

# application form

FUNERAL DIRECTORS BUSINESS INSURANCE



INSURANCE PROVIDED BY

INSURANCE ARRANGED BY



**To South Essex Insurance Brokers Ltd,  
South Essex House, North Road, South Ockendon, Essex, RM15 5BE.**

You have a duty to present us with a fair presentation of the risks to be insured and must disclose every material circumstance which you know or ought to know about such risks. You do not need to disclose circumstances which reduce the risk or those which the Company already knows or ought to know. If you breach your duty to provide a fair presentation of the risks to be insured, the policy could be cancelled or terms changed in accordance with the policy conditions.

**Please complete in BLOCK CAPITALS and tick where indicated.**

### Applicant details

**1 Name of applicant(s)**

(Please clearly define all parties to be insured identifying any holding/subsidiary company relationships)

  


**2 Trading name of establishment to be insured**

**3 Do you undertake any activities other than Funeral Director?**

Yes

No

If 'Yes' please give details

  


**4 Postal address**

<input type="text"/>	
Postcode	Telephone
Email	Website

**5 Date upon which the insurance is to commence**

*Note: this insurance will not be, or continue to be, in force until this application form has been accepted.*

**6 Are you an NAFD member?**

Yes

No

If 'Yes' please include your membership number

### Premises to be insured

**1 Full address(es) of premise(s) to be insured if different from above**

<input type="text"/>	
Postcode	Telephone

**2 General description of the premises to be insured**

(eg office, chapel of rest, garage etc)

## Property damage

### 1 Is terrorism cover required?

Yes No 

### 2 Please answer the following questions relating to subsidence cover

(It may be necessary to complete a separate subsidence questionnaire)

#### (a) Is the property currently insured against subsidence, heave, landslip or settlement?

Yes No 

#### (b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?

Yes No 

#### (c) Has the property been underpinned or provided with other means of structural support?

Yes No 

If 'Yes' to (a), (b), or (c) please give details

  


### 3 Declared value of property

Please provide us with an estimate of the actual value at risk. We will use this figure to calculate your premium. If the "declared value" is found to be inadequate, we will adjust the declared values and collect an additional premium backdated to the inception date of the policy. If your declared value is inadequate due to deliberate misrepresentation of the value, we will reduce any claim in proportion to the under insurance.

#### (a) Buildings

 £

The buildings of the premises include landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred ie architects and surveyors fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

#### (b) (i) Contents (excluding stock)

 £

#### (ii) Computers and electronic office equipment

 £

#### (c) Stock

 £

#### (d) Tenant's improvements and decorations

(for which you are responsible)

 £

#### (e) Shop Fronts

 £

#### (f) Electronic business machines

 £

#### (g) Portable hand tools (premises only)

 £

Note: If you choose to insure these sections, cover is provided up to the sums insured shown below (unless you declare a value above those listed).

#### Item

Buildings and Tenant's Improvements

#### Sums Insured

£1,000,000

Contents

£500,000

Stock

£50,000

Shop Fronts

£10,000 per site

**4 Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates or tiles?**

Yes No 

If 'No' please give details

  


**5 Is the property on a site which has suffered from flooding at any time in the past ten years?**

Yes No 

If 'Yes' please give details

  


**6 Does the building incorporate any basement area used for storage?**

Yes No 

If 'Yes' please give details

  


**7 Please give details of the occupation of any adjoining premises**

  


**8 Are the premises protected by an intruder alarm or fire alarm?**

Yes No 

If 'Yes' please give details of the alarm system(s) and attach a copy of the specification(s)

  


## Property damage plus

This section provides 'all risks' cover for unspecified items up to £5,000 (£3,000 for each item) as standard. Additional cover for specified items and/or top-up cover for deterioration of stock is also available.

**1 Is cover required?**

Yes No 

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to Business Interruption section

**2 Extended cover for specified items**

*Note: you only need to complete this if your requirements for property 'away from the premises' are not met by the cover provided by the Property damage section or the standard cover provided by this section – see the Summary of cover for details.*

*The extended cover will only apply to Contents insured under the Property damage section.*

Description of property	Location (UK, Europe, Worldwide?)	Sum insured
		£
		£
		£

### 3 Deterioration of stock

Note: you only need to complete this if your requirements are not met by the cover provided by the Property damage section – up to £2,500 any one unit and £10,000 in total in any one period of insurance.

Description of unit (including make and reference number)	Year of make	Maintenance contract in force? (for units that are over seven years old or not hermetically sealed)	Limit per unit
		Yes/No/NA*	£
		Yes/No/NA*	£

\*delete as applicable

## Business Interruption

This section provides Loss of Revenue cover for a Maximum Indemnity Period of 24 months and a maximum amount of £2,000,000

Please state annual turnover

£

## Liabilities

- 1 Please provide the Employer Reference Number (ERN) for your business (the ERN is often referred to on tax forms as the employer's PAYE reference and is provided by HMRC to every business which is registered with them as an employer). Where your business has more than one ERN, you must individually list each number together with the name of the subsidiary company using the box below.


If you do not have an ERN, please confirm that you are exempt from holding one

Yes

- 2 Please indicate the cover required by ticking the box

Cover	Limit of Indemnity	
Employers' liability	£10,000,000	
Public and products liability	£5,000,000	<input type="checkbox"/>
	£10,000,000	<input type="checkbox"/>

(In respect of products liability this will be the maximum amount payable any one period of insurance)

- 3 Wageroll information

Note: the following allows us to provisionally assess the premium we require. When the policy is renewed, you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead.

The estimate for wages, should include total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of National Insurance, Income Tax, and Holidays with Pay or Contributory pensions

Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following

Category	Numbers	Annual wages etc
Directors, clerical and management employees (no manual work)		£
Woodworking		£
All other employees (please list occupations and split numbers and wages between each category)	1	£
	2	£
	3	£
	4	£
	5	£

#### 4 Do you engage Bona Fide sub contractors?

If 'Yes' please specify annual payments and specific duties

 Yes

 No

#### 5 Health & Safety

(a) Do you have a written Health & Safety Policy?

 Yes

 No

(b) Is responsibility for Health & Safety issues designated to a Senior Manager?

 Yes

 No

If 'No' please give details of arrangements


### Money (with assault extension)

#### 1 Cash

(a) Please state the maximum cash on the premises during business hours if more than £7,000

(b) Please state the maximum cash in transit if more than £5,000

(c) Please state the maximum cash in the following locked safe(s) out of business hours if more than £5,000 in any one safe.

Make of safe	Model	Age	Location and how fixed	Maximum contained
				£
				£

## Goods in transit

This section covers your general business stock whilst in transit by road vehicles operated by you. Please state the maximum amount carried in any one vehicle if more than £10,000

£

## Personal accident

### 1 Is cover required?

Yes

No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to General Questions

### 2 If you require cover, please fill in the table below

*Note: one unit of cover provides £2,500 in permanent disablement benefits and £25 per week for temporary total disablement. The maximum number of units you can choose is ten.*

24 hour cover applies as standard

Name or positions of persons to be insured	Occupation	No. of Units (see note above)

### 3 To the best of your knowledge or belief are all the persons to be insured

(a) in good physical and mental health?

Yes

No

(b) free from any physical disability or infirmity?

Yes

No

If 'No' please give details


## General questions

**1 Have you ever traded under another name?**

Yes

No

If 'Yes' please give details

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**2 Are all the premises to be insured in a good state of repair and will they be so maintained?**

Yes

No

If 'No' please give details

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**3 Have you appointed a competent person, carried out a fire risk assessment and drawn up a fire emergency plan?**

Yes

No

If 'No' please give reasons

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**4 Are you now or have you previously been insured in respect of any of the risks to which this application relates?**

Yes

No

If 'Yes' please advise name of insurer(s) and policy number(s)

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**5 In respect of the risks to be insured whether at these premises or elsewhere has any**

(a) loss, damage, injury or liability arisen during the past five years whether insured or not?

Yes

No

(b) company or underwriter declined to issue or renew a policy or imposed special terms?

Yes

No

If 'Yes' to either (a) or (b) please give details

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## Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless your business is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

## How we use your data

Your privacy is important to us. We will process your personal data in accordance with the applicable data protection law.

The data controller in respect of any personal data which we may hold about you or process is Ecclesiastical Insurance Office plc; who you can contact via the Data Protection Officer, at Beaufort House, Brunswick Road, Gloucester GL1 1JZ or on 0345 6073274 or email [compliance@ecclesiastical.com](mailto:compliance@ecclesiastical.com)

We process your personal data for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention and business management. This may involve sharing your personal data with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, service providers, professional advisors, external independent financial advisers (IFAs) or business partners and our regulators. In some circumstances the processing may be carried on outside of the European Economic Area where suitable arrangements will be taken to ensure that your personal information is protected.

## Special categories of data

In order to provide your insurance policy or when making a claim, we may need to collect or process information relating to your or a dependant's health or criminal convictions. As this is 'sensitive personal data' we are required to obtain your consent to process this information. If you do not consent to us processing this information we may be unable to provide your insurance policy or process any claim. You are entitled to withdraw this consent at any time. However, withdrawing your consent may mean we are unable to continue providing your cover meaning your insurance policy may be cancelled. Your policy terms and conditions set out what will happen in the event your policy is cancelled.

Where we have your consent, we may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by clicking on the link at the bottom of any email or by contacting us.

## Fraud prevention

We may check your details with various fraud prevention and credit reference agencies. If you make a claim, we will share your information (where necessary) with other companies to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies including Claims and Underwriting Exchange, run by MIB and the Insurance Fraud Register, run by the Insurance Fraud Bureau. Law enforcement agencies may access and use this information.

## Further information

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at [www.ecclesiastical.com/privacypolicy](http://www.ecclesiastical.com/privacypolicy) or contact our Data Protection Officer.

## Declaration

This declaration must be signed and dated on behalf of all the parties to be insured under this policy. In the event of joint insureds we have allowed for more than one signature.

I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.

I/We agree to accept a policy in the Company's usual form for this class of business.

Name

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date

If you would like more information about Ecclesiastical visit us at:

**[www.ecclesiastical.com](http://www.ecclesiastical.com)**

We can provide this booklet, upon request, in large print, Braille, audio tape and e-text.

If you would like more information about South Essex Insurance Brokers contact us at:

**South Essex House  
North Road  
South Ockendon  
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**Tel 01708 850000**



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