



# **SPORTSPACK**

## **INSURANCE PROPOSAL**

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## IMPORTANT NOTICES

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE FORM

### INTRODUCTION

Please answer all questions accurately with as much information as You can. Once completed please return to Your Insurance Broker whose details can be found on the last page of this form.

### YOUR DUTY OF DISCOURSE

Please remember that it is a condition of your insurance policy to advise your insurers of all material facts. 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 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 risk with the benefit of the fullest possible relevant information.

### UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and 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' Further it is a material fact to disclose to the insurer if you work with children or vulnerable adults. Should this not be disclosed cover for abuse will become inoperative.

### CLAIMS MADE

The Professional Indemnity in this proposal is a claims made insurance contract, i.e. it only covers claims made against you and notified to Underwriters during the period of insurance. However, provided you give Underwriters notice in writing of any facts that might give rise to a claim against you, as soon as reasonable practicable after you become aware of those facts and before the expiry date of this insurance, then this insurance will respond, notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

### 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 purpose of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Sportscover Europe Limited.

#### INSURANCE ADMINISTRATOR

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™ LONDON • MELBOURNE • SYDNEY

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SPORTSCOVER

**ROSPA**  
Partner

**INSURING SPORT SINCE 1986**  
Insurance partner of UK Sport and RoSPA

**PART 1: GENERAL DETAILS**

PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS

Full name of the insured: *(Firstname, Surname)*

Trading name:

Trading style:

Is the business registered(or a limited company)?

Yes

No

Contact name: *(Firstname, Surname)*

Address for Correspondence:

Postcode

Email address:

Telephone *(Mobile)*:Telephone *(AH)*:Telephone *(BH)*:

Fax:

Risk address:

Postcode

Email address:

Website:

Sports / Activities undertaken:

Period of insurance required:

From:

To:

**PART 2: COVER REQUIRED**

PLEASE SELECT THE INSURANCE(S) YOU REQUIRE

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

Public Liability / Professional Indemnity

Employers Liability

Property

Personal Accident \*

Directors and Officers Liability \*

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

**PART 3: PUBLIC LIABILITY COVER**

PLEASE ONLY COMPLETE THIS SECTION IF YOU INDICATED IN PART 2 THAT PUBLIC LIABILITY / PROFESSIONAL INDEMNITY COVER IS REQUIRED.

1. Limit of Liability 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. a) Does the Club or Association own or operate:

Swimming pool

- Yes       No

Length (meters)

Sauna

- Yes       No

Tennis courts

- Yes       No

Squash / Racquet Ball courts:

- Yes       No

Grandstand

- Yes       No

Child minding facilities

- Yes       No

Canteen / Cafeteria

- Yes       No

2. b) Does the Club or Association:

Host international / national events:

- Yes       No

If yes, please give details:

Own the premises

Yes  No

If yes, please give details:

If yes, do you have property owners liability insurance in force?

Yes  No

Hire the premises out?

Yes  No

If yes, please give details:

If yes, do you require third parties hiring out the premises to have their own Public Liability Insurance?

Yes  No

Own the equipment used?

Yes  No

If yes, please list equipment:

Hire out the equipment?

Yes  No

If yes, list equipment and details of hiring:

Have a liquor licence?

Yes  No

If yes, give details below:

Manufacture goods?

Yes  No

If yes, provide details:

Sell goods to the public?

Yes  No

If yes, list goods sold:

Entered into any contractual agreements?

Yes

No

If yes, provide details:

3. Please give details of the following (please answer all questions)

a) Number of events per year:

Meetings

Games

Tournaments

b) Number of spectators at each event (average)

Meetings

Games

Tournaments

c) Numbers of committee

Members

Officials

Tournaments

d) Number of registered

Players

Members

e) Number of registered non-playing

Members

Games

Tournaments

f) The number requiring cover

Associations

Clubs

Members

Coaches

Referees

Instructors

4. What is the business turnover

For the previous financial year:

Your estimate for the coming year:

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

- |                    |                          |     |                          |    |
|--------------------|--------------------------|-----|--------------------------|----|
| Pregnancy          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Blood spillage     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Infection diseases | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Discrimination     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes to any of the above, please give details:

6. Approximate duration of the season:

From:  To:

Number of months:

7. Are the Coaches / Referees / Instructors to be covered qualified?

Yes  No  N/A

If yes, give details including minimum level of qualification obtained:

**PART 4: EMPLOYERS LIABILITY**

ONLY COMPLETE THIS SECTION IF YOU INDICATED IN PART 2 THAT EMPLOYERS LIABILITY COVER IS REQUIRED.

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

|  |                  |                      |
|--|------------------|----------------------|
| a) Clerical / managerial (exclude manual activities) | £:               | <input type="text"/> |
|  | Number of staff: | <input type="text"/> |
| b) Retail / catering / bar staff                     | £:               | <input type="text"/> |
|  | Number of staff: | <input type="text"/> |
| c) Players / Participants                            | £:               | <input type="text"/> |
|  | Number of staff: | <input type="text"/> |
| d) Coaches / instructors / trainers                  | £:               | <input type="text"/> |
|  | Number of staff: | <input type="text"/> |
| e) Ground staff / maintenance                        | £:               | <input type="text"/> |
|  | Number of staff: | <input type="text"/> |
| f) Other manual                                      | £:               | <input type="text"/> |
|  | Number of staff: | <input type="text"/> |

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:

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



**PART 5: PROPERTY INSURANCE**

PLEASE COMPLETE THIS SECTION IF YOU REQUIRE PROPERTY INSURANCE

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", provide full details of the construction and advise what percentage of the building does not comply with the above construction?

3. How long have you occupied these premises?

4. Are the buildings occupied solely by yourselves?

 Yes  No

If "No", provide details:

5. Where are the premises located?

- Residential
- Industrial
- Commercial
- Rural

6. Are the premises

- Detached
- Semi-detached
- Terraced

7. Do you require insurance for flood?

Yes

No

If "Yes", please answer the following:

a) Are there any streams, rivers or tidal waters in the locality?

Yes

No

If "Yes" please provide details:

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

c) Have there ever been any cases of flood at the premises or in the neighbourhood?

Yes

No

If "Yes" please provide details:

d) Have you ever been declined cover for flood insurance in the past?

Yes

No

If "Yes" please provide details:

## 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 method of signalling:

- Local (bells only)  
 Monitored (digital dialer)  
 Monitored (redcare)  
 Patrol response

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

|                                      |
|--------------------------------------|
| <b>MINIMUM STANDARDS OF SECURITY</b> |
|--------------------------------------|

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

**PART 5 (CONTINUED):  
PROPERTY INSURANCE - FIRE, PERILS & THEFT SECTIONS**

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:

| <b>ITEM DESCRIPTION</b>                           |    | <b>SUM INSURED</b>                       |
|---|----|--|
| Building(s)                                       | £: | <input style="width: 90%;" type="text"/> |
| Plant, machinery & all comments (excluding stock) | £: | <input style="width: 90%;" type="text"/> |
| Stock of wines, spirits and cigarettes:           | £: | <input style="width: 90%;" type="text"/> |
| General stock                                     | £: | <input style="width: 90%;" type="text"/> |
| Team kits   | £: | <input style="width: 90%;" type="text"/> |
| Trophys   | £: | <input style="width: 90%;" type="text"/> |
| Gaming machines:                                  | £: | <input style="width: 90%;" type="text"/> |
| Other items (please specify):                     |    |  |
| <input style="width: 90%;" type="text"/>          | £: | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/>          | £: | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/>          | £: | <input style="width: 90%;" type="text"/> |
| <input style="width: 90%;" type="text"/>          | £: | <input style="width: 90%;" type="text"/> |
| <b>TOTAL:</b>                                     | £: | <input style="width: 90%;" type="text"/> |

**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 extension?  Yes  No

If "Yes" please mark the items requiring this cover with an 'X' or list all items below:

3. Do you require accidental damage extension?

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

If "Yes" please mke sure a sum insured is provided for the surface(s) in Q2.

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

**PART 5 (CONTINUED):  
PROPERTY INSURANCE - BUSINESS INTERRUPTION SECTION**

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   | £: <input type="text"/> | <input type="text"/> months |
| If the Income / Revenue figures shown above does not include your full wage roll please state the amount of wages to be insured: | £: <input type="text"/> | <input type="text"/> months |
| Claims preparation costs   | £: <input type="text"/> | <input type="text"/> months |
| Increase in Cost of Working  | £: <input type="text"/> | <input type="text"/> months |
| Reinstatement of Documents   | £: <input type="text"/> | <input type="text"/> months |
| Accountants Fees (automatically covered for a limit of £2,000). Please specify a higher figure if required.                      | £: <input type="text"/> | <input type="text"/> months |
| Other items (please specify):  |                         |                             |
| <input type="text"/>   | £: <input type="text"/> | <input type="text"/> months |
| <input type="text"/>   | £: <input type="text"/> | <input type="text"/> months |
| <input type="text"/>   | £: <input type="text"/> | <input type="text"/> months |
| <b>TOTAL:</b>  | £: <input type="text"/> |                             |

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:

**PART 5 (CONTINUED):  
PROPERTY INSURANCE - MONEY AND ASSAULT SECTION**

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.

| <b>ITEM DESCRIPTION</b>                               | <b>SUM INSURED / REPLACEMENT VALUE</b>        |
|---|---|
| Money in transit<br>(by own employees)                | £: <input style="width: 150px;" type="text"/> |
| Money in any one Transit<br>(by security company)     | £: <input style="width: 150px;" type="text"/> |
| Money on Business Premises<br>(during working hours)  | £: <input style="width: 150px;" type="text"/> |
| Money on Business Premises<br>(outside working hours) | £: <input style="width: 150px;" type="text"/> |
| Money in Safe or Strongroom                           | £: <input style="width: 150px;" type="text"/> |
| Money in Personal Custody                             | £: <input style="width: 150px;" type="text"/> |
| Additional damage to safes and<br>strong rooms        | £: <input style="width: 150px;" type="text"/> |

**OTHER ITEMS (PLEASE SPECIFY)**

|   |   |
|---|---|
| <input style="width: 100%;" type="text"/> | £: <input style="width: 150px;" type="text"/> |
| <input style="width: 100%;" type="text"/> | £: <input style="width: 150px;" type="text"/> |
| <input style="width: 100%;" type="text"/> | £: <input style="width: 150px;" type="text"/> |

**NOTE:**

Money on Premises is limited to £250 outside business hours unless contained in a securely locked safe or Strongroom

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

**PART 5 (CONTINUED):  
PROPERTY INSURANCE - 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.

| <b>ITEM DESCRIPTION</b> | <b>SUM INSURED / REPLACEMENT VALUE</b>        |
|-------------------------|---|
| External Glass          | £: <input style="width: 150px;" type="text"/> |
| Internal Glass          | £: <input style="width: 150px;" type="text"/> |

**COVER EXTENSIONS**

|                                     |        |                              |                             |
|-------------------------------------|--------|------------------------------|-----------------------------|
| Temporary Shuttering                | £350   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Damage to frames                    | £350   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign writing                        | £350   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Advertising or identification signs | £1,000 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Do you have glass-walled squash courts?  Yes  No



**PART 5 (CONTINUED):  
PROPERTY INSURANCE - 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

If "YES" please provide details:

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

If "YES" please provide details:

c) Charge brought against the licence holder?  Yes  No

If "YES" please provide details:

**PART 6: PREVIOUS CLAIMS**  
MUST BE COMPLETED IN ALL CIRCUMSTANCES

1. 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

If "YES" please provide details:

b) If uninsured in the last five (5) years have there been any incidents in that time that may have resulted in a claim?

Yes  No

If "YES" please provide details:

c) 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 "YES" please provide details:

c) 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 Q1, above, please complete the following in respect of each claim or incident:*

*Detail the type of claim or incident (e.g. public liability injury, theft or public liability property damage), the date, description, any amounts paid and an estimate of any amounts outstanding are required.*

| #  | Date | Type | Incident Description | Paid (£) | Outstanding (£) |
|----|------|------|----------------------|----------|-----------------|
| 1. |      |      |                      |          |                 |
| 2. |      |      |                      |          |                 |
| 3. |      |      |                      |          |                 |
| 4. |      |      |                      |          |                 |
| 5. |      |      |                      |          |                 |

*If you require more space to detail your previous and pending claims, please use a separate sheet.*

2. Have any risk improvements or action taken place to prevent a reoccurrence?

Yes  No

If yes, please give details:

**PART 7: 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 provide details:

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

**PART 7: DECLARATION AND AUTHORISATION**

THIS DECLARATION MUST BE COMPLETED IN ALL CASES

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 disclosure of material fact and understand that this is a contract of utmost good faith.
- 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:

Signed:

Date:

**BROKER USE ONLY:**

Broker:

Sportscover Number:

Broker Contact:

Quote Number:

**NOTE: PLEASE RETURN THIS FORM TO YOUR SPORTSCOVER ACCREDITED BROKER**