

Application Form

To The Baptist Insurance Company plc, Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom.

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, use additional sheets if necessary.

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(s) details

| | |
|----------|--|
| 1 | Name of applicant(s) (Please list all parties to be insured, the policy will be issued in the name or name(s) you state) |
| | |
| 2 | Trading name of establishment to be insured |
| | |
| 3 | Business description (to be shown on the policy document) |
| | |
| 4 | Postal address |
| | |
| | |
| 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 by the Company

Property damage**1 Full address(es) of premises to be insured**

2 General description of the premises to be insured

(Please include its original date of construction and purpose)

3 Are the premises listed?
 Yes

 No

If 'Yes' please state

 Grade I

 Grade II

 Grade II*

 or equivalent
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? If 'Yes' please give details
 Yes

 No

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)

9 Please tick if any of the following covers are required

- Sprinkler leakage
- Theft of contents (following forced entry/exit)
- Subsidence
- Glass and sanitary fixtures
- Accidental damage
- Terrorism

10 If subsidence cover has been requested please answer the following questions

(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

11 Sums to be insured

(a) Buildings

£

Include the buildings of the premises, 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, fixed aerials and satellite dishes, wind turbines, solar panels, 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) Business contents and equipment plant and machinery

£

(c) Stock in trade

(i) Cigarettes and tobacco

£

(ii) Wines and spirits

£

(iii) Audio and visual equipment: radios, televisions, computers and cameras etc.

£

(iv) Clothing

£

(v) Non ferrous metals

£

(vi) All other stock

£

(vii) Stock debris removal

£

(d) Tenant's improvements and decorations

£

(for which you are responsible)

12 Do you require the 'Day One' method of inflation protection?

Yes

No

(ie an uplift to the insurance values applying on the first day of insurance)

Note: Day One basis does not apply to stock in trade.

If 'Yes' please select the percentage uplift you require

15%

25%

50%

Other limit

(please specify)

%

Property damage plus

This section provides 'all risks' cover for specified items and/or top-up cover for deterioration of stock.

1 Is cover required? Yes No

If 'Yes' complete questions 2 and 20 below. If 'No' please proceed to the Business interruption section.

2 Extended cover for specified items

Complete this if you require 'all risks away from the premises' for specified items. 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 15 years old) | Limit per unit |
|--|--------------|--|----------------|
| | | Yes/No/NA* | £ |
| | | Yes/No/NA* | £ |
| | | Yes/No/NA* | £ |
| | | Yes/No/NA* | £ |
| | | Yes/No/NA* | £ |

Business interruption

1 Is cover required? Yes No

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

2 Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required opposite.

Note: the maximum indemnity period should represent the time it would take to get your organisation back to normal trading after a loss. Where your maximum indemnity period exceeds 12 months we will increase your annual sum insured proportionately.

| Item | Is cover required? | Annual sum insured/ Estimated sum insured for declaration linked basis* | Maximum indemnity period |
|---|--------------------|---|-----------------------------|
| Gross Profit/Revenue/ Rent Receivable* | Yes/No* | £ | Months |

*delete as applicable

The sum insured should represent your anticipated annual revenue, gross profit or rent receivable, allowing for any anticipated expansion of your business. You should not include any costs you would not incur whilst your organisation is not operating. Our standard gross profit wording takes into account purchases (less discounts) and bad debts. Please specify below any other working expenses to be excluded.

| Item | Is cover required? | Sum insured | Indemnity period |
|--|--------------------|-------------|------------------|
| Additional cost of working only (eg no revenue cover) | Yes/No | £ | Months |

The sum insured should cover all your additional costs in continuing to operate for the duration of the indemnity period, eg the cost of moving to and operating from temporary premises and moving back again once repairs are complete.

Note: the following cover is only suitable for businesses where no reduction in income can be expected following a loss.

| Item | Is cover required? | Sum insured | Indemnity period |
|--|--------------------|-------------|------------------|
| Additional increase in cost of working | Yes/No | £ | Months |

The sum insured should represent the additional costs likely to be incurred during the maximum indemnity period which are over and above the amount of gross profit, revenue, or rent you have saved.

3 Extensions required

The policy automatically includes £10,000 for unspecified suppliers. If you require more cover please specify suppliers below.

(a) Do you require cover for specified suppliers

 Yes

 No

(interruption caused by insured events at the premises of a named supplier)

If 'Yes' please give suppliers' name and address

What percentage of your gross profit or revenue would be affected?

 %

The policy automatically includes £10,000 for unspecified customers. If you require more cover please specify customers below

(b) Do you require cover for specified customers

 Yes

 No

(interruption caused by insured events at the premises of a named customer)

If 'Yes' please give customers' name and address

What percentage of your gross profit or revenue would be affected?

 %

Liabilities

1 Is cover required?

If 'Yes' complete questions 2 to 20 below. If 'No' please proceed to Legal expenses section

Yes No

2

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

3 Please indicate the cover(s) required by ticking the box(es) where applicable

| Cover | Limit of Indemnity | |
|-------------------------------|-------------------------------------|-------------------------------------|
| Employers' liability | £10,000,000 (standard and included) | <input checked="" type="checkbox"/> |
| Public and Products liability | £2m | <input type="checkbox"/> |
| | £5m | <input type="checkbox"/> |

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

4 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 |
|---|---------|------------------|
| Principals / partners | | £ |
| Directors, clerical and management employees (no manual work) | | £ |
| Employees using hazardous machinery | | £ |
| All other employees (please list occupations and split numbers and wages between each category) | 1 | £ |
| | 2 | £ |
| | 3 | £ |

5 Do you engage voluntary helpers?Yes No

If 'Yes' please advise

| Nature of duties | Total number engaged | Maximum number at any one time | Average weekly hours donated by each volunteer |
|------------------|----------------------|--------------------------------|--|
| | | | |
| | | | |

6 Do you use sub-contractors?Yes No

If 'Yes' please complete the table below

| Numbers | Annual Payments made to them | Description of work |
|---------|------------------------------|---------------------|
| | £ | |
| | £ | |
| | £ | |

Please give details of how you ensure that sub-contractors have adequate liability insurance

7 Do you undertake work or visits away from the premises?

If 'Yes' does this involve:

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(a) The application of heat (eg use of welding, flame cutting equipment, blowlamps or hot air strippers)?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(b) Any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(c) Any work outside the UK?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(d) Work at height above 10 metres or underground?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If you answered 'Yes' to questions (a), (b), (c) or (d) please give details and indicate the approximate proportion of work away wages:

| | % | Nature of work |
|-----|---|----------------|
| (a) | | |
| (b) | | |
| (c) | | |
| (d) | | |

8 Do you use (or have you used in the past) any of the following in your business

(a) Asbestos, silica or any chemicals, acids, gases, explosives or any materials containing such substances?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(b) Radioactive substances or devices?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(c) Power driven machinery (other than hand tools)?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(d) Lifts, cranes or power operated lifting equipment, steam or other pressured vessels?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If you answered 'Yes' to questions (a), (b), (c) or (d) please give details below

9 Health & Safety

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

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

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

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If 'No' please give details of arrangements

10 Product description

(a) Please state fully the type of products you are involved with and any associated services or treatments you provide

(b) Do you issue brochures, pamphlets, or other literature describing the products you are involved with? (If yes please provide copies.)

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

(c) Describe the main uses or functions of the products

(d) Identify who will be the final user eg food industry, domestic use

(e) Will your products

(i) form a component part?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

(ii) be mixed with other products eg dyes, bleaches, food colourings etc?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

If 'Yes' to (i) or (ii) please give details below

(f) Do you alter any product or its packaging, labelling or instructions that is not produced by you?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

(g) Do you put your own name, trademark, logo or other distinguishing mark on any product that is not produced by you?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

If 'Yes' to (f) or (g) please give details

(h) Are any products prototypes, experimental or single production items?

Yes No

If 'Yes' please give full details including nature and function of goods below

(i) Do you have a quality control system and keep records for at least 10 years of all goods and materials supplied to you?

Yes No

11 Please state your turnover for each of the following territories

| Territory | Current year | Last 3 years | For the next 12 months (estimated) |
|--|--------------|--------------|------------------------------------|
| United Kingdom | £ | £ | £ |
| Exports to the USA & Canada (Note: the policy excludes these) | £ | £ | £ |
| Exports to the rest of the world | £ | £ | £ |

12 Of your turnover please state what percentage relates to goods

| | | |
|---|--|---|
| (i) imported from outside the European Union | | % |
| (ii) obtained by you from within the European Union | | % |

13 Regulation assessments

(a) Have you completed assessments in response to the following regulations

(i) Manual Handling Operations Regulations 1992 Yes No

(ii) Health & Safety (Display Screen Equipment) 1992 Yes No

(iii) Control of Substances hazardous to health Regulations (COSHH) Yes No

(b) In connection with the above assessments, have you implemented any necessary remedial action following the surveys findings?

Yes No

If 'No' please give details below

(c) Do you have a programme to review your assessment survey?

Yes No

14 Do you engage personnel who are not ordinarily resident within the United Kingdom?

Yes No

15 Have you accepted

(a) Additional liabilities by agreement or contract with any customers, suppliers or sellers?

Yes No

(b) Restrictive contract conditions limiting recovery rights from suppliers or sellers?

Yes No

If 'Yes' please give details below

16 Are you registered with the appropriate bodies to comply with legislation?

eg Local Authorities, Factories Act 1961, Health & Safety at Work etc Act 1974

Yes No **17 Are employees now, or have they ever been, exposed to noise levels above 85db?**

If 'Yes' please give details below including the precautions taken to prevent impairment of hearing

Yes No

18 Have you ever carried out an environmental assessment?Yes No **19 Do you have an environmental policy?**Yes No **20 Do you discharge any substances proscribed under the Environmental Protection Act 1990 into the atmosphere, sewers, waterways or elsewhere?**

If 'Yes' please advise type of waste and give full details of

Yes No
 Don't know

Storage and disposal methods

Treatment of waste

Disposal licences held

Legal expenses

1 Is legal expenses insurance required?

Yes No

If 'Yes' please complete questions 2 to 6 if 'No' please proceed to Money (with Assault extension)

2 Standard Limit is £250,000

3 Please tick if any of the following covers are required

- (a) Statutory licence protection
- (b) Contract disputes
- (c) Debt recovery

If you have ticked (c) Debt recovery please answer the following questions, if not please proceed to question 4

- (i) What is the maximum credit limit? £
- (ii) What is the maximum credit period allowed?
- (iii) Please give full details of your credit control procedures

- (iv) What is the credit limit allowed without credit checks being carried out? £
- (v) Please state the total
 - amount of debt within the last financial year £
 - average size of debts £
 - amount recovered £
 - cost of recoveries £

(vi) Please give the name and address of any outside agency used for the collection of outstanding debts

4 Total estimated annual wages

£

Total estimated turnover

£

5 Is there any work undertaken, or are visits made, away from the premises? If 'Yes' please provide details

Yes No

(i) Total estimated wages and payments for such work/visits

£

(ii) Please provide details of work/visits

6 Redundancies, mergers and legal disputes

(a) Are any redundancies envisaged in your business within the next twelve months?

Yes No

(b) In the last three years have you been taken over by, merged with, acquired or disposed of any companies or made significant changes to your business activities, or are any such developments currently under consideration?

Yes No

(c) Have you or any director, partner, employee or representative been involved in any legal disputes during the past five years in connection with any company, business or firm with which any of you have been involved?

Yes No

If 'Yes' to (a), (b) or (c) above please provide full details

Money (with assault extension)

1 Is cover required?

If 'Yes' complete questions 2 to 5 below. If 'No' please proceed to Goods in transit section

Yes No

2 What is the estimated total amount of money carried annually?

£

3 Cash

(a) Please state the maximum cash on the premises during business hours

£

(b) Please state the maximum cash in transit by you or your employees (an escort warranty will apply for amounts over £2,500)

£

(c) Please state the maximum cash in the following locked safe(s) out of business hours

Yes No

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

4 Is money carried by a security company?

Yes No

If 'Yes' please give the following details

(a) Name of company

(b) Does the company accept liability for loss of money from their custody?

Yes No

(c) Is the company a member of the British Security Industry Association (BSIA)?

Yes No

(d) What is the estimated amount of money (other than non-negotiable money) carried annually by the Security company?

£

5 Assault extension

This extension covers all your employees for injuries if attacked whilst carrying your money

Is cover required?

Yes No

If 'Yes' please state number of units required*

units

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

Goods in transit

This section covers your general business stock whilst in transit by road vehicles operated by you or a haulier, parcel post, courier or rail.

1 Is cover required?

Yes No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to Personal accident section

2 Please provide details of the type of goods to be sent

3 Estimated annual carryings

Please complete the tables (a) and (b) overleaf as applicable.

Note: the estimated figures you supply allow us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we may make the necessary premium charge or refund and create a new estimate for the year ahead.

(a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings £

Limit required any one vehicle (including trailer) £

(b) If you require cover for goods carried other than in your own vehicles please complete the following

| Carrier | Limit | Type | Estimated annual carryings |
|----------|-------|-----------------------------|----------------------------|
| Hauliers | £ | any one parcel/consignment* | £ |
| Parcel | £ | any one parcel/consignment* | £ |
| Rail | £ | any one parcel/consignment* | £ |
| Couriers | £ | any one parcel/consignment* | £ |

*delete as applicable

Personal accident**1 Is cover required?**Yes No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to General questions section.

2 If you require cover on the 'unit' basis, 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.

Alternatively, cover is available on a 'selected benefits' or 'wages and salaries' basis.

If cover is required on this basis please contact your insurance broker or The Baptist Insurance Company plc.

Individual cover is available for directors and permanent employees only.

| Name or positions of persons to be insured | Occupation | Cover required | No. of Units (see note above) |
|--|------------|------------------------------|----------------------------------|
| | | Whilst at work only/24-hour* | |
| | | Whilst at work only/24-hour* | |
| | | Whilst at work only/24-hour* | |

*delete as applicable

3 Deferment period

The standard deferred period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period?

If 'Yes' select the number of weeks (please tick)

4 6 8 13

4 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

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

3 Have you appointed a competent person to carry out a fire risk assessment and draw up a fire emergency plan?

Yes No

If 'No' please give reasons

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)

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

6 Have you or any director, partner, employee or representative ever been

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

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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

7 Have you or any director, partner, employee 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(c) had any County Court Judgments made

(i) against you in a personal capacity?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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

8 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.

9 Have you been supplied with a summary of cover in respect of this insurance?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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 |
|----------|------|

How we use your data

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

The Baptist Insurance Company 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.baptist-insurance.co.uk/general/privacy-policy 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@baptist-ins.com.

For further information on any of our products, please speak to your insurance adviser.

Or visit us at

www.baptist-insurance.co.uk

Tel: 0345 070 2223 **Fax:** 01452 302226

Email: enquiries@baptist-ins.com

Website: www.baptist-insurance.co.uk

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