

# Policy Schedule



Prepared for: Charminster Close Residents Company Ltd





### Important Information for the Broker

By accepting this quotation **You** are confirming that **You** are acting as the duly authorised agent for the party named in the **Policy Schedule** who is making this application for insurance (the "Applicant") and that **You** are authorised to warrant on behalf of the Applicant that;

- all of the information contained in this proposal is true and that all information required has been disclosed to **Us**; and
- **We** will be notified immediately if the Applicant becomes aware of any change to the information supplied.

You are also confirming you have explained to the Applicant;

- the information provided will be relied upon by **Us** in deciding whether, and upon what terms, to offer insurance; and
- that **We** have the right to modify or withdraw any offer of insurance in the event that there is any change to the information supplied.

Words specially defined in bold type are defined in the **Policy** wording and have the same meaning wherever they appear.



### **Schedule**

Policy Number	TA0357215				
Insured	Charminster Close Residents Company Ltd				
Postal Address	1-30 Charminster Close Swindon, SN3 3QB, United Kingdom				
Period of Insurance	From: 30 June 2020 To: 30 June 2021 both days at 00:01 a.m.				
Premises	As per schedule of Insured property attached				
Premium	£309.84				
United Kingdom Insurance Premium Tax at 12%	£37.18				
Total Premium	£347.02				
Wording	ANGEL – Terrorism Feb 2019				
Underwriting Basis	Statements of Fact	×	Proposal Form		
Choice of Law and Jurisdiction	Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both the Insured and the Insurers to be subject to English Law				
Territory	The United Kingdom of Great Britain, the Channel Islands and Isle of Man as detailed herein				
Endorsements	Exclusion – Liability TER112c LIAB Exc/TER Exclusion – Personal Accident TER113c PA Excl/TER				
Subjectivities	N/A				

OPERATIVE CLAUSES				
Damage	Limit	Reinstatement basis – as per schedule attached		
	Excess	Follow Assoc Policy (£500 Minimum)		
Business Interruption Section	Limit	Reinstatement basis – as per schedule attached		
	Excess (Threat / Action of a civil or military authority)	24 hours		



Liability Not Insured	Limit	N/A
	Excess	N/A
Group Personal Accident Not Insured	Limit	N/A
	Excess	N/A

Application of Associated Policy	This <b>Policy</b> is subject to the same terms and conditions, definitions, clauses and exclusions as the corresponding <b>Associated Policy</b> for which a claim is made under this <b>Policy</b> . For the avoidance of doubt, in the event of a conflict between the terms of an <b>Associated Policy</b> and the terms of this <b>Policy</b> , for the purposes of this <b>Policy</b> the terms of this <b>Policy</b> shall prevail.
Associated Policy	This <b>Policy</b> will only respond if the <b>Associated Policy</b> is maintained in full effect for the duration of the <b>Period of insurance</b> . If it later transpires that the <b>Associated Policy</b> has not been maintained in full force for all or some of the <b>Period of insurance</b> the cover provided to <b>You</b> under this <b>Policy</b> shall only apply whilst the <b>Associated Policy</b> was in full force and effect. The premium payable for this <b>Policy</b> is not refundable even if the <b>Associated Policy</b> expires or is cancelled before the end of the <b>Period of insurance</b> .

Signed:

On behalf of Angel Risk Management Limited Date: 18 June 2020

### **Notification of Claims and Circumstances to**

Claims Director Angel Risk Management Limited 3<sup>rd</sup> Floor 1 Legg Street Chelmsford Essex, CM1 1JS

Telephone: 01245 343630 Fax: 020 7785 8055

Email: claims@angelriskmanagement.com Web: www.angelriskmanagement.com



### **Location Schedule**

#### Reinstatement basis

Policy Number: TA0357215 Insured: TA0357215 Charminster Close Residents Company Ltd

				Declared Value(s) (£)					
Address	PostCode	Terrorism Zone	Building Value(s)	Content Value(s)	Business Interruption Value(s)	Loss of Rent Value(s)	Rent / Alt Accomm Value(s)	ICOW/AICOW Limit	Total Declared Value(s)
1-30, Charminster Close Swindon SN3 3QB	SN3 3QB	С	4,356,537	50,000	0	0	1,437,657	0	5,844,194
		Total	4,356,537	50,000	0	0	1,437,657	0	5,844,194



### Schedule of Insurers' Participation

Insurer

Atrium Underwriters Limited for and on behalf of Lloyd's Syndicate AUW 0609

33.3333%

**We** are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 204834). **Our** registered office is Room 790, Lloyd's, 1 Lime Street, London, EC3M 7DQ. Registered in England No. 1958863.

Insurer

AXIS Specialty Europe SE (London Branch)

66.6667%

**We** are a branch of AXIS Specialty Europe SE, which is authorised by the Central Bank of Ireland, and are subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. **Our** Principal Place of Business is: 4<sup>th</sup> Floor, Plantation Place South, 60 Great Tower Street, London, EC3R 5AZ. AXIS Specialty Europe SE is incorporated in Ireland with its registered office at Mount Herbert Court, 34 Upper Mount Street, Dublin 2, Ireland. Registered in Ireland No. 353402SE.

Pursuant to Binding Authority Unique Market Reference Number

B087520A2665001

**You** can check these out on the FCA's website at www.fca.org.uk which includes a register of all the firms they regulate or by calling the FCA on 0800 111 6768 and the Central Bank of Ireland's website <a href="https://www.centralbank.ie">www.centralbank.ie</a> which includes a register of all the firms they regulate or by calling the Central Bank of Ireland on +353 (0)1 224 6000.



### Terrorism Insurance

#### **Endorsement 1**

This endorsement, effective 00:01 a.m. 30 June 2020 attaches to and forms part of Policy Number: TA0357215

In the name of: Charminster Close Residents Company Ltd

#### **Exclusion – Liability TER112c LIAB Exc**

The following Operative Clause is deleted.

#### 3.2 Liability

The following is included within **Exclusions**;

Except where specifically included, We will not have any liability under this Policy for, or directly or indirectly arising out of, or in any way connected with any of the following:

#### (5.15) Liability

claims against You arising out of any;

- Bodily injury; and (i)
- (ii) Damage.

Subject otherwise to all other terms, conditions, exclusions and limitations of this insurance.

Date: 18 June 2020

Signed:

On behalf of Angel Risk Management Limited

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### Terrorism Insurance

#### **Endorsement 2**

This endorsement, effective 00:01 a.m. 30 June 2020 attaches to and forms part of Policy Number: TA0357215

In the name of: Charminster Close Residents Company Ltd

## Exclusion – Personal Accident TER113c PA Excl

The following Operative Clause is deleted.

#### 3.4 Personal accident

The following is included within **Exclusions**;

Except where specifically included, **we** will not have any liability under this Policy for, or directly or indirectly arising out of, or in any way connected with any of the following:

#### 5.15 Personal accident

any claim by an insured person(s) for accidental bodily injury, illness or medical expenses.

Date: 18 June 2020

Subject otherwise to all other terms, conditions, exclusions and limitations of this insurance.

Signed:

On behalf of Angel Risk Management Limited

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Dated: 30 June 2020

**STATEMENTS OF FACT** for risk number TA0357215

Applicant: Charminster Close Residents Company Ltd

#### IMPORTANT INFORMATION FOR THE APPLICANT

In making this offer of insurance the **Insurer** has relied upon the information provided by or on behalf of the Applicant and which is set out in the Statement of Facts below. Please therefore ensure that you make proper enquiries, check the Statement of Facts carefully and let the **Insurer** know immediately if it contains any errors or if any of the information required by the **Insurer** prior to the inception of the **Policy** has changed.

If it later transpires that:

- (a) any information contained in the Statement of Facts was known or ought reasonably to have been known to be incorrect or has been misrepresented; or
- (b) any information which was required by the Insurer was not disclosed

then the **Insurer** reserves the right to modify the **Policy** terms and conditions, charge an extra premium or to declare the **Policy** void from the beginning.

Words specially defined in bold type are defined in the Policy Wording and have the same meaning wherever they appear.

#### THE APPLICANT CAN CONFIRM THAT:

It is a registered UK, Channel Islands, IOM Company / Trustee / Sole Trader / Entity; and

True

NO business or other activities relating to:

- Defence
- Diplomatic Services

True

- Security work for overseas governments
- · Security work in or around countries in the middle east

It does NOT have any locations relating to the following:

- An entertainment venue with a capacity of more than 1,500 persons
- A stadium with a capacity of more than 10,000 persons
- A transportation link e.g. airports, bridges, tunnels, dams, railway or underground stations

True

- A Central government Building
- An Embassy or Consulate building
- A nuclear installation

It does NOT have (or is planning to have) any operations relating to:

- any security scanning, screening or other detection device; or
- any products used within the aviation industry

True

(Relates to Liability Cover only)



It does NOT have any building related to religious belief (except in respect of incidental exposures, i.e. chapels in education establishments); and

True

It does NOT have any premises which are private residences other than residential properties that are insured under a commercial policy; and

True

It does NOT have any premises where the first characters of the post code are any of the following E1, E14, EC, W1, WC, SE1 or SW1; and

True

It is NOT aware of any claim(s) that have been made in the past.

True

#### THE APPLICANT CAN CONFIRM THAT:

#### **DATA PROTECTION**

It consents to the **Insurer** or its representatives using the information the **Insurer** may hold about the Applicant for the purpose of providing insurance and handling claims and to process sensitive personal data about the Applicant where this is necessary, in compliance with the Data Protection Act 2018 (DPA 2018). This may necessitate providing such information to third parties.