

## NON PROFIT

### Proposal Form

**PLEASE ENCLOSE WITH THIS PROPOSAL FORM:**

- A. The last Financial statement of the Organisation
- B. The last interim statement (if applicable)

Your Non Profit Certificate is issued on a CLAIMS MADE basis.

**When completing this Proposal Form...**

- Please answer all questions giving full and complete answers

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts.

A relevant fact is such known fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting non profit liability insurance for the organisation who acts as a Proposer.

This proposal form does **NOT BIND** the Proposer to complete the insurance but will form part of any insurance

**SECTION 1: DETAILS OF THE PROPOSER**

1. Name of the operation:
2. Address of Head Office:   
Post Code:
3. Country of Registration:
4. Describe the Legal Status of the operation:
5. How long has the entity continually carried on business?
6. Describe the functions, purpose and general operations of the proposer:
7. Please state the income of the proposer for the last complete financial year  £
8. Does the proposer have any assets in or income from the USA/Canada? Yes  No   
If the answer is YES, please provide details below (use separate sheet if necessary)
- 

**SECTION 2: PREVIOUS/CURRENT INSURANCE**

1. Does the Company have similar insurance currently in force? Yes  No   
If the answer is YES, please state:
- a. Insurer:
- b. Indemnity limit:
- c. Expiry date:
2. Has the Company ever had any Insurer decline a proposal or cancel or refuse a similar insurance? If the answer is YES, please attach details Yes  No
3. After enquiry, have there been, or is there pending, any claims against any person proposed for insurance or against the organisation itself? Yes  No   
If the answer is YES, please attach details
4. After enquiry, does any person proposed for insurance have knowledge or information of any act, error, or omission which might give rise to a claim under the proposed insurance? If the answer is YES, please attach details Yes  No

**SECTION 3: INDEMNITY LIMIT**

Please select the amount of indemnity required	£1,000,000	<input type="checkbox"/>
	£2,000,000	<input type="checkbox"/>
	£5,000,000	<input type="checkbox"/>
	£10,000,000	<input type="checkbox"/>
	Other – please specify	<input type="text"/>

**SECTION 4: DECLARATION****SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE**

We declare that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof. We agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

**TO BE SIGNED BY A PERSON AUTHORISED BY THE BOARD ONLY**

<b>SIGNATURE</b>	<input type="text"/>	<b>DATE</b>	<input type="text"/>
<b>NAME</b>	<input type="text"/>		
<b>POSITION</b>	<input type="text"/>		

DUAL Corporate Risks Ltd recommends that you keep a record of all information supplied for the purpose of entering into this insurance contract (including copies of this Proposal Form and correspondence)