

Liability & Personal Accident About the cover



PUBLIC LIABILITY

Covers your Group, its Volunteers and Staff in respect of any legal liability that may be incurred following acts of negligence that cause accidental bodily injury to other people, (not employed by you), or damage to other peoples property.

Legal liability towards persons travelling in, mounting into or dismounting from your vehicles is covered by your motor insurance – Public Liability is needed in respect of accidents away from the vehicle.

- Indemnity £5,000,000 or £10,000,000 any one accident / occurrence.
- Legal costs incurred with the consent of the insurers in defending any claim brought against you are included.
- £100 Third Party Property Damage Excess.

EMPLOYERS LIABILITY

Covers the Group, in respect of legal liability for negligence causing accidental bodily injury to employees and volunteers. (Depending on method of payment of expenses, and degree of control exercised over them, some types of volunteer may be classed as employees even if not paid a salary or wage).

This type of cover is a legal obligation imposed by the Employers Liability (Compulsory Insurance) Act, 1969, and as amended by subsequent legislation.

- Indemnity of £10,000,000 any one accident / occurrence.
- Legal costs incurred with the consent of the insurers in defending any claim brought against you are included.

LIABILITIES EXCLUDED

You may incur legal liability following your negligence which causes financial loss to another person or organisation other than following bodily injury or damage to their property e.g. by libel or slander or by breach of trust e.g. misappropriation of monies entrusted to you for a purpose.

These Liabilities are not covered by ordinary Public or Employers Liability insurance, and to cover these, ask for details of Charity and Charity Trustee Indemnity or Professional Indemnity Insurance.

PERSONAL ACCIDENT

This covers Drivers, Staff and Volunteers aged 16 - 80 inclusive for the following specified amounts as a result of accidental bodily injury sustained in the course of their duties for the Group (irrespective of legal liability for such accident).

Benefits are :-

1. Death	£5,000
2. Permanent and Total Loss of sight of one eye	} £25,000
3. Loss of one limb	
4. Permanent and Total Disablement (or loss of sight of or loss of use of both eyes or loss of both limbs)	£50,000
5. Temporary Total Disablement	£25 per week so long as such disablement continues but not beyond 104 weeks from the date of disablement (but excluding the first week of any disablement)

MEDICAL EXPENSES

Medical Expenses incurred in respect of Item 5 (above) will be paid in addition by the Underwriters up to but not exceeding 15 per cent of any claim admitted under such Item. However, if in respect of such Medical Expenses the Insured or an Insured Person shall recover any payment under any other insurance, the Underwriters shall only be liable for the difference between such recovery and the total cost of Medical Expenses incurred (not exceeding 15 percent of the claim admitted under Item 5 hereof).

Business Details

Name of Organisation

Company or Charity Registration number

Business Address
P.Code

Business Phone No Fax No

THIS SCHEME IS DESIGNED TO COVER COMMUNITY TRANSPORT ACTIVITIES. SHOULD YOU UNDERTAKE ANY ACTIVITIES UNRELATED TO THE PROVISION OF COMMUNITY TRANSPORT – PLEASE GIVE FULL DETAILS USING A SEPARATE SHEET IF NECESSARY.

How many years have you been operating?

Do you wish to increase the Public Liability Limit of Indemnity to £10,000,000 Yes No

PERIOD OF INSURANCE 12 MONTHS FROM

LIABILITY INSURANCE

1. Do you undertake work:-		
(a) Away from your premises (other than delivery and/or collection or provision of transport?)	Yes <input type="radio"/>	No <input type="radio"/>
(b) overseas?	Yes <input type="radio"/>	No <input type="radio"/>
2. Have you notified the Local Authority or the Health & Safety Executive of your business at the address (or addresses) covered by this insurance?	Yes <input type="radio"/>	No <input type="radio"/>
3. Have you been prosecuted under any safety legislation during the last 5 years?	Yes <input type="radio"/>	No <input type="radio"/>
4. Has a County Court Judgement ever been registered against your Organisation?	Yes <input type="radio"/>	No <input type="radio"/>
5. Has your organisation ever had a proposal for insurance declined, cover terminated increased premium required or special conditions imposed by any Insurer?	Yes <input type="radio"/>	No <input type="radio"/>

IF YOU HAVE ANSWERED "YES" TO ANY OF ABOVE QUESTIONS PLEASE PROVIDE DETAILS BELOW

6. Are you now or have you been insured for any of the risks now proposed If "YES" please state name of Insurer, branch, policy number and expiry date	Yes <input type="radio"/>	No <input type="radio"/>
<input style="width: 100%;" type="text"/>		

7. Do you operate a Social Car Scheme?	Yes <input type="radio"/>	No <input type="radio"/>
If "YES" state numbers of volunteers 0 - 50 <input style="width: 50px;" type="text"/> Over 50 <input style="width: 50px;" type="text"/>		

8. How many community vehicles (other than Social Car Scheme) do you operate?	<input style="width: 100%;" type="text"/>
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9. Do you operate a Community Garage Workshop?	Yes <input type="radio"/>	No <input type="radio"/>
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10. Give details of all Personal Accident and Liability claims made against you in the last 5 years. (If none state NONE) Date, brief details and cost.
<input style="width: 100%; height: 60px;" type="text"/>

PERSONAL ACCIDENT SECTION

Do you wish to double Temporary Total Disablement Benefit to £50 per week?

Yes

No

Do you operate a Community Garage?

Yes

No

If so, how many mechanics do you engage?

Yes

No

Please give details of any accidents that have occurred in connection with Group activities in the past three years.

Please disclose, with full details, any person who suffers from any chronic illness or physical disability.

MATERIAL FACTS

Failure to disclose a material fact (any fact likely to influence the insurer's acceptance or assessment of this proposal) will render this insurance voidable. If you are in any doubt about facts which might be considered material you should disclose them.

ARE THERE ANY OTHER MATERIAL FACTS YOU SHOULD DISCLOSE?

Yes

No

If YES, please provide details on a separate piece of paper

DECLARATION

I/We declare that:-

My/Our works machinery and plant are properly fenced and guarded and otherwise in good order and condition and my/our premises are in good state of repair.

I/We declare that to the best of my/our 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/ourselves and Royal & Sun Alliance Insurance plc. I/We agree to accept the Company's standard form of policy and endorsements for this Insurance. If applicable, I/We further agree that if I/We do not pay any instalment on the due date then I/We must pay the total premium which is outstanding within 10 days of Royal & Sun Alliance Insurance plc asking for it. If I/We do not pay the policy will be cancelled.

Signature _____

Date _____

Name of Group _____

Position _____