

Not-for-profit combined

Proposal form

Important notice:

1. This is a proposal for a contract of insurance, in which 'proposer' or 'you / your' means the individual, company, partnership, trust, charity, establishment or association proposing for cover.
2. This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any question fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. You are recommended to request a specimen copy of the proposed policy or certificate from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover. The proposed insurance covers only those losses which arise from certain events discovered or claims made against the Assured during the period of insurance, as specified in the policy or certificate.

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Please note: This proposal is not suitable if your activities include the involvement of children or vulnerable adults as a service user or volunteer. If this is the case, please complete our Social Welfare Combined proposal form or discuss your insurance requirements with your insurance broker.

PART A – GENERAL INFORMATION

(If there is insufficient space to answer a question please continue in the 'Additional Information' at the end of this proposal form).

1. Proposer

Name

Address of registered or principal office

Postcode

Telephone number

Email address

Website address

Company Registration Number (if applicable)

Charity Registration Number (if applicable)

Please list all subsidiary companies for whom cover is required.

NB. Cover will not be provided for subsidiaries not listed

2. Suitability of product

i) Do your activities involve children or vulnerable adults[♦] as a service user[♦] or volunteer?

Yes* No

***If 'Yes' this product is not suitable for you. Please do not complete any further questions and instead complete our Social Welfare Combined proposal form or discuss your insurance requirements with your insurance broker.**

[♦]a vulnerable adult means an adult who is aged 18 years or over and who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself against significant harm or exploitation.

[♦] Service Users means those persons taking advantage of your services this can include clients, members, those receiving advice from you, being looked after, undergoing treatment, being cared for etc.

Please note we **do not** provide cover for any registered offices, subsidiaries or employees within the European Union (excluding the United Kingdom of Great Britain and Northern Ireland and its territories).

Please confirm whether this is sufficient for your requirements

YES NO*

If *no' please provide full details:

ii) Please select which of the following categories best describes the your activities:

a charity or not for profit organisation whose activities are restricted to fundraising and support to an identifiable group or community or a general community group, social group

a charity or not for profit organisation whose activities may include fundraising and support but also extend to include the provision of associated general advice in your specialist area

iii) Do you activities include promoting a political belief? YES* NO

**If yes' please provide full details:*

iv) Can you confirm that

- there have been no significant fluctuations in your income or change in activities over the last three financial years and none are anticipated in the forthcoming year
- all staff and volunteers are suitably qualified, experienced and trained in respect of the services provided
- an up-to-date accident and incident book is maintained
- you are able to meet your financial obligations as they fall due?

YES NO*

**If 'no' please provide full details:*

3. Income and Activities

(i) What is your total gross income for the last financial year? £
(this should be the total revenue, including any fees earned)

(ii) Do you provide professional advice and/or consultancy work for a few and/or undertake contracts for provision of profession services? YES* NO

**If 'yes', please provide full details of the professional or consultancy work including the professional gross annual fees for such activities.*

(iii) Do you undertake work or activities outside the UK? YES* NO

**If 'yes', please provide a percentage breakdown of your income between UK, European Union and elsewhere (territories must add up to 100%)*

UK	EU*	Elsewhere*
%	%	%

(iii) Do you have any registered offices, subsidiaries or employees within the European Union (excluding the United Kingdom of Great Britain and Northern Ireland, and its territories)? YES* NO

** if 'yes', please provide full details.*

4. Aims and Activities

(i) Please describe your aims and activities

(ii) Do you provide financial or legal services and/or advice? Yes* No

Do you undertake scientific or medical research? Yes* No

Do you undertake certification, examination, licensing or regulatory activities or functions? Yes* No

Do you undertake any design or construct work? Yes* No

Are you a trade union or similar? Yes* No

** If 'yes' please provide full details*

5. Media

(i) Do you publish any material of a contentious nature on your website? Yes* No

If 'yes', please provide full details of the nature of this material, the risk management procedures prior to publication including legal readings or reviews where necessary

(ii) Do you offer guidance, recommendations or advice on your website? Yes* No

**If 'yes', please provide full details including the experience and expertise of those providing the information and disclaimers of liability displayed.*

(iii) Are any of the professional services provided on your behalf by a third party? Yes* No

**If 'yes' please provide full details of the services provided and checks the Proposer makes to ensure they are adequately insured.*

6. Financial status

(i) Do you have funding in place to continue business for at least the forthcoming 12 months? Yes No*

Are you solvent and able to pay debts as they fall due? Yes No*

** if 'no', please provide full details.*

(ii) Are your funds managed by suitably qualified external professional managers? Yes No*

** if 'no', please provide full details of who manages the organisations funds, the length of time they have undertaken such duties and their experience in fulfilling this function*

PART B – YOUR COVER REQUIREMENTS

Only answer this question if public / products liability cover is required

7. Public / products liability

- (i) Do you own your own premises or are you responsible for insuring them? Yes No
- (ii) Please clarify the nature of work that you undertake:
- Work in a clerical or non-manual capacity
- Work in a light manual capacity, which could include the use of workshops and small hand tools only
- manual work involving the use of industrial plant, machinery and power tools
- (iii) Does you carry out any fundraising activities? Yes * No

This insurance extends to automatically provide cover for certain fundraising events, such as those detailed below and where the attendance is not expected to exceed 500 people.

- Anniversary parties/birthday parties
- Baby show competitions
- Bazaars
- Charity auctions
- Coffee mornings and the like
- Collections
- Conferences/seminars
- Craft fairs
- Dances
- Exhibitions/displays/flower shows
- Fun runs and walks (other than those that require Local Authority and/or Police approval)
- Garden parties/street parties/barbecues (other than those that require local authority and/or police approval)
- Golf days
- Jumble sales/bring and buy sales/car boot sales and the like
- Training courses
- Village hall/local theatre promotions, recitals or concerts

Does this meet your requirements? Yes No *

** If no please provide full details*

For your information, certain restrictions apply in respect of the following
Play inflatables¹ must

- have a current PIPA test certificate , and
 - be used in accordance with the manufacturers recommendations, and
 - supervised by a responsible adult when in use.
- Mechanical fairground amusements and/or rides must be owned and operated by a third party who is a current member of the Showman's Guild
- Fixed playground equipment² owned and operated by the Proposer must be
 - inspected by them at least monthly and maintained in good condition, and also
 - inspected annually by a member of the Register of Play Inspectors International (RPII)

In respect of new equipment, this must be inspected by a member of the Register of Play Inspectors International (RPII) immediately following installation.

All subsequent recommendations by the member of the Register of Play Inspectors International (RPII) (both in respect of annual inspections and new installations) must be fully implemented by the Proposer.

Is this acceptable?

Yes No *

**If no please provide full details*

Do you undertake or provide activities away from your premises involving outward bounds or sports?

Yes * No

Please note whenever the listed activities below are undertaken they must be

- carried out under the supervision and control of a suitably qualified instructor authorised by and registered with the **Regulatory Body**
- under the aegis of a club which is a member of the **Regulatory Body**
- in accordance with the code of practice or recommendations issued by the **Regulatory Body** and
- the Proposer must maintain all rights and remedies against such instructor and/or club
 - Adventure activities or outward bound courses undertaken at activity centres registered with and licensed by the Adventure Activities Licensing Authority
 - Archery
 - Ballooning
- Clay-pigeon shooting
 - Dry slope skiing
 - Gliding
 - Mountaineering, cliff or rock climbing (including indoor climbing) with the use of ropes
 - Parachuting
 - Pot-holing or any subterranean activities
 - Sailing or canoeing
 - Swimming or diving (other than at a sports or leisure centre whilst undertaken under the supervision of suitably qualified lifeguards)

Is this acceptable?

Yes No *

**If no please provide full details*

For your information, please note that we exclude

- Barfly jumping, parkour, "street running", "B.A.S.E." jumping, pole climbing, elastic rope sports or activities
- Contact sports other than association football as an amateur
- Driving of a motor vehicle by anyone not licensed to drive such a vehicle on a public road (irrespective of whether or not the vehicle is being driven on a public road)
- Hang gliding, flying (other than as a commercial fare-paying passenger)
- Horse-riding (including, but not limited to pony trekking and equestrian sports) or other animal rides (other than when undertaken at an accredited British Horse Society stable)
- Jet-skiing, water-skiing, sub-aqua diving
- Martial arts (other than tai chi)
- Motor sports including motorcycles and quad bikes
- Paintballing

- Raft racing, white water rafting
- Road rallies, air displays
- Shooting (other than clay-pigeon shooting).
- The following when they are not undertaken at activity centres registered with and licensed by the Adventure Activities Licensing Authority
 - adventure activities
 - outward bound courses
 - abseiling
 - rappelling
 - assault courses
 - dirt, vert, park, street, flatland and BMX freestyle disciplines of BMX cycling; cross country, trail riding, all mountain, downhill, freeride, slopestyle dirt jumping and trials
 - disciplines of mountain biking
 - mountaineering, cliff or rock climbing without the use of ropes
 - winter sports (other than curling or skating)
- Use of fireworks, firework displays or bonfires organised by the Proposer

Is this acceptable?

Yes No

*

**If no please provide full details*

8. Employers liability

Only answer this question if Employers' Liability cover is required

- (i) Are you exempt from holding an ERN (Employer Reference Number)? Yes No*

(an ERN is allocated to all employers where PAYE is operated. A minority of employers do not have an ERN and this only occurs when all of their employees are paid less than the current PAYE threshold)

** If 'No' please provide your ERN number*

- (ii) If subsidiaries are to be covered by this insurance (as per question 1) please provide the following information for each subsidiary

(if there is insufficient space for all subsidiaries please show additional subsidiaries in the 'Supplementary Information' at the end of this proposal form)

Name	Address	ERN

- (iii) Please provide a breakdown of all wages/salaries paid during your last complete financial year

Type of employee

Number

Wage roll

Clerical

	£
--	---

Teaching/training staff

	£
--	---

Manual workers *

	£
--	---

Other *

	£
--	---

Total

	£

** If any wages are declared under 'manual workers' and/or 'other' please provide full details:*

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(iv) Does the Proposer retain:

(v)

- employment/engagement application forms, references and identity verification of all staff and volunteers
- training records relating to staff and volunteers
- accident/incident registers?

Yes No

9. Employment law protection (not available in Northern Ireland)

Only answer this question if Employment Law Protection cover required

Is cover required for Employment Law Protection?

Yes* No

** If 'Yes' please answer the following questions*

(i) Are all employees domiciled in and work in England, Scotland or Wales?

Yes No*

** if 'No' please provide full details:*

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(ii) Can you confirm that

- A contract of employment is issued to all staff.
- Written instructions are issued to all staff in the proper implementation of personnel policies and procedures.
- Such contracts, instructions and employment policies were drafted in accordance with the latest ACAS guidelines and they are regularly updated and reviewed.
- There are no plans to revise any existing benefits during the next 12 months (e.g. Pensions etc).
- Redundancy procedures comply with statutory requirements and follow ACAS guidelines and good practice.

Yes No*

** if 'No' please provide full details:*

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- (iii)
- Have there been any fundamental changes in the number of employees employed during the last year and are any anticipated?
 - Has the number of employees who have either taken early retirement, resigned or had their employment terminated (with or without cause) exceeded 20% of the total workforce over the last 2 years?
 - Has there been any adverse reaction to any previous redundancies?
 - Has there been any collective bargaining on matters relating to people employed?

** if 'yes' please provide full details:*

Yes* No

Within the last 12 month, have you:

- (iv)
- Merged with or been taken over by any other company
 - Acquired or disposed of any companies?

Yes * No

** If 'Yes' please provide full details.*

- (v) In the last five years, has there been
- (a) any employees or volunteers who have
- made, or have had made against them, allegations of bullying and/or harassment (whether sexual, racial or otherwise)?
 - been absent for work related reasons, including alleged stress?
- (b) become involved in a dispute with another party which has or could have resulted in an employment tribunal (or similar) or legal proceedings?

Yes No*

** If 'No' please provide full details (including, in respect of any employment tribunals, full details of the allegations, the outcome and any settlement or compensation payments) :*

10. Personal Accident

Do you require personal accident cover for your employees and volunteers?

Yes* No

* If 'Yes' please provide the total number of;

Full time employees	
Part time employees	
Volunteers	

11. Property damage

Only answer this question if Property Damage cover is required

(i) Address of the premises to be insured:

Premises 1	Premises 2	Premises 3
Postcode:	Postcode:	Postcode:

If more than three premises please show addresses, sums insured etc of all additional premises in the 'Additional Information' at the end of this proposal form

(ii) What sums insured are required for:

	Premises 1	Premises 2	Premises 3
Buildings	£	£	£
Stock	£	£	£
Computers	£	£	£
General contents	£	£	£
Tenants improvements	£	£	£

N.B.

- the sum insured for buildings should represent the cost of rebuilding the building in a condition equal to but not better or more extensive than its condition when new

- the sums insured for contents should represent their current replacement value (i.e. 'as new') other than stock which should represent its current value

(iii) Are the premises occupied solely by you for the purpose of the business as described to us?

Yes No*

* If 'No' please provide full details:

(iv) Can you confirm that:

- (a) the buildings are not listed buildings
- (b) the buildings were built after 1800
- (c) the buildings are constructed of brick, stone or concrete and roofed with slates,

- tiles, metal, concrete, asphalt or other non-combustible materials
- (d) the buildings are in a good state of repair and, along with all walls, gates, fences, car parks, yards, private roads, pavements and paths on or around the premises for which you are responsible, are well maintained and free from damage
 - (e) no more than 20% of the total roof area of the buildings consist of a flat roof and such roof is not more than ten years old
 - (f) the premises have never suffered from flooding and are not situated in an area troubled by flooding
 - (g) there are no large trees within 3.5 metres of the premises
 - (h) the premises have never suffered from subsidence and are not situated in an area troubled by subsidence

Yes No*

* If 'No' please provide full details:

- (v) Are they securely locked and protected when not in use and left unattended (Note: it is a condition precedent to liability that these protections are always complied with when not in use and left unattended)?

Yes No

- vi) Are the buildings/premises protected by an intruder alarm system incorporating Redcare monitoring which is installed, maintained and monitored by a National Security Inspectorate NACOSS Gold Standard Approved company and which is

- in full and proper use when the buildings/premises are closed for business or left unattended, and
- maintained in proper working order throughout the period of cover?

Yes No

11. Damage to portable property

Only answer this question if damage to portable cover is required.

Sum insured required in respect of laptops/cameras/phones	£
Sum insured required in respect of Tools	£
Sum insured required in respect of any other portable property	£

* if more than four items please show details, sums insured etc of all additional items in the 'additional information' at the end of this proposal form

N.B. the sum insured should represent the current replacement value (i.e. 'as new') of the item

12. Business interruption

Only answer this question if Business Interruption cover is required.

- (i) what sums insured and indemnity periods are required for:

Sum insured **Indemnity period**

- (a) Revenue

£	months
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(b) Rent receivable

£	months
---	--------

(c) Additional cost of working

£	months
---	--------

- N.B.*
- *the maximum indemnity period should represent the length of time it would take to get your business back to normal trading after a loss*
 - *the sum insured on revenue should represent your anticipated revenue (i.e. the money paid or payable to you in respect of work done and services rendered in the course of your business), less an amount for any costs that you would not incur whilst your business was not operating. If the maximum indemnity period chosen is greater than 12 months the sum insured should be proportionally increased making due allowance for inflationary factors.*

13. Fidelity

Only answer this question if fidelity cover is required.

How many employees (including working directors) and volunteers are there with responsibility for money, stock, accounting and computer systems?

Are all of your consultants, contract personnel, temporary staff or volunteers supervised and controlled by you in the same way as their own employees?

** If 'No' please provide full details:*

(i) Can you confirm that you

- **do not** use pre-signed cheques
- have physical stock and inventory checks carried out at least annually by persons other than those responsible for such stock
- operate and maintain a system of controlled access to computer systems which utilise individual user IDs and passwords the latter being changed at least every 60 days
- obtain written references for all persons applying for employment where they will have responsibility for money, stock or computer operations
- ensure professional external auditors audit their accounts at least once a year and all recommendations are acted upon
- ensure the payment for goods and services are authorised by an employee/volunteer not responsible for ordering or certifying receipt of such goods or services?

** If 'No' please provide full details:*

(ii) Are the duties of each employee arranged so that no individual can

- sign cheques or authorise payments above £25,000
- issue fund transfer instructions
- open new accounts
- amend fund transfer procedures

- make investments in shares, other security or valuables
- control any transaction from start to finish?

If 'No' please provide full details:

14. Cyber and Data Risks Practice

Only answer this question if Cyber cover is required.

(i) please confirm that you

- Utilise and maintains updated anti-virus, anti-spyware and firewall protections?
- Follow software providers security recommendations and updates?
- Undertake a backup of data at least monthly?
- Require all employees to be automatically prompted to change their passwords at least every 90 days?
- Do not operate any websites that process payment online?

YES NO*

**If 'no', do you undertake or have any involvement in the following activities*

- Financial Services, Insurance, provision of credit/loans?
- Data storage, data processing, data security?
- Operating dating, gambling or gaming websites?
- Telemarketing or Call centres?
- IT Security systems or testing?
- Hosting cloud or data centre facilities?

YES* NO

**If 'yes', please provide full details including the following*

- the extent of such activities (i.e. whether or not you are the main activity or, if not, an indication of your relevance to your main activity)
- if hosting cloud or data centre facilities, whether you provide your own servers and data storage or whether space is arranged with a third party)

(ii) Do you collect, store or process

- more than 50,000 data records per annum
- more than 5,000 patient or healthcare records
- more than 5,000 payment card data or other personal financial information records (other than for their own employees)
- US personal data?

YES* NO

**If 'yes', please provide full details including the following*

- number of overall data records they collect, store or process per annum
- number and nature of payment / healthcare / other personal financial data
- US citizen's personal data records
- whether data is stored by the proposer or with a third party data centre/cloud provider
- the security measures in place to protect unauthorised access (including by the proposer's own employees).

(iii) Please consider ALL of your computers when answering the question.
Do you:

- utilise and maintain updated anti-virus, anti-spyware and firewall protections
- follow software providers security recommendations and updates
- undertake a backup of data at least monthly
- ensure that all confidential or sensitive data is encrypted when stored on portable devices or in transmission
- not operate any websites that process payments online?

YES NO*

**If 'no', please provide full details*

(iv) Do you have

- controls to restrict unauthorised access to confidential / sensitive data within your network
- processes in place to ensure all confidential data is encrypted when stored on portable devices or in transmission?

YES NO*

**If 'no', please provide full details*

(v) Do you operate any websites that include E-commerce, process payments or collect confidential / sensitive data?

YES* NO

**If 'yes', please provide full details*

(vi) Have you had (or been made aware) of any circumstances in the last 12 months involving:

- any loss of data, virus, denial of service or hacking incident which has, or could adversely impact your business
- any evidence of unauthorised network intrusion or vulnerabilities highlighted in an IT security audit or penetration test which have not yet been resolved
- any unforeseen downtime to your website or IT network of more than 24 hours

YES* NO

If 'yes', please provide full details

PART C – DECLARATIONS
To be answered by all proposers

(If there is insufficient space to answer a question please continue in the 'additional information' at the end of this proposal form).

15. Other information

Is there any other information that you would like to bring to our attention that you feel would help them better understand your activities, risk management controls and/or vetting procedures?

Yes* No

** If 'Yes' please provide full details in the 'additional information' at the end of this proposal form.*

16. Claims and circumstances

Can you confirm that

- (i) neither you, nor any governor, director, council member, officer, trustee, manager or partner of the organisation or any person insured or proposing for insurance has
 - (a) been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence?
 - (b) been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administrative order?
- (ii) the organisation has never had an application for this type of insurance declined by any insurer, had a renewal of such insurance declined, nor had similar insurance cancelled or made subject to special conditions?
- (iii) within the last five years neither the organisation, nor any person insured or proposing for insurance to which this proposal relates
 - (a) has any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise?
 - (b) has suffered any loss or made any claim (whether insured or not) which would have fallen within the scope of the proposed insurance irrespective of whether or not such loss or claim relates to the property insured or proposed for insurance?
- (iv) neither the organisation nor any person insured or proposing for insurance is aware AFTER ENQUIRY, of any circumstance or incident which they have reason to suppose might afford grounds for any future claim that would fall within the scope of the expiring insurance or the proposed insurance?

Yes No*

** If 'No' please provide full details:*

17. Declaration

Important information concerning your personal information

Please carefully read the following before you sign and date the declaration.

Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). We collect and use relevant information about individual insureds to provide you with your insurance cover and to meet our legal obligations.

This information includes individual insureds' details such as their name and address [and may include more sensitive details such as information about their health and criminal convictions].

We will process individual insureds' details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our full Markel privacy notice, a copy of which is available online at <http://www.markelinternational.com/foot/privacy-policy/> or on request.

Information notices

To enable us to use individual insureds' details in accordance with current data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this short form information notice on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

Minimisation and notification

We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You must promptly notify us if an individual insured contacts you about how we use their personal details in relation to your insurance cover so that we can deal with their queries.

Important information concerning your duty to make a fair presentation of risk

Please carefully read the following before you sign and date the declaration.

Before the insurance policy takes effect you have a duty to make a fair presentation of the risks to be insured.

A fair presentation of the risk is one

- which discloses to us every material circumstance which you know of or ought to know of, or
- gives us sufficient information to put us on notice that we will need to make further enquiries for the purpose of revealing those material circumstances, and
- which makes that disclosure in a manner which is reasonably clear and accessible to us, and
- in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

A material circumstance is one that would influence our decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to us.

Failure to make a fair presentation of risk could prejudice, reduce or modify your rights under the policy.

I declare that

- I am authorised to complete this proposal on behalf of the Proposer
- every statement and particular within this proposal form
 - which is a statement of fact, is substantially correct, and
 - which is a matter of expectation or belief, is made in good faith

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I will undertake to provide details of all such changes to you in order to comply with my obligation to provide a fair presentation of the risk to be insured under the insurance policy.

Signed*:

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Name:

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Capacity*:

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Date:

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* the signatory should be a director or senior officer of, or partner in, the proposer.

ADDITIONAL INFORMATION

Please provide additional information as requested within the proposal quoting the question number to which your comments refer.

(if there is insufficient space please continue on a separate sheet and attach to this proposal)

Question no.	Additional information.

EASY PAYMENT PLAN

Markel (UK) Limited has negotiated a highly competitive 10 month premium finance plan with a premium finance company, for the exclusive use of its assureds.

To take advantage of these facilities please tick the box below enabling the finance company to dispatch a pre-prepared agreement directly to you for completion and return.

The level of charge, applied to total premium (including IPT where appropriate), will be confirmed on the agreement. Contact your broker or ourselves for a note of current charge.

I WISH TO TAKE ADVANTAGE OF THE 10 MONTH EASY PAYMENT PLAN (TICK AS APPROPRIATE)

NOTICE TO THE PROPOSER

The underwriters

Markel (UK) Limited underwrites business on behalf of Markel International Insurance Company Limited.

THE LAW OF THE INSURANCE CONTRACT

The parties to this proposed insurance are free to choose the law applicable to the insurance contract. Unless you specifically agree otherwise with Underwriters, your proposed contract will be governed by English law.

Markel (UK) Limited

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Offices at Birmingham, Bristol, Leeds and Croydon
Registered office: 20 Fenchurch Street, London EC3M 3AZ Registered in England number 2430992

Markel (UK) Limited is an Appointed Representative of Markel International Insurance Company Limited who are authorised and regulated by the Financial Services Authority

PROP/WNP/01/21