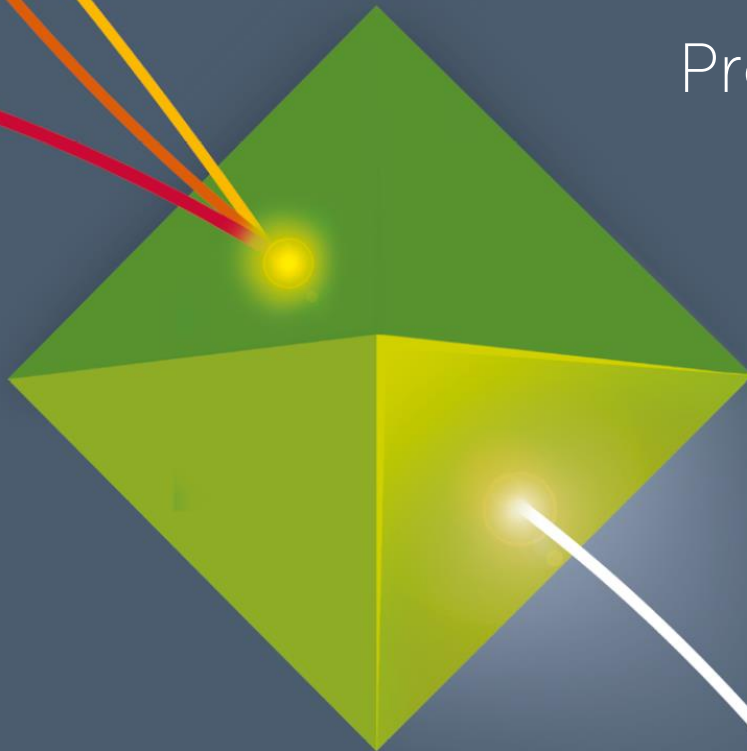


Sports & Leisure

Sports Clubs

Proposal form



SPORT & LEISURE

Sports Clubs Proposal Form

Your Details

Proposers Full Legal Trading Name	
Business Description	
Number of years company established	

The Premises to be Insured

Preemies Address			
Postcode			
Number of Rooms (if there is an element of Hotel trade)		Rooms	
Number of Members		Members	

The Premises Construction

Building	Walls	Roof	Floor	% of Flat Roof
Clubhouse	<input type="checkbox"/> Brick, stone walls <input type="checkbox"/> Timber	<input type="checkbox"/> Slate or Tile Pitched <input type="checkbox"/> Flat	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	%
Maintenance Store	<input type="checkbox"/> Brick, stone walls <input type="checkbox"/> Timber	<input type="checkbox"/> Slate or Tile Pitched <input type="checkbox"/> Flat	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	%
Club Shop	<input type="checkbox"/> Brick, stone walls <input type="checkbox"/> Timber	<input type="checkbox"/> Slate or Tile Pitched <input type="checkbox"/> Flat	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	%
Private Residence	<input type="checkbox"/> Brick, stone walls <input type="checkbox"/> Timber	<input type="checkbox"/> Slate or Tile Pitched <input type="checkbox"/> Flat	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	%
Other (Please specify)	<input type="checkbox"/> Brick, stone walls <input type="checkbox"/> Timber	<input type="checkbox"/> Slate or Tile Pitched <input type="checkbox"/> Flat	<input type="checkbox"/> Concrete <input type="checkbox"/> Timber	%

Additional Building Construction Information for any of the above?

Are any of the Buildings Listed? (i.e. Grade I, II* or III Listed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any premises occupied overnight by the proposer, family member or employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Premises Security

Please confirm:

The following minimum requirements must be complied with unless the Buildings are used for the provision of overnight sleeping accommodation for paying guests:

- (a) all external doors to the Buildings must be secured by either a 5 lever mortice deadlock conforming to BS 3621 or locking bar with 5 lever close shackle padlock or other security devices if agreed by the Company in writing.
- (b) All windows and skylights accessible from the ground, adjoining roofs, porches or downpipes must be fitted with key operated locks.
- (c) The glass in any louvre window must be fixed to its metal runners with contact adhesive.

The following minimum requirement must be complied with:

- (d) A 2 or 3kg CO2 or dry powder fire extinguisher, which is the subject of an annual maintenance contract must be installed at the Premises.

Yes No

Building	Alarm Information	Additional Physical Security
Clubhouse	<input type="checkbox"/> None	
	<input type="checkbox"/> RedCARE GSM or Dual-Comm Plus Alarm, with level 1 Police Response	
	<input type="checkbox"/> RedCARE GSM Alarm	
	<input type="checkbox"/> Digi-Comm / Central Station	
	<input type="checkbox"/> Bells Only	
Maintenance Store	<input type="checkbox"/> None	
	<input type="checkbox"/> RedCARE GSM or Dual-Comm Plus Alarm, with level 1 Police Response	
	<input type="checkbox"/> RedCARE GSM Alarm	
	<input type="checkbox"/> Digi-Comm / Central Station	
	<input type="checkbox"/> Bells Only	
Club Shop	<input type="checkbox"/> None	
	<input type="checkbox"/> RedCARE GSM or Dual-Comm Plus Alarm, with level 1 Police Response	
	<input type="checkbox"/> RedCARE GSM Alarm	
	<input type="checkbox"/> Digi-Comm / Central Station	
	<input type="checkbox"/> Bells Only	
Private Residence	<input type="checkbox"/> None	
	<input type="checkbox"/> RedCARE GSM or Dual-Comm Plus Alarm, with level 1 Police Response	
	<input type="checkbox"/> RedCARE GSM Alarm	
	<input type="checkbox"/> Digi-Comm / Central Station	
	<input type="checkbox"/> Bells Only	
Other (Please specify)	<input type="checkbox"/> None	
	<input type="checkbox"/> RedCARE GSM or Dual-Comm Plus Alarm, with level 1 Police Response	
	<input type="checkbox"/> RedCARE GSM Alarm	
	<input type="checkbox"/> Digi-Comm / Central Station	
	<input type="checkbox"/> Bells Only	

Buildings / Damage to Playing Surfaces Sum Insured

Clubhouse (declared value)	£
Maintenance Store (declared value)	£
Club Shop (declared value)	£
Private Residence (declared value)	£
Other (Please specify) (declared value)	£
Damage to Play Surfaces	£

Stock & Contents Sum Insured

Stock Sum Insured of cigarettes, cigars and tobacco.	£
Stock Sum Insured of wines and spirits	£
Stock Sum Insured of Clothing (Only applicable if stock of an on-site Club-Shop needs cover under this policy)	£
All Other Stock Sum Insured that is not already included above	£
Tenants Improvements	£
Trade Fixtures and Fittings and all other contents excluding above	£
Computer Equipment at the Insured Premises	£
Household Contents in Private Residential Accommodation at the Premises	£
Personal Possessions of insured's Private Residential Accommodation at the Premises	£

Refrigeration of Stock

Refrigeration of Stock	£
Number of units	Units
Are all the units no more than 10 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cup, Trophies, Works of Art, Sporting Kit & Members effects

Description	Territorial Limits	Sum Insured
Unspecified Cups, Trophies	<input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> Worldwide	£
Specified Cup, Trophies	<input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> Worldwide	£
Unspecified Works of Art	<input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> Worldwide	£
Specified Works of Art	<input type="checkbox"/> UK <input type="checkbox"/> EU <input type="checkbox"/> Worldwide	£

Sport Kit & Equipment	£1,000 standard cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specified Sport Kit & Equipment over £1,000		£

Members effect	£500 each member £2,500 any one claim	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Machinery and Plant stored in outbuildings

Machinery and Plant in the open (excluding Irrigation Equipment)	£
Irrigation Equipment	£

Business Interruption & Loss of Rent

Annual Rent Payable (if you're a tenant)	£
Annual Rent Receivable (if you're a landlord)	£
Annual Revenue	£
Additional Increased Cost Of Working	£
Loss of Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money, Fidelity & Goods in Transit

Business Money In Safe Limit Required	£
Full Manufacture and Model of all safes if the Money In Safe Limit exceeds £2,000	
Business Money during business hours and in transit to nightsafe	£
Fidelity Guarantee Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fidelity Guarantee Limit of cover	£
Goods In Transit by a single unspecified own vehicle	£
Number of Vehicles	Vehicles

Public & Employers Liability

Clerical and Sales Employees wages	£
Manual Employees Wages	£
Public Liability Limit	<input type="checkbox"/> £1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000
Employers Liability Required (£10,000,000)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Turnover	£

Professional Indemnity / Directors & Officers

Professional Indemnity - Breach in Personal Duty by a Qualified Person (Limit cannot exceed the Public Liability Limit)	<input type="checkbox"/> £1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000
Directors & Officers (D&O Liability and Corporate Reimbursement)	<input type="checkbox"/> £100,000 <input type="checkbox"/> £250,000 <input type="checkbox"/> £500,000 <input type="checkbox"/> £1,000,000

Additional Activities

Is there a gymnasium or fitness suite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a swimming pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide Hairdressing and Beauty Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hairdressers Treatment Cover - Number of Employees	Employees
Beauty Treatment Cover - Number of Employees	Employees
Hair Removal Treatment - Number of Employees	Employees
Electromechanical Slimming Treatment - Number of Employees	Employees
Massage - Number of Employees	Employees
Sauna and Turkish Baths - Number of Units	Units
Sunbeds & Solaria - Number of Units	Units
Other (Please specify)	
Where live entertainment is provided, is this limited to private parties and/or members only with access controlled by ticket or invitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide use of Inflatable Castles or Similar Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold Firework Displays incl. Bonfire Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No

Risk Management

Has PAT testing been completed within the last 12 months with all relevant items 'stickered' and dated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Fire Alarm connected to a monitoring station that contacts the Fire Brigade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is fire hydrant within 150 metres of the premises (or an inexhaustible supply of water in a natural water course or lake)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is all external combustible material kept at least 10m from the buildings and checked by a senior member of staff at the end of each day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written procedure for staff inductions/training which is adhered to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are regular written maintenance and inspection programmes in place for all course maintenance equipment, including an annual overhaul for all items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is stated that:

The Premises are in a good state of repair and will be so maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There has been no persistent flooding in the area where the Premises are situated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Premises are not located close to a cliff or quarry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Proposer either wholly occupies the Buildings or a self contained portion of the Buildings which has its own separate locking entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There are no Unoccupied areas of the Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Proposer keeps all stock or goods in trust contained within a basement area stored on racks/shelving at least 30cm from the floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Records of all Stock, Sales and Purchases are kept and regularly examined by a qualified accountant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claims History in the last 5 years

Date of Loss	Paid	Outstanding	Closed/Open	Details
	£	£		
	£	£		
	£	£		
	£	£		
	£	£		
	£	£		
	£	£		

Additional Information

Declaration

Have you or any director or partner / any individual or organisation referenced within this form, to the best of your knowledge:

Ever had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been prosecuted or are any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation or any action taken by Health & Safety Executive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been declared bankrupt / insolvent or had a CCJ registered against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been prosecuted or received notification of intended prosecution under the Health and Safety at Work Act 1974 or Consumer Protection Act 1987?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted of, prosecuted for or are any prosecutions pending for any criminal offence (other than motoring convictions or convictions that are rehabilitated under the Rehabilitation of Offenders Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had a business with high absence levels due to stress related illness, history of long term disease or deafness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Every insured has a duty to give a fair presentation of the risk to an insurer based on their reasonable understanding of the risks to their business. This is one which clearly discloses all material facts which their senior management and the persons responsible for arranging their insurance know, or ought to know, following a reasonable search of information available to them. It should include all facts that would influence the judgement of the insurer or that would put the insurer on notice that it needs to make further enquiries.

A material circumstance is defined as:

- Special or unusual circumstances relating to the risk;
- Any particular concerns which led them to seek insurance cover for the risk; and
- Anything which those concerned with the class of insurance and field of activity in question would generally understand as being something that would be dealt with in a fair presentation of risks for this type of insurance.

Please ensure that your client is aware that if they fail to disclose information, misrepresent any fact which may influence the insurer's decision to accept the risk or the terms offered, or fail to make a fair presentation to an insurer, this could invalidate the policy and mean that claims may not be paid in full.

Contact Name		Email	
Tel Number		Website	
Name:			
Company Name: (if applicable)			
Position: (if applicable)			
Signature:			
Date:			

Please return the completed Proposal Form to:
e-mail: quotes@kerrylondonunderwriting.co.uk Tel: 0207 623 4957