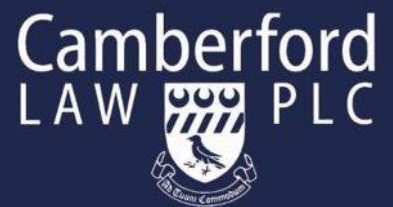


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INNOVATIVE INSURANCE

# PROPOSAL FORM

## Sports and Social Club Insurance

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection

Your information will be treated in accordance with the Data Protection Act 1998 and only shared where permitted by law or regulation.

In the course of administering your insurance, your information may be passed to other companies, including but not limited to:

Insurance companies

Insurance brokers

Loss Adjusters

Solicitors

Premium Finance providers

Fraud prevention and detection agencies and operators of associated databases (for example CUE – the Claims and Underwriting Exchange).

Under the Data Protection Act you have the right to see any personal information held about you. Should you want to see this information please contact our Data Protection Officer at:

Camberford Law plc  
Lygon House  
50 London Road  
Bromley  
Kent  
BR1 3RA

Email: [dataprotection@camberfordlaw.com](mailto:dataprotection@camberfordlaw.com)  
Telephone: 020 8315 5000

Please note that a fee of £10 will be charged to cover the administrative cost of compiling your information.

We may use your information to advise you about other products and services that we, or carefully selected third parties, feel may be of interest to you. If you would prefer that we do not do this, please contact the Compliance Officer.

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

**3. PROPOSER DETAILS**

3.1 **Proposer(s):**  
Full name of Proposer including trading name. Also include any/all subsidiary companies to be included.

3.2 **Individual Name(s):**  
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 **Correspondence Address:**  
Full postal (correspondence) address:

Post Code:

3.4 **Years Established:**  
Number of years the proposer has been established:

3.5 **Years Experience:**  
Number of years experience of the proposer within your business activities:

3.6 **FCA Classification:**  
Please complete the following information which we must have for regulatory classification.

Does the Proposer’s annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

**4. BUSINESS ACTIVITIES**

4.1 The business description for the proposed policy will be Sports and/or Social Club management and/or ownership with activities as declared to and agreed by the underwriters and no other for the purpose of this insurance. If this is not sufficient to describe your business, please provide an explanation below:

4.2 Please detail below all facilities that you provide and activities that are involved in your business:

Golf Course/Golf Club	YES/NO
Football	YES/NO
Cricket	YES/NO
Hockey	YES/NO
Boxing	YES/NO
Rugby	YES/NO
Other Contact/Collision Sports/Activities	YES/NO
Gym/Fitness Suite	YES/NO
Swimming Pool (locked overnight)	YES/NO
Swimming Pool (not locked overnight)	YES/NO
Children’s Play Area or Soft Play Equipment	YES/NO
Sunbed/Solarium	YES/NO
Sauna/Jacuzzi	YES/NO
Beautician or other treatments provided by you/your staff	YES/NO
Beautician or other treatments provided by a bona fide subcontractor	YES/NO
Marquees, air halls or other inflatable structures	YES/NO
Restaurant	YES/NO
Public Bar	YES/NO
Nightclub (either advertised or regarded as such)	YES/NO
Door Supervisors/Security Staff	YES/NO
Dance Floor (used generally by customer or members)	YES/NO
Dance Floor (strictly used only for private pre-booked functions)	YES/NO
Stage	YES/NO
Live Music	YES/NO
Rides, Pyrotechnics, Foam Parties or Inflatables	YES/NO
Late Opening (past midnight) more than twice per week	YES/NO
Massage facilities	YES/NO

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4.3 Any other activities that you undertake that are not listed above must be disclosed. You will not be covered for activities that are not disclosed:

4.4 Is any sport undertaken on a professional or semi professional basis?

YES/NO

4.5 Is Public Liability cover in place separately for your activities through a recognised association (for example the RFU in respect of rugby clubs)?

YES/NO

4.6 If you have any other business interests, please provide details in the box below:

## 5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.  
Have you ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

5.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

5.3 Does the proposer only undertake work within the United Kingdom, the Isle of Man, and the Channel Islands?

YES/NO

5.4 Does the proposer undertake any work in Northern Ireland?

YES/NO

5.5 Please use the box below to detail any further information



## 6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

## 7. INSURANCE PRODUCTS

### 7.1 PROPERTY AND BUSINESS INTERRUPTION

7.1.1 Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
<b>Important Note: Standard Construction means buildings constructed of brick and/or stone walls with slate, tile, felt, or concrete roof.</b>				
Standard Construction Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
Standard Construction Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
Stock and Materials in Trade (excluding golf equipment/clothing stock)	£	£	£	£
Stock of golfing equipment and/or clothing	£	£	£	£
Wines, Spirits, and Tobacco	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	£	£	£	£
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	£	£	£	£
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	£	£	£	£
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	£	£	£	£
Household Contents (belonging to you and kept within the premises)	£	£	£	£
Do you wish to insure your Personal Possessions in and away from the home (Limit £3,000 any one claim but with a single article limit of £1,000)	YES/NO	YES/NO	YES/NO	YES/NO

7.1.2 **General Property Sections** (not premises specific)

Money in Safe or Strongroom in the Premises   
*(State the highest amount required at any one premises.)*

Money in Transit or Bank Night Safe

Computer Equipment Breakdown at the Premises. **Maximum £50,000**

Computer Equipment Breakdown Increased Cost of Working. **Maximum £25,000**

Book Debts   
*Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.*

Stock Deterioration following Refrigeration Breakdown   
*Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.*

Goods in Transit   
*Included automatically at £2,000. Only state an alternative amount if you require a limit higher than this.*

Loss of Licence   
*Included automatically at £100,000. Only state an alternative amount if you require a limit higher than this.*

All Risks to General Business Equipment

All Risks to Laptops & Mobile Phones

Fidelity Guarantee (Theft by Employees). **Maximum £100,000**

7.1.3 **Buildings/Construction** (please answer the following questions in respect of this proposal)

Do any Premises have a flat roofed area exceeding 25% of its total?

Do any of the Premises contain any composite panels?

Is any premises listed?

**7.1.4 Occupancy** (please answer the following questions in respect of this proposal)

Are any of the premises shared with another occupant?

YES/NO

If YES , please provide full details:

--

Are any of the premises operated seasonally or otherwise closed for period exceeding 30 days?

YES/NO

If YES, are the premises occupied by you when closed for business?

YES/NO

**7.1.5 Fire Risk Management** (please answer the following questions in respect of this proposal)

Is there a valid fire safety certificate in force at all premises to be insured?

YES/NO

Is there an open fire place at any of the premises?

YES/NO

Are all premises to be insured within 10 miles of a full time fire station?

YES/NO

**7.1.6 Security** (please complete table to provide details of security protections in effect at each premises)

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm Maintained by an NSI or SSAIB company	YES/NO	YES/NO	YES/NO	YES/NO
Resident Caretaker/Manager	YES/NO	YES/NO	YES/NO	YES/NO
Other Security (please describe):	YES/NO	YES/NO	YES/NO	YES/NO

**7.1.7** In respect of any Golf Pro Shop (area in which golf equipment and/or clothing is stored), please complete table to provide details of security measures in place to prevent unauthorised access:

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm Maintained by an NSI or SSAIB company	YES/NO	YES/NO	YES/NO	YES/NO
Roller Shutters	YES/NO	YES/NO	YES/NO	YES/NO
Anti Ram Raid Device(s)	YES/NO	YES/NO	YES/NO	YES/NO
Other Security (please describe):	YES/NO	YES/NO	YES/NO	YES/NO

7.1.8 **Subsidence** (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?

Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

7.1.9 **Flood** (is any Premises in a flood plain or area that has previously flooded?)

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.10 **Age of Buildings and Number of Storeys** (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.11 **Terrorism.** Do you require Terrorism Cover?

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**7.2 CONTRACT WORKS**

7.2.1 Please complete the following table to detail the Contractors Plant and/or Hired in Plant cover that you may need for items such as groundkeepers equipment, tractors (not on public highways), lawnmowers and the like.

Cover is on an all risks basis and therefore wider than the cover and with less onerous conditions than afforded by the property section of this and most other insurances.

<p>Owned Plant - Tools and Plant with a single article limit under £1,500 <i>(Overall Limit of Indemnity to reflect "as new" valuations as any claims settlement will be on this basis)</i></p>	£
<p>Hired in Plant <i>(State the Any One Occurrence/Accident Limit)</i></p>	£
<p>Hiring Charges <i>(Estimate for the next 12 months). Hired in plant cover is not available unless this information is provided.</i></p>	£
<p>Continuing Hire Charges <i>(This is automatically included where Hired in Plant is insured. You must include the values of Continuing Hire Charges in the Hired in Plant Sum Insured).</i></p>	£

**7.3 LEGAL LIABILITY**

**7.3.1 Liability Limits and Estimates**

Please state the limits of indemnity that you require for Employers and Public/Products Liability insurance:

Employers' Liability (minimum £10m)

£

Public/Products Liability

£

**7.3.2 Wageroll**

Please complete the table to provide details of wageroll:

Employee Type	Estimated Annual Wageroll
Clerical (non manual work) employees	£
Directly employed door/security employees	£
Agency door/security employees	£
Maintenance employees	£
Other manual work employees	£

**7.3.3 Turnover**

Please provide details of Turnover:

Total Turnover for the proposed business

£

**7.3.4 Licenced Capacity**

Please provide details of licenced capacity:

Licenced Capacity (maximum number of persons) for the proposed business (largest of any premises to be insured)

£

**7.3.5 Risk Management**

Is all equipment and are all goods and products stored, inspected and maintained in accordance with the manufacturers' recommendations?

YES/NO

Have you written procedures for ensuring regular inspections are made (during business hours) for spillages or broken glass and are these inspections specifically enforced with staff and recorded?

YES/NO

Have there been any incidents involving illegal drug use/sale at any of your premises?	<input type="text" value="YES/NO"/>
Have there been any incidents in the last 3 years that have required a Police visit and/or warning at any of your premises?	<input type="text" value="YES/NO"/>
If you use door/security staff, are they vetted and SIA (Security Industry Association) licensed?	<input type="text" value="YES/NO"/>
If you use door/security staff, do they work under your direction, supervision or control or wear uniform or equipment provided by you?	<input type="text" value="YES/NO"/>
Are all public entrances, exits and dance floor areas covered by CCTV?	<input type="text" value="YES/NO"/>
Have you had any warnings given or requirements made by the Health and Safety Executive or similar authority?	<input type="text" value="YES/NO"/>
Do all steps and/or staircases have handrails on both sides?	<input type="text" value="YES/NO"/>

**7.3.6 Legislation**

Do you comply with relevant legislation and regulatory requirements including, but not limited to, the following:

- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1999
- Personal Protective Equipment at Work Regulations 1992
- Manual Handling Operations 1992
- Health and Safety (First Aid) Regulations 1981
- The Health and Safety Information for Employees Regulation 1989
- Noise at Work Regulations 1989

**7.3.7 HMRC Employers Reference Number**

Company	ERN Status	ERN Number

**If exempt, please explain below:**



**7.4 PROFESSIONAL INDEMNITY**

**7.4.1 Do you require Professional Indemnity Insurance?**

YES/NO

**General Questions** - Please answer the following questions in respect of this proposal:

Do all partners, principals, directors and consultants under a contract of service have at least 3 years' experience in providing the services detailed in the Business description You have advised us within this proposal?

YES/NO

Do you require cover for any associated entity?

YES/NO

Have you sustained a loss through the fraud or dishonesty of any person?

YES/NO

Are you aware of any circumstances that may lead to a claim being made against you in respect of Professional Indemnity Insurance?

YES/NO

Do you require cover for any activity now ceased which is different to those stated in this proposal?

YES/NO

Are you aware of any change in activity and/or structure that may occur in the next 12 months?

YES/NO

Are any material changes to the business expected during the period of insurance?

YES/NO

Do you have procedures in place, such as letters of engagement, to ensure that a client's requirements are clearly identified and can be met?

YES/NO

Do you have procedures in place for reviewing the work undertaken?

YES/NO

Do you always obtain satisfactory written references when engaging employees?

YES/NO

Do you require professional indemnity insurance for the work of any outside consultants?

YES/NO

**7.4.2 Mortgage/Loan Reports**

Have you, do you, or will you undertake reports relating to mortgages or any other loan or financial agreement?

YES/NO

**7.4.3 Fees/Turnover**

Please complete the table regarding your anticipated fees and/or turnover.

Please state the Fees you expect to receive for advice, design, and/or specification work during the forthcoming period of insurance (next 12 months)

£

Please state the turnover you expect to generate for all work in the forthcoming period of insurance (next 12 months).

£

**7.4.4 Professional Indemnity Limit**

Please state the Limit of Indemnity required for Professional Indemnity Insurance

£

**7.4.5 Basis of Limit**

Do you wish to have the Limit of Indemnity applying on an any one claim basis?

YES/NO

**7.4.6 Retroactive Date**

Please state the Retroactive Date or leave blank if the retroactive date is inception of this insurance.

Note: UK Professional Indemnity policies generally cover claims made within the period of insurance and insurers will not consider claims occurring prior to the retroactive date.

## 7.5 DIRECTORS & OFFICERS LIABILITY

**Do you require Directors & Officers Liability Insurance?**

YES/NO

If YES, please complete questions 7.5.1 to 7.5.6. If NO, please continue to question 7.6

### 7.5.1 Limit

Please state the Limit of Indemnity required for Directors & Officers insurance:

### 7.5.2 D&O General Questions - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

### 7.5.3 Turnover

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

### 7.5.4 Company Registration Number

Please state your Company Registration Number:

**7.5.5 Entity and Employment Practices Liability Limit**

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.6:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

**7.5.6 Entity and Employment Practices Liability General Questions** - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

**7.6 BUSINESS CARE**

**Do you require Business Care?**

YES/NO

**7.7 LEGAL EXPENSES**

**Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 7.7.1 to 7.7.5. If NO, please continue to question 8

**7.7.1 Wageroll**

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

**7.7.2 Contract Disputes**

Do you require cover for contractual disputes?

YES/NO

**7.7.3 Disputes, Prosecution, Activities**

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

**7.7.4 Redundancies**

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

**7.7.5 Mergers/Takeover**

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

**8. CLAIMS HISTORY**

**8.1 Claims History**

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

**9. DECLARATION**

**9.1 Additional Information**

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

**9.2 Declaration**

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: