

# Nanny Proposal Form

**ACCORD CONSULTANCY LIMITED**  
Albany Business Centre, Gardeners Street  
Dunfermline, Fife KY12 0RN  
Tel: 01383 741 997 Fax: 01383 745 884  
FSA Ref: 207522

Please read the Summary and Guide carefully before you complete this form.

Your insurance will be provided under a Nanny Policy. Any special terms or conditions will be advised to you in writing.

Please complete and return together with your payment to Morton Michel, Alhambra House, 9 St Michaels Road, Croydon, CR9 3DD. You can take out this cover online if you prefer by going to [www.mortonmichel.com](http://www.mortonmichel.com) and following the links in the Nanny section. If you take out cover online, you do not need to complete and return this form.

Title Miss/Mrs/Ms/Mr/Other

Proposer's name in full

Date of Birth

Telephone No.

Email address

Your address in full

Postcode

Address of premises where you work

Postcode

1. Do you work as:

a) a nanny? Yes  No  b) a doula? Yes  No  c) a maternity nurse? Yes  No  d) a childminder exempt from compulsory registration? Yes  No

2. How many hours a week do you work?

3. How many children will you be looking after,

aged under 8?          aged between 8 and 12?          aged between 12 and 17?

4. Details of your qualifications

5. Details of your experience

6. Are you registered on, or have you applied to be registered on, the voluntary part of the Ofsted Childcare Register (England)?

Yes  No

If YES,

Date Registered (if already registered):

Registration number (if allocated):

7. Are you on, or have you applied to be on, the Childcare Approval Scheme (Wales)?

Yes  No

If YES,

Date Approved (if already approved):

Approval number (if allocated):

8. Do you have a Criminal Records Bureau check or Disclosure check for working with children?

Yes  No

9. You are automatically covered for £3M Public Liability. Do you require the cover to be increased to £5M? (Additional Premium £30.00 including IPT)

Yes  No

10. Have you been convicted of any criminal offence (other than motoring offences) or is any prosecution pending?

Yes  No

11. Has there ever been a claim (insured or otherwise) made against you in any childcare capacity?

Yes  No

If you have answered YES to questions 10 or 11, please give full details

12. I require my Nanny insurance to commence from

13. a) Do you have any existing insurances with Morton Michel?

Yes  No

If YES, please state policy number(s)

b) Have you had any previous insurances with Morton Michel?

Yes  No

If YES, please state policy number(s)

## Optional Extra

Personal Possessions (for live-in nannies). For details of what is included, please see Summary and Guide. If you require Personal Possessions insurance, please complete the following:

1. Is sum insured of £3,000 adequate?

If NO, what is the full value of your Personal Possessions at your employer's home?

£4,000    £5,000    £6,000    £7,000   If more than £7,000, please state amount for a quotation £

2. Is the total value of jewellery, watches, furs, silverware, antique furniture, articles of precious metal and precious stones more than £2,000?

Yes  No

3. Is the value of any single article, pair, set or collection more than £1,000?

Yes  No

4. Have you suffered any loss or damage to your personal possessions in the last 5 years?

Yes  No

5. Have you ever had an insurance proposal or renewal declined or special terms imposed (in relation to insurance of personal possessions)?

Yes  No

6. I require my Personal Possessions insurance to commence from:

If you have answered YES to questions 2, 3, 4 or 5, please give full details

Continued Overleaf

# Nanny Proposal Form Continued

Declaration I declare that to the best of my knowledge and belief the answers given are true and complete in every respect. I agree that this proposal and declaration shall be the basis of the contract between me and Sterling Insurance Company Limited and shall be deemed incorporated in such contract.

Data Protection Act I/we understand and agree that the personal information I/we provide (including sensitive personal details) may be used for insurance purposes by Sterling Insurance Company Limited, its connected companies, reinsurers, agents and subcontractors; and also shared with other insurance companies as required for the purposes of my/our insurance. Where we have provided information about my/our spouse(s), partner(s) or another person/other persons (including their sensitive personal details) I/we confirm that I/we have their permission to provide this information for insurance purposes. I/we give irrevocable authorisation for any medical practitioner I/we have consulted to provide any medical information requested by Sterling Insurance Company Limited and its connected companies, in relation to a claim made by my/our personal representatives in the event of my death/our deaths. I/we understand that I am/we are entitled to a copy of my/our personal information on payment of a fee.

From time to time, Morton Michel may wish to send you details of services and products, if you do not wish to receive such mailings, please tick this box.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**You have a duty to disclose all material facts and failure to do so could invalidate the insurance. Cover does not commence until the proposal has been formally accepted by Morton Michel unless otherwise agreed with Morton Michel.**

How would you like your documentation sent to you?

Sending documents in pdf format by email is quicker and kinder to the environment. It also means that you can keep a copy on your computer to print out whenever required. If you would prefer to have a pdf of your policy schedule and policy booklet sent to you by email instead of post, please tick the box below and provide your email address, clearly printed. If you do not tick the box or provide your email address then your documents will be sent by post.

Please email my documents to me  My email address is: \_\_\_\_\_

Where did you hear about Morton Michel? (Please tick as appropriate)

Nanny Agency  Friend  Employer  Ofsted  Other (please state)



Childcare Motor Insurance

Would you like Morton Michel to provide a quotation? Yes  No

## Premium Calculation

Nanny UK other than Northern Ireland, the Channel Islands and the Isle of Man £70.00 (including IPT)  £

If you are registered on, or have applied to be registered on, the voluntary part of the Ofsted Childcare Register (England) or the Childcare Approval Scheme (Wales), the Nanny premium is reduced to £65.00 (including IPT)

Northern Ireland £80.00 (including IPT) £  
Channel Islands and the Isle of Man £66.67 (IPT not applicable) £

Optional Extras (Please tick level required)

Increase Public Liability to £5M Additional Premium £30.00 (including IPT)  £

Personal Possessions (Please complete proposal form overleaf, if Personal Possessions insurance is required.)

Level Premium (including IPT)

£3,000 £30.00 £

£4,000 £40.00 £

£5,000 £50.00 £

£6,000 £60.00 £

£7,000 £70.00 £

Total Premium £

Morton Michel Administration Fee £ 1.00

Total to pay £

I have enclosed a cheque or credit/debit card details or a completed direct debit mandate as payment for the above Nanny insurance and any selected optional extras.

Payment by Credit/Debit Card: Please complete the form below

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Postcode \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_

Issue Number (switch / solo only) \_\_\_\_\_

Expiry Date \_\_\_\_\_

Valid From \_\_\_\_\_

Total Amount to be charged £

Signed \_\_\_\_\_