

CRAFTSINSURE

GM
INSURANCE
IMBER
BROKERS
& SONS LTD

STARTER

GM
INSURANCE
IMBER
BROKERS
& SONS LTD

LIABILITY INSURANCE
SPECIFICALLY ADAPTED
FOR
TEACHERS

SUMMARY OF COVER

- Public Liability:** Covers legal liability to third parties for personal injury or damage to property. £5,000,000 limit of indemnity any one occurrence - unlimited in the policy period.
- Products Liability:** Covers legal liability arising from the sale or supply of products including food and drink. £5,000,000 limit of indemnity any one occurrence and in all any one policy period.
- Employers' Liability:** Covers legal liability for injury, death or disease sustained by employees at work. £10,000,000 limit of indemnity any one event.
- Exclusions:** Excluding any liability arising from...
- a) goods in care, custody or control
 - b) the first £50 arising from third party property damage and/or bodily injury.

IMPORTANT NOTICE

- a) The liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium payment cleared.
- b) A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact you should contact us.
- c) G.M. Imber & Sons Ltd. are regulated by the Financial Services Authority, (FSA No. 448476).

If you have any queries or require assistance in completing this form please don't hesitate to contact G.M.Imber & Sons Limited on:-

Telephone: 01342 327250

77A HIGH STREET, EAST GRINSTEAD, WEST SUSSEX RH19 3DD

CRAFTSMANSONSORE STARTER

for Teachers

PROPOSAL FORM

(please answer all questions)

Date Insurance to Commence.....

Mr/Mrs/Miss/Ms./Dr./Other..... Full Name.....

Trading Name.....Company Registration number.....

Address.....

.....

.....

.....Post Code.....

Tel. No. (business).....(home).....

Nature of training or craft activity.....

.....

1a. Have you or any person directly connected with the ownership or management of the business ever been convicted or accused of arson, fraud, theft, receiving stolen goods or any other act of dishonesty? YES NO

If "Yes", give details below.

.....

1b. Have you or any person directly connected with the ownership or management of the business ever had a County Court Judgement registered against them? YES NO

If "Yes", give details including dates and amounts below.

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2a. Has any insurer ever declined or refused to renew your insurance, increased the premium, modified the cover or made special stipulations? YES NO

If "Yes", give details below.

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2b. In respect of any risk to be covered by this insurance, give details of all claims made against you in the last five years?

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DECLARATION

I declare that all the statements and particulars made with regard to this proposal, which I have read and checked, are true and if any answer has been given by any other person that person shall be deemed to be my agent for the purpose. I have not suppressed, omitted, misrepresented or mis-stated any material fact and I agree that this declaration shall be the basis of the contract between me and Brit Insurance Ltd.

Signature..... Date.....

I enclose annual premium of £130 representing Annual Premium of £96.99 (inc. IPT) and G.M.Imber & Sons Ltd. fee of £33.01. Cheques should be made payable to G M Imber & Sons Limited or if paying by debit or credit card complete the details below.



If selecting this method of payment please don't forget your signature authorising its use. If paying by debit card the issue number is required (if applicable).

THANK YOU

I authorise you to charge my credit/debit card - card number: [grid] Amount: £ Card Valid From [grid] / [grid] Valid To [grid] / [grid] Issue Number [grid] Security Number [grid] Signature

Please return the completed proposal together with your payment to:- G M IMBER & SONS LTD., 77A HIGH STREET, EAST GRINSTEAD, WEST SUSSEX RH19 3DD.