

## Your Information

Full name of Proposer

Business Name (if applicable) – If a Limited Company please state registered name or the names of all partners if a partnership

ASPECT membership number

subject to confirmation from ASPECT

Estimated income for next 12 months

Correspondence address

  
  
  
  
  
  
  
  
  
  

Contact telephone number

Mobile number

Contact e-mail address

Postcode:

The policy provides cover for liability arising from your consultancy activities as an ASPECT member, which includes Educational Consultant/Adviser/Inspector and other Professional Services within ASPECT scope of practice. Please specify any activities which are outside this definition and for which cover is required.

  
  
  
  
  
  
  
  
  
  

Number of Consultants Employed by Proposer

(including yourself)

Number of Non Consultants Employed by Proposer

**Please note any sub-consultants or sub-contractors engaged must maintain their own Professional & Public Liability Insurance**

## Limits of Indemnity & Cover Options

Please tick the limit of indemnity required (see "Rate Chart" for details of annual charges)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Indemnity	£100,000	£250,000	£500,000	£1,000,000	£2,000,000

Public Liability Insurance is included under all options to a limit of £5,000,000 any one claim

If you require a higher limit to those shown above please state:

Professional Indemnity

£

Public Liability

£

Do you require Employers Liability Insurance?

Yes

No

Please refer to "Rate Chart" for details of additional charges

If Yes please confirm the number of employees

Employers PAYE Reference Number

The Employers PAYE reference number is usually in the format of either NNN/Aannnnn or NNN/Annnnn, where N/n is a number and A/a is a letter (e.g. 012/Ab34567)

**Total Amount Payable**

## Disclosure of Material Facts Declaration

Please answer the following:

- (a) To the best of your knowledge and belief have there been any claims made against you in respect of any of the covers now proposed? Yes  No
- (b) Are you aware of any existing circumstances which may give rise to a claim? Yes  No
- (c) Do you undertake any work in the USA, or its territories and possessions, or in Canada? Yes  No
- (d) Has any Insurer declined a proposal or refused to renew insurance? Yes  No

If you have answered "Yes" to any of the above questions, please provide details below

Policy Start Date

**Please note that cover will not commence until this form has been received and accepted by LFC Graybrook Ltd (unless otherwise agreed)**

I declare that to the best of my knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself and the insurer. I agree to accept the insurer's standard form of policy and endorsements for this insurance. I confirm that all persons carrying out activities in accordance with the Business or Occupation as defined above are suitably qualified to do so

Signature  Date

## Important Information

### Personal Data

The insurers for policies written under this scheme are RSA Insurance Group Plc (RSA). The scheme is administered on their behalf by LFC Graybrook Limited.

To set up administer your policy RSA and LFC Graybrook will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area.

LFC Graybrook may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

**CUE** - Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Limited (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask for more information about this.

### IPT - Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance premiums. For further information, please ask us.

### This Scheme is administered by:

LFC Graybrook Limited, MKM House, 16-20 Baron Road, South Woodham Ferrers, Essex. CM3 5XQ

Web: [www.lfcgraybrook.co.uk](http://www.lfcgraybrook.co.uk) - Email: [enquiry@lfcgraybrook.co.uk](mailto:enquiry@lfcgraybrook.co.uk) - Tel: 01245321185 - Fax: 01245 322240

LFC Graybrook Ltd is an Appointed Representative of LFC Insurance Brokers Limited who are authorised and regulated by the Financial Services Authority. Registered No. 301666

### This scheme is underwritten by:

RSA Insurance Group Plc. (No. 93792) (Lead Insurer)

Registered in England & Wales at: St Mark's Court, Chart Way, Horsham. RH12 1XL

Authorised and regulated by the Financial Services Authority