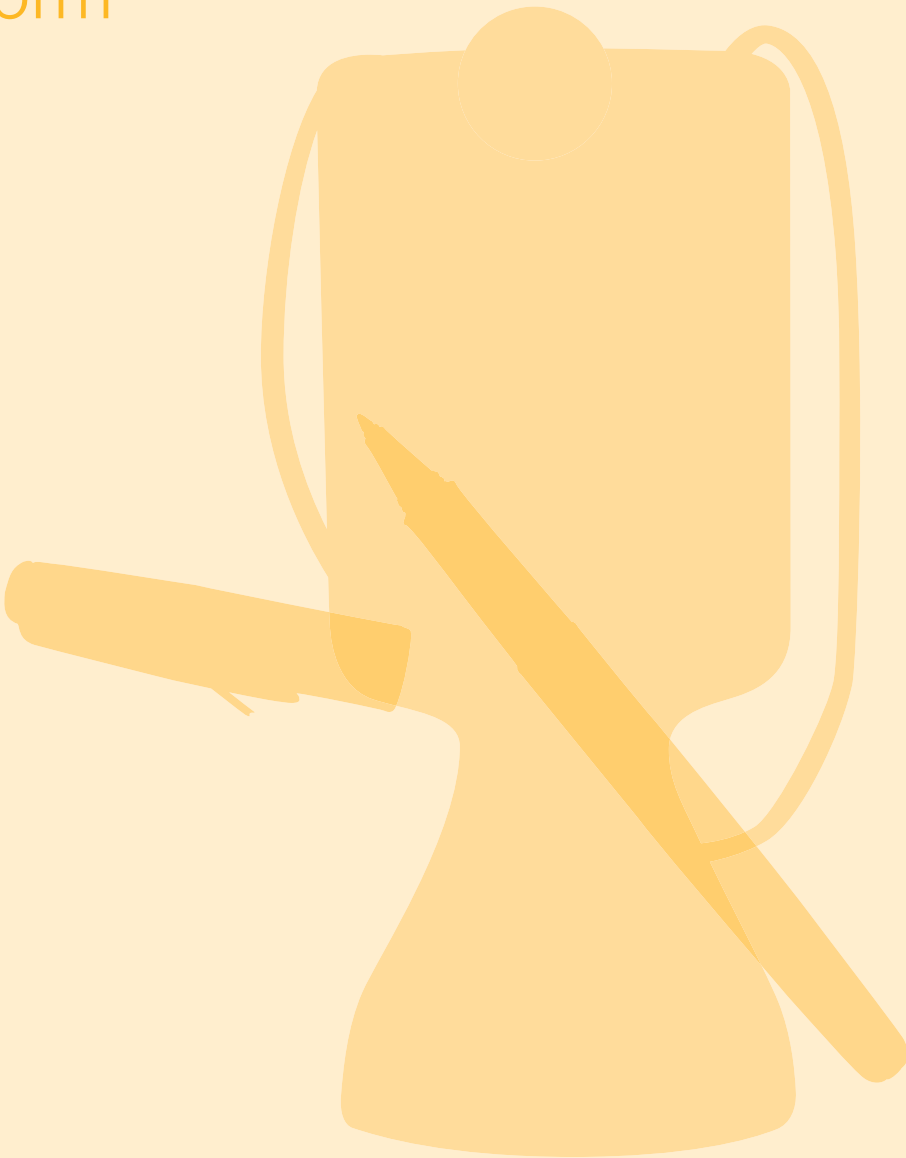


# application form

CHARITY INSURANCE



FOR THE VOLUNTARY COMMUNITY  
AND CHARITABLE SECTOR

Version 1



**To Ecclesiastical Insurance Office plc, Fitzwilliam Business Centre, 77 Sir John Rogerson’s Quay, Dublin 2.**

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer’s consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

**Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.**

**Applicant details**

**1 Name of applicant(s)**  
 (Please clearly define all parties to be insured identifying any holding/subsidiary company relationships)

**2 Trading name**

**3 Postal address**

Telephone

Email Website

**4 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.*

**General details**

**1 What is the status of your organisation such as Trust or Company limited by guarantee?**

**2 Have you been granted charitable tax exemption by the Revenue Commissioners?** Yes No

If so please confirm your charity reference number

**3 How many years have you been established** at the current premises? elsewhere?

**4 Please advise the number of members in your organisation** (if applicable)

**5 Please state or enclose a copy of your mission statement outlining your aims and ideals**

**6 Please also attach any explanatory literature or brochure that you produce to further your aims, together with a copy of your latest Report and Accounts**

It is most important that you fully describe the business and activities that are carried out at each of your premises and elsewhere. Please detail these in the box below

**7 Please advise the annual revenue of your organisation**(a) last year € (b) estimated for this year € **(c) Please indicate the percentage of the revenue between**

	This year	Last year
(i) funding from Government, Local Authorities or their agencies	<input type="text"/> %	<input type="text"/> %
(ii) subscription and membership fees	<input type="text"/> %	<input type="text"/> %
(iii) voluntary collections and donations	<input type="text"/> %	<input type="text"/> %
(iv) legacies	<input type="text"/> %	<input type="text"/> %
(v) fund raising/sponsorship events and activities (not collections)	<input type="text"/> %	<input type="text"/> %
(vi) other (please specify)	<input type="text"/> %	<input type="text"/> %
	100%	100%

**8 Registration**

(a) Are you registered by any local or other authority?

 Yes  No

(b) Has registration ever been withheld or special conditions imposed?

 Yes  No

If 'Yes' to either (a) or (b) please provide details

**9 Have you ever been subject to an investigation by any government department or agency?**

Yes  No

If 'Yes' please provide details

**Premises to be insured**

**1 Full address(es) of premise(s) to be insured**

Telephone

**2 General description of the premises to be insured**

(Please include its original date of construction)

**3 Are the premises listed in the 'Record of Protected Structures'?**

Yes  No

**Property damage**

**1 Is cover required?**

Yes  No

If 'Yes' complete questions 2 to 8 below. If 'No' please proceed to Property damage plus section

The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, subterranean fire.

We can also provide cover for the following, please tick if required:

<input type="checkbox"/> Sprinkler leakage	<input type="checkbox"/> Theft of contents (following forced entry/exit)
<input type="checkbox"/> Subsidence	<input type="checkbox"/> Glass and sanitary fixtures
<input type="checkbox"/> Accidental damage	

*Note: if you have any other specific requirements please contact your broker or Ecclesiastical.*

**2 Sums to be insured**

Please refer to the Important note on page 4 of the Summary of cover for information regarding the sums to be insured

**(a) Buildings**€ 

This is the cost of rebuilding the insured property – not the market value. The buildings of the premises including landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred ie architects' and surveyors' fees, consulting engineers' fees, legal charges, the cost of removing debris and of meeting EU legislation and Public Authority requirements.

**(b) Contents**

(i) computers and other office machinery

€ 

(ii) residents' personal belongings

€ 

(limit any one person €500)

(iii) all other contents

€ **(c) Stock in trade**

(i) cigarettes and tobacco

€ 

(ii) wines and spirits

€ 

(iii) all other stock

€ **(d) Tenants' improvements and decorations  
for which you are responsible**€ **3 Do you want your sums insured to be adjusted by the 'Day One' method of inflation protection?**Yes No *Note: Day One basis does not apply to stock in trade*

If 'Yes' please select the percentage uplift you require

15% 25% 50% Other limit (please specify) 

%

**4 Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates or tiles?**Yes No 

If 'No' please provide details

**5 Flood****Are any of the buildings on a site which has suffered from flooding at any time in the past ten years?**Yes No 

If 'Yes' please provide details

**6 Are any of the premises protected by a fire or intruder alarm?**  Yes  No

If 'Yes' please provide details of the alarm system(s) and attach a copy of the specification(s)

**7 If subsidence cover has been requested please answer the following questions**

*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 any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?**  Yes  No

**(c) Has any of the property been underpinned or provided with other means of structural support?**  Yes  No

If 'Yes' to (a), (b), or (c) please provide details

**8 If glass cover has been requested, is any glass to be insured not of ordinary glazing quality eg is it toughened, stained, bent or ornamental?**  Yes  No

If 'Yes' please provide the following details

Type of glass	
Approximate replacement cost	€ <span style="border: 1px solid #ccc; display: inline-block; width: 150px; height: 20px;"></span>
Approximate percentage of the above, relative to all glass at the premises	<span style="border: 1px solid #ccc; display: inline-block; width: 150px; height: 20px;"></span> %

**Property damage plus**

**Is cover required?**  Yes  No

If 'Yes' complete the table below.  
If 'No' please proceed to Business interruption section

*Note: only complete this if your requirements for property 'away from the premises' are not met by the cover provided by the Property damage section – see the Summary of cover for details.*

Description of property	Location (Republic of Ireland, Europe, Worldwide)	Sum insured
		€
		€
		€

## Business interruption

### 1 Is cover required?

Yes

No

If 'Yes' complete question 2 below. If 'No' please proceed to Liabilities section

### 2 Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required below

*Note: the maximum indemnity period should represent the time it would take for your organisation to resume normal activities after a loss. Where your maximum indemnity period selected exceeds 12 months we will increase your annual sum proportionately.*

Item	Is cover required?	Annual sum insured/Estimated sum insured for declaration linked basis*	Maximum indemnity period
Revenue/Gross Profit/ Rent receivable*	Yes/No*	€	Months

The sum insured should represent your anticipated annual revenue, gross profit or rent receivable, allowing for any anticipated expansion of your activities. You should not include any costs you would not incur whilst your organisation is not operating. Our standard gross profit wording takes into account purchases (less discounts) and bad debts. Please specify below any other working expenses to be excluded.


Unless you notify us to the contrary we will assume that the sum insured for annual revenue will be in respect of services rendered by you and does not include Government funding, donations and money received through fund-raising and the like. If the sum insured does include Government funding, donations and the like please specify below the amount and source.


*Note: the following cover is only suitable for organisations where no reduction in revenue can be expected*

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional cost of working (ie no revenue cover)	Yes/No*	€	Months

This sum insured should cover all your additional costs in continuing to operate for the duration of the maximum indemnity period, eg the cost of moving to, and operating from, temporary premises and moving back once again once repairs are complete.

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional increase in cost of working	Yes/No*	€	Months

The sum insured should cover all your additional costs in continuing to operate for the duration of the maximum indemnity period, eg the cost of moving to, and operating from, temporary premises and moving back again once repairs are complete.

\*delete as applicable

**Liabilities**

**1 Is cover required?** Yes  No   
 If 'Yes' complete questions 2 to 22 below. If 'No' please proceed to Money (with assault extension)

**2 Please indicate the cover(s) required by ticking the boxes**

Employers' liability (standard limit of indemnity €13,000,000) Yes  No

Public liability and Products liability (standard limit of indemnity €6,500,000) Yes  No

**3 Wageroll information**

*Note: the following allows us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead.*

*The estimate for wages should include the total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of Pay Related Social Insurance, Income Tax and Holidays with Pay or Contributory pensions.*

Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following

Category	Numbers	Annual wages etc. (at your premises)	Annual wages etc. (whilst working away)
Clerical/administrative staff		€	€
Shop assistants		€	€
Employees using hazardous machinery (please describe machinery)		€	€
All other employees (please list occupations and split numbers and wages between each category)	1	€	€
	2	€	€
	3	€	€
	4	€	€

**4 Do you engage voluntary helpers?** Yes  No   
 If 'Yes' please advise

Nature of duties	Total number of active volunteers engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

**5 Do you provide any services under contract, for example to Local or Central Government?**

Yes No 

If 'Yes' please provide details


**6 Health & Safety**

**(a) Do you have a written Safety Statement?**

Yes No 

**(b) Is responsibility for Health & Safety issues designated to a Senior Manager?**

Yes No 

If 'No' please provide details


**7 Do you engage in fundraising activities eg collections, fêtes etc?**

(please also see question 9) If 'Yes' please provide details

Yes No 

Full details of the nature and scope of the activity	Approximate numbers attending each activity	Number per year

**8 Please tick the box if you engage in any of the following activities**

Sponsored walks or other sponsorship events

Mountaineering/rock climbing/  
caving/pot holing/abseiling/  
orienteering/gully bashing/

Horse riding

waterfall jumping/bungee jumping  
or any activity involving the use of  
elasticated ropes

Water sports or water related activities  
including canoeing/kayaking/  
rafting/any white water activities/  
sub aqua diving/snorkelling

Parachuting/sky diving/any activity  
involving the use of aircraft

Activities involving vehicles, eg karting

Any other potentially hazardous pursuits?

Please provide details (if you are in any doubt whether an activity is hazardous or not please disclose it)

**9 Risk**

**(a) Risk assessments**

(i) Are all necessary risk assessments undertaken by suitably qualified and competent personnel, before taking part in any of the activities described in questions 7 and 8 above and are such activities supervised by suitably qualified people?

Yes  No

(ii) In respect of your general activities, have you completed all Risk Assessments as required by relevant legislation or regulations e.g. Safety, Health and Welfare at Work (General Application) Regulations 2007 and Safety, Health and Welfare at Work Act 2005?

Yes  No

**(b) Following completion of risk assessments, have you implemented all necessary remedial action?**

Yes  No

**(c) Please outline your programme to review assessment survey(s), indicating frequency of review**

**10 Are celebrities ever involved in any of your activities?**

Yes  No

If 'Yes' please provide details

**11 Do you always comply with established codes of practice and safety policies before engaging in any activity?**

Yes  No

**12 Do you always**

**(a) use specialist service providers for any hazardous pursuit or activity?**

Yes  No

If 'No' please provide details

**(b) check that they hold public liability insurance and that it has an adequate limit of indemnity and an indemnity to principal clause?**

Yes  No

**13 Do you or your representatives offer any advice or counselling to third parties?**

Yes  No

If 'Yes' please provide details

**14 Are your activities limited to the Republic of Ireland?**

Yes  No

If 'No' please confirm the countries outside the Republic of Ireland in which activities are undertaken

The scope of these activities

Details of any insurance specifically arranged in respect of such activities

**15 Do you engage personnel who are not ordinarily resident within the Republic of Ireland?**

Yes  No

If 'Yes' please provide full details

**16 Do you act at all times within the guidelines and advice provided by the Department of Foreign Affairs in respect of places abroad?**

Yes  No

**17 Are you engaged in any activity involving children and/or young people under the age of 18 years or vulnerable adults?**

Yes  No

If 'Yes' answer questions 18, 19 and 20 below. If 'No' proceed to question 21

**18 Do you have a protection policy to guard against abuse?**

Yes  No

If 'Yes', how often is it reviewed and maintained?

**19 Do you comply with all legislation and guidelines applicable to any of your activities which relate to the protection of children/ young people/vulnerable adults, such as the Child Care (Special Care ) Regulations 2004?**

Yes  No

**20 Do you use personnel enquiry procedures including the Garda Vetting Unit?**

Yes  No

**21 Do you sell or supply any products?** (including second hand items)

Yes  No

If 'Yes' please provide details (In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale)

**22 Charity trustee insurance extension**

This extension is in force only if you are permitted to effect this type of insurance

**(a) Are you or any of your present or former trustees, directors or officers aware (after making enquiries) of any situation or incident which you or they have reason to consider might lead to liability under the charity trustee insurance extension provided under the liability section?**

Yes  No

If 'Yes' please state the date and details of each incident

**(b) Regarding your latest accounts did your auditor or independent examiner adversely qualify his opinion in any way concerning your accounts, accounting procedures or financial position?**

Yes  No

## Money with assault extension

### 1 Is cover required?

Yes  No

If 'Yes' complete questions 2 to 6 below. If 'No' please proceed to fidelity section

### 2 What is the estimated total amount of money carried annually?

€

### 3 For the following, please state the maximum sums that apply

#### Money (other than non-negotiable money)

(i) on the premises during business hours

€

(ii) in transit or bank night safe

€

(iii) in the following locked safe(s) overnight

Make of safe	Model	Age	Location and how fixed	Maximum contained
				€ <input type="text"/>
				€ <input type="text"/>

### 4 Is money carried by a security company?

Yes  No

If 'Yes' please provide the following details

#### (a) Name of company

#### (b) Does the company accept liability for loss of money from their custody?

Yes  No

### 5 What is the estimated amount of money (other than non-negotiable money) carried annually by

You? €  Security company? €

### 6 Assault extension

This extension covers all your employees and volunteers for injuries if attacked whilst carrying money

#### (a) Is cover required?

Yes  No

If 'Yes' please state number of units required

Units

*Note: one unit of cover provides €3,750 in permanent disablement benefits, €37.50 per week for temporary total disablement. The maximum number of units you can choose is ten.*

## Fidelity

### 1 Is cover required?

Yes  No

If 'Yes' complete question 2

If 'No' please proceed to Goods in transit section

The limit of indemnity you choose will be the maximum we will pay for any one claim and unless you tell us otherwise also in any period of insurance. If more than one category is insured the total of the limits of indemnity will be the maximum we will pay in any one period of insurance.

**Section A – All employees**

Excluding any employees covered by Section B

**2 Do you require cover for all employees?**

If 'Yes' complete questions 3 to 6 below. If 'No' please proceed to question 7

Yes  No

**3 Limit of indemnity required for all employees?**

€

**4 Please confirm the total number of employees**

€

**5 What is the estimated total wage roll for all employees?**

€

**Section B – Named employees to be insured for specific amounts**

Only available with Section A

**6 Do you require cover on a named employee basis?**

If 'Yes' complete the table below. If 'No' please proceed to question 7

Yes  No

Full name of each employee	Nature of employment	Limit of indemnity
		€
		€

**Section C – All volunteers**

Excluding any volunteers covered by Section D

Standard cover of €7,500 for all volunteers is provided if another cover from this section is operative.

**7 Do you require cover for all volunteers?**

If 'Yes' complete questions 8 to 10. If 'No' please proceed to question 11

Yes  No

**8 Total limit of indemnity required for all volunteers?**

€

**9 Please confirm the total number of volunteers**

**Section D – Named volunteers to be insured for specific amounts**

Only available with Section A or C

**10 Do you require cover for named volunteers?**

If 'Yes' complete the table below. If 'No' please proceed to question 11

Yes  No

Full name of each volunteer	Nature of tasks carried out	Limit of indemnity
		€
		€
		€

**11 Have you ever found the need to question the honesty or conduct of any person to be insured?**

Yes No 

If 'Yes' please provide details


**12 Are written references obtained directly from former employers for the whole of the preceding three years of engagement immediately prior to the engagement of any employee or volunteer (covered by Section D) who have responsibility for money, accounts or goods?**

Yes No 

If 'No' please describe procedure


**13 System of Check and Supervision**

The terms of this insurance require the System of Check and Supervision declared on this application to remain fully operative during the currency of the policy. It is essential, therefore, that any alterations in check and supervision are advised to the Company and their agreement to such alterations confirmed.

If you answer 'No' to any question below please give full details of the controls you have in operation in the Additional information box below. If there is insufficient space please continue on a separate sheet.

**(a) Are two manually applied signatures required on all cheques drawn for more than €15,000?**

Yes No 

**(b) When cheques are signed will supporting vouchers be examined independently of the persons preparing the cheques?**

Yes No 

**(c) Are the wages and salaries checked independently of the person preparing them before payment?**

Yes No 

**(d) Are all monies, cheques and postal orders, received or collected, banked in full on day of receipt or next banking day?**

Yes No 

**(e) Are statements of account sent to customers direct by post at least monthly and independently of the persons receiving or collecting monies, cheques or postal orders?**

Yes No 

**(f) Will there be at least monthly physical checks, independently of the persons respectively responsible for**

(i) Cash book entries against bank statements, paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with cash and unrepresented cheques?

Yes No 

(ii) Petty cash account against vouchers, receipts and the cash balance?

Yes No 

(iii) All stocks against verified stock records?

Yes No 

**(g) Will the ordering, certification of receipt and the authorisation of payment for goods, subcontracted work and services be carried out by different persons acting independently?**

Yes No

**(h) If you use a computer or rent computer time in connection with your business are computer checks built into your security system?**

Yes  No

**(i) Do all persons who are responsible for money, goods, accounts or computer operations/programming take an uninterrupted break away from your premises of at least two weeks every year?**

Yes  No

Additional information

**14 Audits**

**Do your professional auditors undertake at least one full audit annually?**

Yes  No

If 'Yes' please state their name and address

**15 Internal audits**

**(a) Do you have an internal audit team or department?**

Yes  No

**(b) Do they undertake at least one full audit annually at each of your premises?**

Yes  No

If 'No' to either (a) or (b) please describe procedure

**Goods in transit**

**1 Is cover required?**

Yes  No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to Personal accident section

**2 Please provide details of the type of goods to be sent**

**3 Estimated annual carryings**

Additional information

**(a) If you require cover for goods carried in your own vehicles please complete the following**

Estimated annual carryings

€

Limit required any one vehicle (including trailer)

€

**(b) If you require cover for goods carried other than in your own vehicles please complete the following**

Carrier	Limit	Type	Estimated annual carryings
Hauliers	€	any one parcel /consignment	€
Parcel	€	any one parcel /consignment	€
Rail	€	any one parcel /consignment	€

## Personal accident

### 1 Is cover required?

 Yes

 No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to General questions section

### 2 Complete the table below to show the cover you require

*Note: one unit of cover provides €3,750 in permanent disablement benefits, €37.50 per week for temporary total disablement.*

Individual cover is available for directors, trustees and employees only

Name or positions of persons to be insured	Occupation	Cover required	No. of Units (max ten)
		Whilst at work only / 24-hour*	
		Whilst at work only / 24-hour*	
		Whilst at work only / 24-hour*	

*\*delete as applicable*

### 3 The standard deferred period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period?

 Yes

 No

If 'Yes' state the number of weeks

### 4 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' to either (a) or (b) please provide details


**Personal accident insurance is also available on a 'selected benefits' or 'wages and salaries' basis. If cover is required on this basis please contact your broker or Ecclesiastical.**

**General questions**

**1 Are all the premises to be insured in a good state of repair and will they be so maintained?**

Yes  No

If 'No' please give details

**2 In respect of the risks to be insured whether at these premises or elsewhere has any**

**(a) loss, damage, injury or liability arisen during the past five years whether insured or not?**

Yes  No

**(b) company or underwriter declined to issue or renew a policy or imposed special terms?**

Yes  No

If 'Yes' to either (a) or (b) please provide details

**3 During the last five years**

**(a) has the name of the organisation changed?**

Yes  No

**(b) has any other organisation amalgamated with or been merged with the charity?**

Yes  No

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

**4 Have you or any trustee, director, partner, employee or representative ever been**

**(a) prosecuted under the Factories Act?**

Yes  No

**(b) served with a Prohibition Notice under the Safety, Health and Welfare at Work Act 2005?**

Yes  No

If 'Yes' to either (a) or (b) please provide details

**5 Have you or any trustee, director, partner or representative ever**

**(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence?**

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) had any Court Judgments made**

(i) against you in a personal capacity?

Yes  No

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

Yes  No

If 'Yes' to either (a), (b) or (c) please provide details

Empty text area for providing details.

**6 Disclosure of additional material facts**

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

Large empty text area for disclosing additional material facts.

**7 Have you been supplied with a summary of cover in respect of this insurance?**

Yes  No

**Law applicable**

**It is our intention to apply the law of the Republic of Ireland**

### Extending your cover

**If you are interested in extending your cover in respect of the following, please tick the box or discuss with your broker or Ecclesiastical.**

**Extra deterioration of stock**

### Declaration

**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 OFFICE USE ONLY

Initials

Date



Fitzwilliam Business Centre,  
77 Sir John Rogerson's Quay,  
Dublin 2, Ireland

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