



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:	<input type="text"/>	Telephone No:	<input type="text"/>
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Business or Trading Name:	<input type="text"/>	Year Established:	<input type="text"/>
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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:	<input type="text"/>	Full-time employees:	<input type="text"/>	All members:	<input type="text"/>
Active volunteers:	<input type="text"/>	Part-time employees:	<input type="text"/>	Active members:	<input type="text"/>

Gross annual turnover/income:	<input type="text"/>	Total annual payroll estimate:	<input type="text"/>
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Existing insurer:	<input type="text"/>	Renewal date:	<input type="text"/>
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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 <input type="checkbox"/>	
Standard <input type="checkbox"/>	Standard+AD <input type="checkbox"/>
Computer & electronic equipment	£
Stock	£
Tenants Improvements	£
All other contents	£
Total	£

ALL RISKS <input type="checkbox"/>		
Premises: <input type="checkbox"/>	B. Isles: <input type="checkbox"/>	Worldwide: <input type="checkbox"/>
Specified items (enclose list)	£	
Unspecified items (item limit £500)	£	
Unspecified items (item limit £1000)	£	

MONEY + P A Assault <input type="checkbox"/>	
Transit / working hours limit	£
Safe limit	£

EMPLOYER'S LIABILITY <input type="checkbox"/>	£10M <input type="checkbox"/>
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PUBLIC LIABILITY <input type="checkbox"/>		
£2M <input type="checkbox"/>	£3M <input type="checkbox"/>	£5M <input type="checkbox"/>

PRODUCT LIABILITY <input type="checkbox"/>		
£2M <input type="checkbox"/>	£3M <input type="checkbox"/>	£5M <input type="checkbox"/>

PROPERTY OWNERS LIABILITY <input type="checkbox"/>		
£2M <input type="checkbox"/>	£3M <input type="checkbox"/>	£5M <input type="checkbox"/>

PUBLISHER'S LIABILITY <input type="checkbox"/>	£25,000 <input type="checkbox"/>
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TRUSTEES INDEMNITY <input type="checkbox"/>	£100,000 <input type="checkbox"/>	£250,000 <input type="checkbox"/>
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PERSONAL ACCIDENT <input type="checkbox"/>	£10,000 / £100 per week
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BUILDINGS <input type="checkbox"/>	
Standard <input type="checkbox"/>	Standard+AD <input type="checkbox"/>
Main Buildings	£
Outbuildings	£
Portacabins / sheds	£
Total	£

BUSINESS INTERRUPTION <input type="checkbox"/>		
12 months <input type="checkbox"/>	24 months <input type="checkbox"/>	36 months <input type="checkbox"/>
Extra Expenses	£	
Loss of income	£	
Gross Profit	£	

BOOK DEBTS <input type="checkbox"/>	£
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FROZEN FOODS <input type="checkbox"/>	£
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GOODS IN TRANSIT <input type="checkbox"/>	£
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Vehicles owned by you (no.xlimit)	£
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LEGAL EXPENSES <input type="checkbox"/>	
£100,000 <input type="checkbox"/>	

LOSS OF RENT <input type="checkbox"/>		
12 months <input type="checkbox"/>	24 months <input type="checkbox"/>	36 months <input type="checkbox"/>
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

