

PROPOSER / INSURED DETAILS		DATE OF ISSUE:	
Name			
Postal Address		Post Code	
Business Description			
Current Insurer			
Cover Date		Last Year's Premium	£

CLAIMS EXPERIENCE IN PAST 5 YEARS		
Date	Details <i>(include circumstances and post loss action to prevent reoccurrence)</i>	Amounts paid <i>(include any outstanding amounts not yet paid)</i>
		£
		£
		£
		£
		£
		£
		£

GENERAL	
Provide full details of any additional activities/facilities such as fun days, use of inflatable play equipment, bonfire/firework displays, dances, discotheques or any other form of entertainment including frequency and anticipated number of attendees	
Do you provide food/catering facilities at the premises If Yes please advise full details including maximum number of covers you can cater for	
Do you sell alcohol? If Yes: How many days a week will this occur after 12:00pm? How many times a year will you serve after 2:00am? How frequently do you employ doormen?	
Have you carried out all the appropriate Health and Safety risk assessments? If Yes, are they recorded?	
Do you have a written employee training programme and do you maintain records?	

Premises Information - Location 1 ('cut and paste' this section as required for additional locations)

Address (if different from above)			
How many years established at this premises			
Are you the sole occupier of the premises? If No, state nature of use by other tenant			
Does any employee reside at the premises? If Yes what job title do they hold?			
Do you have a seasonal closure when the premises are closed and not trading for a period exceeding 30 days? If Yes please give full details of the closure period			
State date of construction of the building			
Are premises built of standard construction being brick stone concrete built and roofed with slates, tiles metal concrete asphalt or sheet or slabs composed entirely of incombustible mineral ingredients and plastic roof lights If No give full details of construction			
Does the property have any flat roofs If Yes please confirm % of such roof area What is the age of flat roof area Is it in good condition and inspected and maintained annually?		%	years
Is there any portable heating? If Yes please specify			
Is there an intruder alarm? If Yes, what is the type of signalling (eg bells only, dualcom, RedCARE Classic/GSM) Is there full police response?			
Is there any additional physical security or CCTV? If so, please provide details (if CCTV please confirm if 24hr monitoring or if recorded and retained)			
Detail any fire protection eg. Fire alarms/sprinklers			
Are the outbuildings eg. Greenkeeper's store alarmed?			
Is Subsidence cover required? If Yes: Has the property suffered from any subsidence or heave in the past? If Yes please provide full details Is there any visible evidence of cracks in the walls? If yes state the width of the crack Has the property been underpinned? If yes please provide full details Are there any trees/shrubs over 3mts in height within the following distances from your property: 10 mts 20 mts If Yes please provide details of species/height To the best of your knowledge are there any local mining operations, quarries, cliffs, railways or underground watercourses near the property to be insured? If yes please provide details	0-25mm	2.5mm-5mm	over 5mm

MATERIAL DAMAGE

Buildings of Standard Construction (see above)	£
Buildings of Non Standard Construction	£
Tenants Improvements	£
Outdoor Greens, Courts or Irrigation Systems	£
Club Contents (Minimum £15,000)	£
Greenkeepers Plant and Machinery / Outbuilding Contents	£
Stock (exc Wine, Spirits, Tobacco, Sports Clothing and Golfing Equipment)	£
Wines Spirits & Tobacco	£
Sports Clothing/Equipment excluding Golf	£
Golf Stock/Equipment	£
All other property (please specify)	£

BUSINESS INTERRUPTION

Gross Revenue	£
State indemnity period required (12 /18/ 24 / 36 months)	months
ICOW only - 12 months	£
Book Debts / Accounts Receivable	£

MONEY

Estimated Annual Carryings	£
Limit on premises at risk address during business hours/bank night safe/in transit	£
Safe details:	£
Safe details:	£
Money in Gaming Machines (£1,500 limit automatically applies)	£

OWN GOODS IN TRANSIT

£500 limit is automatically included. If a higher sum insured is required please indicate	£
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SPECIFIED ALL RISKS

Description of Item(s)	Location ie Premises, UK, EU, Worldwide	Sum Insured
1 Cups and Trophies		£
2		£
3		£
4		£

DETERIORATION OF STOCK

£500 limit is automatically included. If a higher sum insured is required please indicate

£

LOSS OF LICENCE

Please advise limit if cover required

£

 Has the grant/renewal of the licence of the premises been opposed within the last 5 years?
 If Yes please provide details

 Have you or the licence holder ever had an application for the grant , renewal or transfer
 of the licence refused
 If Yes please provide details

EMPLOYERS' LIABILITY

If cover is required state PAYE ref code (ERN)

Clerical only wages

£

Greenkeepers wages

£

All Other Employees wages

£

PUBLIC AND PRODUCTS LIABILITY

If cover is required state Limit of Indemnity required

£

Turnover

£

Number of Members

 Is the premises occupied as a Health Club and/or Gym
 If Yes:

 Does Members Application forms highlight all/any illness, ailments, injuries etc and to be
 signed by the member to confirm content

 Does Members induction programme including fitness training, use of equipment, pool
 facilities etc and to be signed by the member to confirm received

 Is the equipment regularly inspected/maintained and cleaning schedules by insureds own
 staff supplier/approved repairer in place with inspections written/recorded

 Do you require cover to include treatment?
 If Yes:

 Provide details of any specified treatment facilities eg massage hairdressing beauty
 treatments etc

Do you carry out patch testing prior to hair treatment applications

 Do you have Sunbeds /Saunas/Jacuzzi/Steam Rooms
 If Yes:

How many Sunbeds/Solariums are there

How many Sauna/Steam Rooms are there

How many Jacuzzi/Hot Tubs are there

Are the Sunbeds operated by the Insured?

 If the Sunbeds are operated by a bona fide operator, please confirm they have their own
 Public Liability policy in place

Do you have a swimming pool

If Yes have you undertaken all relevant risk assessments in relation to the swimming pool and the associated areas as well as complying with HSE Guidance note 179
 Are swimming activities supervised at all times

Do you require public liability cover to include Abuse?
 If Yes:

Do you have members or attendees under the age of 18 years or any club operating a crèche facility?

Do you have Vulnerable Adult members or attendees? (any person aged 18 or over who is in need of assistance by reason of mental, physical or learning disability, age or illness and who is unable to take care of themselves or unable to protect themselves against harm or exploitation which may be occasioned by the acts or omissions of other people)

Do you undertake any regulated activities as defined by the Safeguarding Vulnerable Groups Act 2006 as amended by the protection of Freedom Act 2012?

Do you have a written Policy Statement on the protection of children or vulnerable adults?

Do you have documented instructions on the protection of children or vulnerable adults?

Do you have a written Anti-Bullying Policy?

Do you have written instructions on managing behaviour and acceptable restraint?

Do you have a designated person responsible for all issues regarding the protection of children or vulnerable adults?

Do you have written guidelines on the roles and responsibilities of all Employees and other persons providing services on your behalf?

Do you have a documented method to ensure continued compliance with regulations and guidance on the protection of children and vulnerable adults?

Are sufficient and suitable risk assessments undertaken and documented?

Do you have written guidelines on the supervision of children or vulnerable adults during activities away from your main premises?

Do you have written standards of good practice for acceptable behaviour?
 If Yes, do they include guidelines on intimate care or appropriate contact?

Do you have a separate and secure means to store material relating to allegations or concerns?

Are all Employees required to complete a written application form?

Do you verify the identity of all applicants prior to employment?

Are written references requested and independently verified for all Employees?

Are all qualifications provided independently verified?

Do you undertake DBS checks on all Employees prior to employment?

Do you undertake DBS checks on existing Employees?
 If Yes, please state how often they are updated

Please provide details of how your organisation records DBS requests and how your organisation checks the validity of the DBS certificates

Are all prospective Employees required to declare if have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Have any Employees past or present ever been interviewed in connection with or been the subject of any investigation or enquiry into abuse or other inappropriate behaviour?
 If Yes, please provide details.

Does your induction training for Employees include awareness of the protection of children and vulnerable adults?

Do all Employees receive a summary of your protection procedures for children and vulnerable adults?

<p>Do you record the receipt including signature by Employees of all policy procedures and guidelines?</p> <p>Do all Employees receive relevant training in the protection of children and vulnerable adults?</p> <p>Do you have a formal procedure for dealing with complaints or concerns regarding abuse or neglect? Does it include a Whistleblower policy whereby unacceptable conduct of Employees can be reported without recrimination? Does it include guidelines on how to respond to allegations or concerns regarding abuse, neglect or other inappropriate behaviour?</p> <p>Do you have a designated person to whom all complaints or concerns regarding abuse, neglect or other inappropriate behaviour are reported?</p> <p>Are all such concerns or complaints recorded? If Yes, please detail for how long they are retained</p>	
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TERRORISM	
Do you require cover?	

PERSONAL ACCIDENT	
<p>Cover automatically includes all authorised activities of the club for Members of the club for £10,000 Death & Capital Benefits cover only plus cover for Employees and Officials of the club (occupational only) for:</p> <p style="padding-left: 40px;">£15,000 Death & Caps cover and Temporary total disablement £150 per week</p> <p>Do you require higher limits for Employees and Officials?</p> <p>Limit available £20,000 Death & Caps cover and Temporary total disablement £200 per week</p> <p>Limit available £30,000 Death & Caps cover and Temporary total disablement £300 per week</p> <p>Limit available £50,000 Death & Caps cover and Temporary total disablement £500 per week</p>	<p>Please advise limit required:</p> <p>£</p>

TRUSTEES LIABILITY & COMPANY LEGAL LIABILITY	
<p>£100,000 limit is automatically included. If a higher limit is required please state limit and answer questions below: Limits available: £250,000 £500,000 £1,000,000 £2,000,000 £5,000,000</p> <p>Have you been trading for at least 12 months?</p> <p>Have you made a surplus (that is, your income was greater than your expenditure) in at least one of the last three years?</p> <p>Do you have a positive net worth? (that is, your total assets are worth more than your liabilities)</p> <p>Do you manage or supervise children or vulnerable adults?</p> <p>Are all duties segregated so that dual controls exist on all payments, reconciliation of payroll, customer and bank account statements above £2,500?</p> <p>In the last 3 years, have there been any claims or investigations made against you, or against any official, trustee, committee member or employee, that this policy might have covered if it had been in force?</p> <p>Is any official, trustee or committee member of the club, after enquiry, aware of any circumstances which might give rise to a claim against any present or past official, trustees or committee member?</p> <p>Do you provide a certification, examination or regulation service of your members?</p>	<p>£</p>

Do you provide financial or legal advice for a fee?

EMPLOYMENT PRACTICES LIABILITY

If you require cover please state limit and answer questions below:

Limits available: £250,000 £500,000 £1,000,000 £2,000,000 £5,000,000

Have you made any redundancies in the last 6 months, or do you plan to make any redundancies in the next 12 months?

Do you use external Human Resources consultants or legal advisors to review all employment terminations?

Do you communicate written employment and grievance policies to all new and existing employees?

£

EQUIPMENT BREAKDOWN

Is cover required?

Boilers, Pipes, Radiators, Heating, Cellar Equipment, Cooling Equipment, Air Conditioning
Computers and Electronic Office Equipment

Limit £250,000

Limit £75,000

OTHER RELEVANT INFORMATION

Please detail any other relevant information below

PREVIOUS INSURANCE

Has any insurer in respect of the business to which this insurance would relate, or any other business that you are proposing for insurance, its subsidiary companies, or a business that its partners or directors have been involved with,:

- | | |
|---|--|
| a) declined or refused insurance cover or declared cover void? | |
| b) refused to renew or cancelled any insurance for reasons other than non-payment of premium? | |
| c) imposed any special terms or conditions? | |

If Yes to a), b) or c) above, please provide details:

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FINANCIAL STATEMENT

Have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity:

- | | |
|---|--|
| a) been convicted of a criminal offence or charged (but not yet tried) with a criminal offence, other than motoring offences and/or convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments to the Act | |
|---|--|

In the last 5 years have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity been:

- | | |
|---|--|
| b) declared bankrupt, been the subject of any bankruptcy proceedings or any form of insolvency or winding up procedures (including administrative receivership) | |
| c) the subject of a recovery action by HM Revenue & Customs | |
| d) prosecuted, served prohibition or served an improvement order or notice under Health and Safety legislation or Environmental Protection legislation | |
| e) disqualified from being a company director | |
| f) the subject of a County Court or High Court judgement | |
| g) director of a company that has received a County Court or High Court judgement against it | |

If Yes to a), b), c), d), e), f) or g) above, please provide details:

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FAIR PRESENTATION

The policy would be a contract of insurance between you and the Insurers and you have a duty to make a fair presentation of the risk to us in accordance with the law. This applies prior to the start of the policy, if any variation is required during the period of insurance and prior to each renewal.

If you do not make a fair presentation of risk and fail to advise us of any inaccuracies or omissions, the Policy may not protect you in the event of a claim. We may at our option:

1. Cancel the policy
2. Declare the policy void (treating the policy as if had never existed)
3. Change the terms of the policy
4. Refuse to deal with all or part of any claim or reduce the amount of any claims payments

Give details of any additional information below:

DATA PROTECTION ACT – INFORMATION USES

For the purposes of the Data Protection Act 1998, the Data Controllers in relation to any personal data you supply are the insurers whose identity is stated in the policy schedule and COBRA Underwriting Agencies Ltd

Insurance Administration

Information you or any insured person supplied may be used for the purposes of insurance administration by us, our associated companies and agents, by reinsurers and your insurance adviser. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of our compliance with any regulatory rules/codes. Your and any insured person's 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. In assessing any claims made, we or our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for us (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, you or any insured person have the right to access and if necessary rectify information held.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, we may need to collect data that 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 us or our agents. You must also ensure that you make this fact known to any insured person and obtain their consent to pass this information to us for these purposes.

THE LAW APPLICABLE

You and the Insurers can choose the law which applies to the policy. The Insurers propose that the law of England and Wales apply. Unless you and the Insurers agree otherwise, the Law of England and Wales will apply to the policy.