

POLICY NO: YLL 122004 195300



**INSURANCE PROPOSAL**  
Please complete and return

Suffolk ACRE Services  
Suffolk House  
2 Wharfedale Road  
Ipswich  
IP1 4JP  
Tel: 01473 242500



**ZURICH**  
**MUNICIPAL**

**Name of Council** \_\_\_\_\_

**Parish Clerk - Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Tele no:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Date Cover required from** \_\_\_\_\_

**2. Size of Parish** \_\_\_\_\_

**3. Is the Playground Liability option required?**

**3a How many items in our playground?**

**4. Is Additional Part Time employees liability option required?**

**[in additional to cover for the Clerk]**

\_\_\_\_\_

**5. Is Additional Fidelity Guarantee to £10,000 required?**

or to £20,000 required?

\_\_\_\_\_  
\_\_\_\_\_

**6. Is the Libel and Slander option required?**

\_\_\_\_\_

**7. Is the Council responsible for the  
maintenance of a cemetery?**

Yes/ No

**8. Property to be insured**

Item Value

**1. Impact Only**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. All Risks**

\_\_\_\_\_  
\_\_\_\_\_  
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**Are you a member of Suffolk ACRE ?**

**YES/NO**

**Has the proposing Council made any insurance claims in the last 5 years YES/NO**

**If YES please provide details in the space below including the name of the Insurers.**

**Declaration :**

**I declare that the information contained in this proposal is true and accurate to the best of my knowledge and belief.**

**Signed on behalf of the Parish Council**

**Name ( Printed )  
Position held  
Date**

Parish Councils can enter the Group Scheme at any time.  
The Group Scheme year runs from each October 1st and Councils entering at any other time will pay a reduced premium pro rata to the time left in the year.

Please refer to the **Scheme Terms** for details of the limits and excesses that apply.

**Suffolk ACRE Services is authorised and regulated by the Financial Services Authority**

