

Please answer all questions accurately, as incorrect information may invalidate your insurance. Once completed, please return this form to Sportscover via your insurance intermediary.

### General Details

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1. Full name of Insured .....
2. Trading name .....
3. Is the business registered (or a limited company) Yes  No
4. Sports/Activities undertaken .....  
.....
5. Contact name .....
6. Postal address .....  
.....  
..... Post Code .....
7. Phone (Pri) ..... (Bus) ..... (Mob) .....
8. Risk address .....  
.....  
..... Post Code .....
9. Email address ..... Internet site .....
10. Period of Insurance from ...../...../..... to ...../...../.....

### Cover Required

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Please select the insurance(s) that you require cover for:

Public Liability/Professional Indemnity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Employers Liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Personal Accident*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Directors & Officers Liability*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\* For Personal Accident and Directors & Officers Liability insurance, a separate proposal form requires completion and is available on request

# Public Liability/Professional Indemnity

Please only completed this section if you have indicated on page 1 that Public Liability/Professional Indemnity cover is required.

## 1. Limit(s) of Indemnity Required

a) Public liability (*tick one*)      £1,000,000       £2,000,000       £5,000,000       £10,000,000

b) Professional Indemnity (*tick one*)      £1,000,000       £2,000,000       £5,000,000

## 2. Does the Club or Association own or operate:

a) Swimming pool	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Length x ..... (metres)
b) Sauna	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
c) Tennis courts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
d) Squash/Racquet Ball courts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
e) Grandstand	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
f) Child minding facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
g) Canteen/Cafeteria	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Does the Club or Association:

h) Host international/national events	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
i) Own the premises	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
j) Hire the premises out	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
k) Own the equipment used	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
l) Hire out the equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
m) Have a liquor licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
n) Manufacture goods	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
o) Sell goods to the public	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
p) Entered into any Contractual Agreements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If "Yes" please give details including type of equipment, type of licence etc

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If "Yes" to i) above, do you have property owners liability insurance in force      Yes       No

If "Yes to j) above, do You require third parties hiring out the premises to have their own Public Liability insurance      Yes       No

## 3. Give details of the following (*please complete all questions*)

a) Number of events per year (delete as appropriate)	meetings	<input type="checkbox"/>	games	<input type="checkbox"/>	tournaments	<input type="checkbox"/>
b) Number of Spectators at each event (average)	meetings	<input type="checkbox"/>	games	<input type="checkbox"/>	tournaments	<input type="checkbox"/>
c) Number of the Committee	members	<input type="checkbox"/>	officials	<input type="checkbox"/>		
e) Number of Registered	players	<input type="checkbox"/>	members	<input type="checkbox"/>	teams	<input type="checkbox"/>
f) Number of Registered non playing	members	<input type="checkbox"/>				
g) The number requiring cover	associations	<input type="checkbox"/>	clubs	<input type="checkbox"/>	members	<input type="checkbox"/>
	coaches	<input type="checkbox"/>	referees	<input type="checkbox"/>	instructors	<input type="checkbox"/>

**4. What is the business turnover**

a) for the previous financial year £ ..... b) and your estimate for the coming year £ .....

**5. Is there a policy in place for members, volunteers or employees with regard to:**

a) pregnancy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	c) infectious diseases	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) blood spillage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	d) discrimination	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If "Yes" please give details

.....  
 .....  
 .....

**6. Approximate duration of season**

a) number of months ..... b) from ..... to .....

**7. Are the Coaches / Referees / Instructors to be covered qualified** Yes  No  N/A

If "Yes" please give details including minimum qualification level obtained

.....  
 .....  
 .....

**Employers Liability**

Please only completed this section if you have indicated on page 1 that Employers Liability cover is required.

**1. Provide current total wage roll for each of the following duties**

a) Clerical/managerial (exclude manual activities)	£ .....	Number of staff .....
b) Retail/catering/bar staff	£ .....	Number of staff .....
c) Players/participants	£ .....	Number of staff .....
d) Coaches/instructors/trainers	£ .....	Number of staff .....
e) Ground staff/maintenance	£ .....	Number of staff .....
f) Other manual	£ .....	Number of staff .....

If "Other manual" is included, please provide details of type of activities undertaken

.....  
 .....

**2. Are all premises used during the course of your business maintained to a good standard** Yes  No

**3. Are all regulations for the maintenance and safety of your equipment complied with** Yes  No

**4. Are hazardous substances used and/or stored** Yes  No

If "Yes", please give details of type, their handling and storage procedures

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 .....

5. Please give details of your Health & Safety policy (not required if less than 5 employees)

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.....

## Property

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1. When were the Premises constructed .....

2. Are the buildings constructed only of brick, stone, concrete or other non-combustible materials and roofed with slate, tiles, concrete or other non-combustible materials Yes  No

If "No" please provide full details of the construction and advise what percentage of the building does not comply with the above construction.

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.....

3. How long have you occupied these premises .....

4. Are the buildings occupied solely by yourselves Yes  No

If "No" please provide details

.....  
.....

5. Where are the premises located Residential Industrial Commercial Rural (please delete as appropriate)

6. Are the premises Detached Semi detached Terraced (please delete as appropriate)

7. Do you require insurance protection for flood Yes  No

If "Yes", please answer the following:

a) Are there any streams, rivers or tidal waters in the locality Yes  No

b) What is the approximate distance of the premises from these waters .....

b) Have there ever been any cases of flood at the premises or in the neighbourhood Yes  No

c) Have you ever been declined cover for flood insurance in the past Yes  No

If the answer to a) c) or d) above is "Yes", please provide details

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.....

8. Do the Premises

a) have a security alarm operational which protects all entrances and exits to the building and is maintained under an annual maintenance agreement Yes  No

If "Yes", please confirm the method of signalling

Local (bells only) Monitored (digital dialer) Monitored (redcare) Patrol response (please delete as appropriate)

b) conform with the following minimum level of security Yes  No

The minimum standard of security normally acceptable to underwriters is as follows. Please read this information carefully before confirming your answer.

**Minimum Standards of Security**

It is a condition precedent to the Company's liability for theft or attempted theft that the Insured shall have in place the following minimum levels of security and that they are put into effect whenever the building is unattended.

- a) All external (and internal doors leading to other parts of the premises not in the Insured occupation )
  - 1. for timber or steel framed doors – a mortice deadlock which has 5 or more levers and/or conforms to BS3621: 1980 specification for thief resistant locks and matching boxed striking plate.
  - Or
  - 2. for aluminium or UPVC framed doors – a cylinder operated mortice deadlock or a deadlocking multi-point locking system
  - 3. Double Leaf Doors – The standing leaf should be secured with bolts top and bottom and the other leaf fitted with a lock according to the construction of the door as specified above or both leaves fitted with a good quality coach-bolted locking bar secured with a close-shackle padlock having at least 5 levers.
- b) All ground floor and basement opening windows/skylights and other opening windows/skylights accessible from roofs decks balconies fire escapes canopies or down pipes are to be fitted with key-operated window locks. This requirement does not apply to windows/skylights which are protected by solid steel bars grilles lockable gates expanded metal or weld-mesh provided agreement shall have been obtained from the Company and is stated on the Schedule

**Property Fire, Perils & Theft Sections**

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1. On which basis do you require cover Replacement  Indemnity

2. Please provide a sum insured for each of the following items for which cover is required:

ITEM DESCRIPTION	SUM INSURED
Building(s)	£ .....
Plant, machinery & all contents (excluding stock)	£ .....
Stock of wines, spirits and cigarettes	£ .....
General stock	£ .....
Team kits	£ .....
Trophies	£ .....
Gaming machines	£ .....
Other Items (please specify):	
.....	£ .....
.....	£ .....
.....	£ .....
Total	£ .....

Please note, items requiring cover away from the premises in the UK, Europe or Worldwide should be clearly marked (e.g. UK)

3. Do you require accidental damage cover extension Yes  No

If "Yes" please mark the items requiring this cover with an "X" above

4. Do you require damage to playing surfaces extension Yes  No

If "Yes" please make sure a sum insured is provided for the surface(s) above

5. Do you require theft damage to buildings extension Yes  No

6. Are the premises fitted with smoke detectors Yes  No
7. Are the premises fitted with sprinklers Yes  No
8. Do you have Fire extinguishers and/or Hose reels serviced under a maintenance contract Yes  No

**Property Business Interruption Section**

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1. Is cover for Business Interruption required Yes  No

If "Yes" please provide a sum insured for each of the following items for which cover is required:

ITEM DESCRIPTION	SUM INSURED	INDEMNITY PERIOD
Gross Income / Revenue	£ .....	..... months
If the Income/Revenue figures shown above does not include your full wage roll please state the amount of wages to be insured	£ .....	..... months
Claims Preparation Costs	£ .....	..... months
Increase in Cost of Working	£ .....	..... months
Reinstatement of Documents	£ .....	..... months
Accountants Fees (automatically covered for a limit of £2,000) Please specify a higher figure if required	£ .....	..... months
Other Items (please specify):		
.....	£ .....	..... months
.....	£ .....	..... months
Total	£ .....	

2. Does your business comply with these two requirements:

- a) are books of accounts and records kept in fire resisting safes when not in use Yes  No
- b) are duplicate records kept and stored away from the insured premises Yes  No

If "No" please provide full details

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**Property Money and Assault Section**

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1. Is cover for Money required Yes  No

If "Yes" please provide a sum insured for each of the following items for which cover is required:

ITEM DESCRIPTION	SUM INSURED
Money in any one Transit (by own employees)	£ .....
Money in any one Transit (by security company)	£ .....
Money on Business Premises (during working hours)	£ .....

Money on Business Premises (outside working hours) £ .....

Money in Safe or Strongroom £ .....

Money in Personal Custody £ .....

Additional damage to safes and strong rooms £ .....

Other Items (please specify):

..... £ .....

..... £ .....

Note: Money on Premises is limited to £250.00 outside business hours unless contained in a securely locked safe or Strongroom

2. Is cover for Assault in connection with money required Yes  No

**Property Glass Section**

1. Is cover for Glass required Yes  No

If "Yes" please provide a sum insured for each of the following items for which cover is required:

ITEM DESCRIPTION SUM INSURED/REPLACEMENT VALUE

External Glass £ .....

Internal Glass £ .....

Cover extensions:

Temporary Shuttering	£350	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Damage to Frames	£350	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signwriting	£350	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Advertising or identification signs	£1,000	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Do you have glass walled squash courts Yes  No

**Property Loss of Licence Section**

1. Is cover for Loss of Licence required Yes  No

If "Yes" has there been any

a) Opposition or refusal to grant, renew or transfer a licence Yes  No

b) Notice, caution or other complaint given or made against the premises or tenant Yes  No

c) Charge brought against the licence holder Yes  No

If the answer is Yes to any of the above please provide details

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.....

**Previous Claims** must be completed in all circumstances

**1. Previous and Pending Claims**

- a) Have any claims in respect of any of the insurance(s) requested in this proposal form been made or made against (or anyone associated with) the Proposed Insured in the last five (5) years Yes  No
- b) If uninsured in the last five (5) years have there been any incidents in the that time that may have resulted in a claim Yes  No
- b) Have there been any incidents in the last five (5) years that may result in claims against the Proposed Insured, whether the Proposed Insured was insured or not Yes  No

If you have answered "Yes" to any of the above please complete the following in respect of each claim or incident:

Year	Type (e.g. theft)	Description	£ Paid	£ Outstanding
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

- 2. Have any risk improvements or action taken place to prevent a reoccurrence** Yes  No

If you have answered "Yes" please give details

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**Previous Insurance** must be completed in all circumstances

- 1. Has any Insurer ever declined, refused to renew or imposed special terms and conditions to any application, renewal or policy held by the Proposer** Yes  No

If "Yes", please give details

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- 2. Please confirm your previous Insurer (current insurer if cover is unexpired)**

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<b>Office Use Only</b>			
<b>Broker</b>	.....	<b>Sportscover Number</b>	.....
<b>Broker Contact</b>	.....	<b>Quote Number</b>	.....



## **Declaration** must be completed in all circumstances

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### **DECLARATION**

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Club / Association I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the club / association applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the duty of disclosure, average provisions, utmost good faith, material fact, claims made, liability assumed under agreement and also the data protection information. agree on behalf of the applicant to Sportscover obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquires from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sportscover disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Full Name ..... Position held .....

Signature ..... Date ...../...../.....

### **DUTY OF DISCLOSURE**

Please remember that it is a condition of your insurance policy to keep your insurers informed, especially at renewal, of any material facts or changes that may affect your policy. Failure to do so may result in claims not being paid or cover being declared inoperative. In addition, where specific information is requested, it is important to inform your insurers as fully and as completely as possible in response to the questions asked. If you have any doubts or concerns please contact your broker. In any event, it is your responsibility to ensure that your broker provides all information to the insurers so that they may consider the proposed renewal with the benefit of the fullest possible relevant information.

### **AVERAGE PROVISION**

One of the insuring provisions of the Professional Indemnity Insurance Policy provides that where the amount required to dispose of a claim exceeds the Limit of Liability in the policy Underwriters shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

### **UTMOST GOOD FAITH**

This insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

### **MATERIAL FACT**

A material fact is any fact that an insurer would take into account in deciding whether to take the risk, or at what premium, or on what conditions.

### **LIABILITY ASSUMED UNDER AGREEMENT**

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

### **DATA PROTECTION INFORMATION USES**

For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Sportscover Europe Ltd.

### **INSURANCE ADMINISTRATION**

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjustors or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

### **SENSITIVE DATA**

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions) By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

**SPORTSCOVER EUROPE LIMITED** Registered in England & Wales No. 3726678

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