



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: _____

_____ Postcode: _____

Name and address for correspondence: _____

_____ Postcode: _____

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 No

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: _____
_____ postcode: _____

Are the office premises self contained with lockable entrance door and solely occupied by you for office purposes

Yes No If NO, please give details _____

OFFICE COVER REQUIRED

Please add any further details

Electronic £ _____

General £ _____

Fixtures & Fittings £ _____

Total £ _____

CONTENTS HELD AT MAIN PREMISES

Please add any further details

Electronic £ _____

General £ _____

Fixtures & Fittings £ _____

Total £ _____

All Risks (for items taken outside the office or main premises)

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

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

_____ £ _____

_____ £ _____

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): _____

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, 2nd Floor, 6 St Paul's Square, Bedford, MK40 1SQ. FAX: 0845 508 5935



www.financeredirect.co.uk

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