

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

SECTION A - DETAILS OF CHARITY/ORGANISATION

Contact Name: Telephone No:

Business or Trading Name: Year Established:

Address to be insured (i.e. the address the organisation uses):

State construction, if not brick/stone with slates/tile roof:

Aims/activities of charity/organisation (e.g. how often you meet, how many meet together, what activities you do and how often, etc..) please attach a sample of any literature:

Details of any work away from the premises:

State the number of: All volunteers: Full-time employees: All members

Active volunteers: Part-time employees: Active members

Gross annual turnover/income: Total annual payroll estimate:

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):

Any Other Information (continue on a separate sheet if necessary):

CHARITY/VOLUNTARY ORGANISATION (continued)

Please Fax to 0845 508 5935

SECTION B - COVER REQUIRED

CONTENTS	
Standard	Standard+AD
Computer & electronic equipment	£
Stock	£
Tenants Improvements	£
All other contents	£
Total	£

ALL RISKS		
Premises:	B. Isles:	Worldwide:
Specified items (enclose list)	£	
Unspecified items (item limit £500)	£	
Unspecified items (item limit £1000)	£	

MONEY + P A Assault	
Transit / working hours limit	£
Safe limit	£

EMPLOYER'S LIABILITY	£10M
-----------------------------	------

PUBLIC LIABILITY		
£2M	£3M	£5M

PRODUCT LIABILITY		
£2M	£3M	£5M

PROPERTY OWNERS LIABILITY		
£2M	£3M	£5M

PUBLISHER'S LIABILITY	£25,000
------------------------------	---------

TRUSTEES INDEMNITY	£100,000	£250,000
---------------------------	----------	----------

PERSONAL ACCIDENT	£10,000 / £100 per week
--------------------------	-------------------------

BUILDINGS	
Standard	Standard+AD
Main Buildings	£
Outbuildings	£
Portacabins / sheds	£
Total	£

BUSINESS INTERRUPTION		
12 months	24 months	36 months
Extra Expenses	£	
Loss of income	£	
Gross Profit	£	

BOOK DEBTS	£
-------------------	---

FROZEN FOODS	£
---------------------	---

GOODS IN TRANSIT	£
-------------------------	---

Vehicles owned by you (no.xlimit)	£
-----------------------------------	---

LEGAL EXPENSES	
£100,000	

LOSS OF RENT		
12 months	24 months	36 months

Rent	£
------	---

Please fill in this form electronically, save and email to 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

