



**8** During the past three years has:

(a) The name of your trust changed? Yes  No

(b) Any acquisition or merger involving your trust taken place? Yes  No

(c) The capital structure of your trust changed? Yes  No

If you have answered **Yes** to any of the above, please supply details:

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**Details of the board of trustees**

**9** Please provide details of the board of managers and/or trustees of your trust:

Name	Qualifications	Date appointed	Occupation

**10** Please provide details of any outside trusteeship held by a trust member in an outside trust for the purpose of representing your trust for which cover is required:

Name	Outside trust	Position held

**Insurance history**

**11** Does your trust currently have Trustees Liability insurance in force? Yes  No

If **Yes**, please provide details:

Insurer: \_\_\_\_\_ Renewal date:     /     /

Limit of liability: \_\_\_\_\_ Excess: \_\_\_\_\_ Premium:     /

**12** Has any insurer, in respect of the risks to which this proposal for insurance relates, ever:

(a) Declined a proposal, refused renewal or terminated an insurance? Yes  No

(b) Required an increased premium or imposed any special conditions? Yes  No

If you have indicated **Yes** to either of the above, please give details:

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## Claims information

<b>13</b> After inquiry, has there been (or is there now pending) any claim against any proposed insured person, (in their capacity as officer, trustee, secretary, board or committee member or employee) of either your trust or any other entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>14</b> After inquiry, do any circumstances exist that might give rise to a claim against any proposed insured person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>15</b> After inquiry, has there been (or is there now pending) any investigation, examination, inquiry or other proceedings in relation to the affairs of your trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>16</b> After inquiry, do any circumstances exist which could reasonably be expected to give rise to any event described above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered <b>Yes</b> to any of the above, please supply details:		
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It is agreed that if such facts or circumstances exist, this proposed insurance would exclude any claim or action arising therefrom.		

## Cover required

<b>17</b> Limit of liability:	\$
<b>18</b> Excess:	\$

## Attachments

### Please enclose the following documents with this proposal.

The last two annual reports and accounts of your trust.

The latest interim statement (if applicable).

## Declaration

On behalf of all proposed Insureds I/We declare and agree that:

- all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature:	
Title:	Date: / /