

SUPPLY TEACHER BUDGET PROTECTION FOR ACADEMIES

PROPOSAL FORM

To obtain a quotation under the above insurance please complete this form in BLOCK CAPITALS and return to the address below, or alternatively, email it to jackie.quinn@marsh.com.

Marsh Ltd, Education Practice, Capital House, 1- 5 Perrymount Road, Haywards Heath, West Sussex RH16 3SY

Name of school: _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Email: _____

Section 1 – School Details

Type of school: Nursery/Primary Secondary *(Please tick as appropriate)*

Current number of pupils: _____

Date school's financial year commences: _____

Date school became an academy: _____

Date school wishes cover to commence from: _____
(Please note: cover will not commence until underwriters have received all information required and have confirmed the premium to be charged).

Does the school currently have staff absence insurance? YES/NO *(Please delete as applicable)*

If YES, please provide the expiry date: _____

Does the school currently have insurance protection for supply teacher expenses such as:

Stop loss: YES/NO If Yes, what is the expiry date _____

Staff overspend: YES/NO If Yes, what is the expiry date _____

Budget protection: YES/NO If Yes, what is the expiry date _____

What is the school's supply teacher budget for the forthcoming accounting year: £ _____

Continued over/.....

Section 2 – Staff Details

Number of current Full Time Equivalent (FTE) teaching staff employed: _____

Number of Full Time Equivalent (FTE) teaching staff at date of proposed policy inception: _____

After how many days do you generally hire in a supply teacher? _____

Will this remain the same for the period you require this insurance for? YES/NO (Please delete as applicable)

If NO, please explain the change and the reason for it: _____

Please complete the following table for the current accounting year you are part way through and the three preceding years:

	Current year (to date)	Prior year 1	Prior year 2	Prior year 3
FTE Teaching staff numbers				
Number of supply teacher days purchased				
Total cost for supply teachers				
Average cost per day for supply teachers used				
Schools supply teacher budget (if known)				

How much would you like the school's retained layer to be for this insurance (this must be equal to, or exceed the school's supply teacher budget): £ _____

The maximum amount the insurers would be liable to pay under this insurance is £50,000.

If you would like a lower level, which may reduce your premium, then please state the amount you would like: £ _____

Data Protection — Your information (including information we already hold and may receive now and in the future as well as information about lapsed policies) will be shared with the Insurers. In addition we may hold your information on a group database and it may be shared with other MMC group companies. This will allow us to reflect all the connections that you have with the MMC group. Your information will be used by us and the Insurers for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of performing our obligations to you, your information may be disclosed to agents and service providers appointed by us or the Insurers, including claims handlers, consultants, market research and quality assurance companies. Your information may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. Such information may include "sensitive data".

The Data Protection Act 1998 defines sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have a right to access (subject to limited exceptions) and if necessary rectify the information that we hold about you. Insurers pass information to the Claims and Underwriting Exchange Register. This register has been established to help check the information provided and also to reduce fraudulent claims. This register may be searched when dealing with your request for insurance. Under the conditions of your Policy, you must declare all incidents whether or not they may result in a claim. This information may be passed to the register.

Declaration

I declare to the best of my knowledge and belief that the answers provided above are accurate and true and that I have not deliberately concealed or withheld anything which the insurer ought to be aware of. I acknowledge that the Insurer will offer the policy and calculate the premium using the information provided above and that any change to the responses above may result in a change in the terms and conditions of the policy and/or change in the premium. Please note that providing incomplete, false or misleading information could affect the validity of your policy and may mean that all or part of a claim may not be paid. The Insurer does not intend to check your responses with any third party. All of the information you provide will be treated as private and confidential.

Signature: _____ Date: _____

Name: _____ Position: _____

Telephone number: _____ Email: _____

