

Funeral Directors Business Liability Insurance

APPLICATION FORM

**To SEIB 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.

How we use your data

We take data protection seriously and your privacy is important to us. We will process your data in accordance with the applicable data protection law. Please ensure you read the 'How we will use your data' notice at the end of this form.

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 Please indicate which activities you undertake

Funeral Director Embalmer Carriagemaster Gravedigger

Other (please specify)

INSURANCE PROVIDED BY



INSURANCE ARRANGED BY



4 Do you undertake any work other than as indicated in the question above?

Yes

No

If 'Yes' please give details

5 Postal address

Postcode	Telephone
Email	Website

6 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.

7 Are you an NAFD member

Yes

No

Premises to be insured

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

Postcode	Telephone
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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(s) required by ticking the box(es)

Cover	Limit of Indemnity	
Employers' liability	£10,000,000	<input type="checkbox"/>
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	1	£
(please list occupations and split numbers and wages between each category)	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

General questions

1 Have you ever traded under another name?

Yes

No

If 'Yes' please give details

2 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

3 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)

4 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

5 Have you or any director, partner or representative ever been

(a) prosecuted under the Factories Act or the Health and Safety at Work etc. Act or any similar legislation?

Yes

No

(b) served with a Prohibition Notice under the Health and Safety at Work etc. Act?

Yes

No

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

6 Have you or any director, partner or representative ever

(a) been convicted of any criminal offence other than a driving offence or have any non - motoring prosecutions pending? You only need to tell us about any convictions that are unspent under the Rehabilitation of Offenders Act 1974.

Yes No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?

Yes No

(c) had any County Court Judgments made

(i) against you in a personal capacity?

Yes No

(ii) against any organisation, company, business or firm in which you have been involved as a trustee, director or partner or in a similar capacity?

Yes No

If 'Yes' to any of the above please give details

7 Disclosure of additional material circumstances

Please read the paragraph about material circumstances which appears at the head of this application form. If there are any material circumstances that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

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Law applicable

This policy shall be governed by and construed in accordance with the law of England and Wales unless your central administration and/or place of establishment is located in Scotland in which case the law of Scotland shall apply.

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
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How we use your data

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

Ecclesiastical Insurance Office plc ("**we**", "**us**", "**our**") is the data controller in respect of any personal data which you provide to us or which we hold about you and any personal data which is processed in connection with the services we provide to you.

Where you provide us with personal data about a person other than yourself (such as a dependant or named person under a policy), you must inform them that you are providing their personal data to us and refer them to this notice.

To provide our insurance related services, we will collect and process your personal data such as your name, contact details, financial information and any information which is relevant to the insurance policy we are providing. In order to provide your insurance policy or when making a claim, we may also need to collect or process 'special categories of personal data' such as information relating to your health or criminal convictions or information which is likely to reveal your religious beliefs.

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, business management, systems development and carrying out statistical and strategic analysis.

Providing our services will 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, our service providers and professional advisors, or business partners and our regulators.

In some circumstances we may transfer your personal data to countries outside of the European Economic Area. We will put appropriate safeguards in place to ensure that your personal data is protected.

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 need to carry out fraud and anti-money laundering checks, and this will involve sharing your personal data (such as your name, contact details and financial information) with credit reference and fraud prevention organisations such as the Claims and Underwriting Exchange, run by MIB. If you make a claim, we will share your personal data (to the extent necessary) with other companies including other insurers and anti-fraud organisations 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, your personal data will be passed to fraud prevention agencies including the Insurance Fraud Register, run by the Insurance Fraud Bureau. Law enforcement agencies may access and use this information.

Please note that when carrying out any fraud prevention activities, we may need to process your special categories of data such as criminal offence information and share it with fraud prevention agencies.

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 or contact our Data Protection Officer at Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom or on **0345 6073274** or email compliance@ecclesiastical.com.

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

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 SEIB Insurance Brokers Ltd, contact us at:

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Tel 01708 850000



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