**Food Bank Insurance Enquiry Form**

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| Section 1: Contact Details | | | | | | | | | | |
|  | | | | | | | | | | |
| Name of Organisation | | | |  | | | | | | |
|  | | | | | | | | | | |
| Address of Food Bank | | | |  | | | | | | |
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|  | | | | | | | | | | |
|  | | | | | | | Postcode | |  | |
|  | | | | | | | | | | |
| Title |  | Contact name | |  | | | | | | |
|  | | | | | | | | | | |
| Correspondence Address  if different to above | | | |  | | | | | | |
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|  | | | | | | | | | | |
|  | | | | | | | Postcode | |  | |
|  | | | | | | | | | | |
| Telephone number | | |  | | | E-mail address | |  | | |
|  | | | | | | | | | | |
| Year Established | | |  | | Is the organisation a registered charity? | | | | | Yes  No |
|  | | | | | | | | | | |
| If so what is the charity number? (if known) | | | | | |  | | | | |

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| Section 2: Your Premises | | | | | | | | | | |
|  | | | | | | | | | | |
| Construction of Building | | Brick or Stone/Slate or Tile  Other (Please provide details below) | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Approximate year premises built | | |  | | | | | | | |
|  | | | | | | | | | | |
| Approximate percentage of roof which is flat? | | | | | | None  0-20%  21-50%  51-100% | | | | |
|  | | | | | | | | | | |
| Construction of flat roof | | | Concrete  Felt on Timber  Other (Provide details above) | | | | | | | |
|  | | | | | | | | | | |
| Are your premises within 500 metres of a watercourse? | | | | | | | | | | Yes  No |
|  | | | | | | | | | | |
| If so, is there any history of flooding at the premises? | | |  | | | | | | | |
|  | | | | | | | | | | |
| Security within Premises | | |  | | | | | | | |
|  | | | | | | | | | | |
| What are your opening hours? | | |  | | | | | | | |
|  | | | | | | | | | | |
| Section 3: Sums to be Insured | | | | | | | | | | |
|  | | | | | | | | | | |
| Buildings, including outbuildings (if required) | £ | | | |  | | Food Stock | | £ | |
|  | | | | | | | | | | |
| Computers and electronic equipment | £ | | | |  | | Other Contents | | £ | |
|  | | | | | | | | | | |
| Items used away from the premises  (e.g. portable devices) | | | | £ | | | | Maximum single  article limit | £ | |
|  | | | | | | | | | | |
| Tenants’ Improvements This will cover damage to any improvements to the floor, wall coverings,  ceilings, partitions, air conditioning, fire protection and security | | | | | | | | | £ | |
| Money cover is automatically included at a sum insured of £500  If you have buildings cover, subsidence cover is normally  included automatically. If you do not require this cover or  if the building has suffered subsidence, please tick this box  Public and Products Liability are automatically included at a £5m limit.  Employers’ Liability is included for employees and volunteers at a £10m limit | | | | | | | | | | |

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| Section 4: Committee Details & Activities | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Number of committee members/trustees | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
| Maximum number of additional volunteers | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
| Number of employees | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
| Duties of employees |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Total annual income | | £ | | | |  | | Annual wage roll | | | | £ | | |
|  | | | | | | | | | | | | | | |
| What is your Employer Registration Number? (If you have one) | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | |
| Do you require Personal Accident cover for volunteers? | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | |
| Do you require Trustees Indemnity cover?  If so at what level? | | | | | | | £100,000  £250,000  £500,000 | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you require cover for Fidelity Guarantee?  If so at what level? | | | | | | | | | | £25,000  £50,000 | | | | |
|  | | | | | | | | | | | | | | |
| Do the assets of the organisation exceed £2.5m? | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | |
| Do you require cover for any work away from your premises? e.g. Food collections from retailers/organisations or donation stations | | | |  | | | | | | | | | | |
| Section 5: Previous Insurance | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Present Insurer | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Approximate premium | | | £ | | Renewal date | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| Where did you hear about Norris and Fisher? | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Have there been any claims or incidents within the last 5 years?  If so, please provide details, dates and approximate costs of any incidents | | | | | | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | |
| Please use this box, where appropriate, to elaborate on construction details,  claims or anything which may be unusual about your organisation or operations | | | | | | | | | | | | | | |
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Please send this form to Norris & Fisher   
and a quotation will be provided as soon as possible.



www.norrisandfisher.com

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