



Community Network Membership Employers Liability Insurance Application form

Your Application

Full name of group

BTCV Group Reference Number

Contact name

Employee Details

Please complete the table below giving personnel numbers and annual estimated wages/salary bill for the year ahead excluding Employer's National Insurance and Pensions contributions. If you employ part-timers please insert full-time equivalents in the number boxes.

Type of employee	Numbers	Wageroll/Salary Bill
Managerial, clerical, administrative staff		
Manual workers (non hazardous)		
Workers involved in hazardous duties*		
	Total	Total

* Examples of hazardous work – construction, using chainsaws, woodworkers, tree fellers, working at height.

Claims

Have you had any claims in the last 5 years?

Yes

No

If yes, please supply the date of each incident, the amount paid, the amount outstanding, the circumstances, and action taken to prevent a recurrence, in the space below.

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Premium details

Total estimated Wageroll/Salary Bill up to £20,000 – Premium inclusive of 6% Insurance Premium Tax **£ 106.00**

Total estimated Wageroll/Salary Bill exceeds £20,000 – REFER TO BTCV

£

Fixed insurance scheme administration charge

£ 39.50

Total amount payable to BTCV

£

Declaration

I declare that to the best of my knowledge and belief, the details in this proposal are true and complete and no material fact (being a fact likely to influence an insurer in the assessment or acceptance of a risk) has been omitted. I can confirm that the group is non-political and will be undertaking practical environmental activities.

Signature

Name

Position in group

Date

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Please send this completed form with your payment to:
BTCV, Sedum House, Mallard Way, Potteric Carr, Doncaster, DN4 8DB

Zurich Municipal

Zurich House, 2 Gladiator Way, Farnborough, Hampshire, GU14 6GB England.
Telephone 0870 2418050. Fax 01252 370404. www.zurichmunicipal.com

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