



Please complete Sections A and B, and those parts in Section C that are relevant to the cover you require.  
Please note all information given is treated in the strictest confidence.

## SECTION A - DETAILS OF CHURCH

Contact Name:  Telephone No:

Church:  Denomination:

Premises used for main service:

Name and address for correspondence:

Telephone:  Email:

No. of Members in your church, up to:  100  250  500  If over 500, please state number

Existing insurer:  Renewal date:

No Claims in the last 3 years  or Last 3 Years claims/loss experience history (continue on a separate sheet if necessary):

## SECTION B - GENERAL QUESTIONS

1. Are the premises used for the main service: a) a school  b) a community hall

c) other (please describe)

constructed of brick/stone with slates/tile roof and in a good state of repair? Yes  No   
If NO, please provide details

2. How long have you been at these premises

3. Do you have a written child protection policy in force? Yes  No   
If NO, please detail the child safety measures undertaken by the church

# CHURCH FELLOWSHIP (continued)

Please Fax to 0845 508 5935

## SECTION C - COVER REQUIRED

Standard Cover automatically, includes Legal Expenses, Money, Loss of Income, Personal Accident, Employers and Public Liability cover. Please complete the following in respect to contents cover required:

Do you require separate Office cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Cover under this section is intended for a separate office or room solely used by the church to carry out administration work and may be located at a different address.

Office premise address

Are the office premises self contained with lockable entrance door and solely occupied by you for office purposes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If NO, please give details				

OFFICE COVER REQUIRED	<input type="checkbox"/>
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Electronic	£	Please add any further details
General	£	
Fixtures & Fittings	£	
Total	£	

CONTENTS HELD AT MAIN PREMISES	<input type="checkbox"/>
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Electronic	£	Please add any further details
General	£	
Fixtures & Fittings	£	
Total	£	

All Risks (for items taken outside the office or main premises)	<input type="checkbox"/>
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Unspecified Items (excludes money & documents)

Any one article (a) £250  Minimum sum insured £1,000 (b) £500  Minimum sum insured £2,000

Articles over the individual sum insured limit are not covered unless separately insured under specified items

All Risks Specified items - Please list items and sum insured ( add separate sheet if necessary)

	£		£
	£		£

Please provide any additional information you feel relevant to the cover required: (e.g. other activities carried out by the church such as playgroups - continue on a separate sheet if necessary):

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Please fill in this form electronically, save and email to [office@financeredirect.co.uk](mailto:office@financeredirect.co.uk) Or return this form by post or fax to:  
Finance ReDirect, 1st Floor, West Wing, Clifton House, Goldington Road, Bedford MK40 3NF. FAX: 0845 508 5935

