



PROPOSAL FORM

Client details

Client Name

Risk address

Postcode

Business description

Year established

Contact Person

Telephone no (Inc code)

Email address

Proposers Website

Period of insurance

12 months from:

General details

- 1) How long have you been in business at these premise?
- 2) Have you, your Directors, Partners or committee members involved with the business or any other business ever:
- a) Had a proposal or insurance declined cancelled or refused? *Yes / No
 - b) Had any special terms or conditions imposed? *Yes / No
 - c) Been the subject of any County Court Judgements or Sheriff Court Decrees? *Yes / No
 - d) Been declared bankrupt or insolvent or been disqualified from being a company director or been involved as an Owner, Director or Partner with any company which went into receivership, administration or liquidation or been involved in another company within 6 months before receivership/insolvency? *Yes / No
 - e) Have you, or any member of your family directly connected with the business or any other business partner or director ever received a formal police caution for or been convicted of or charged but not yet tried with a criminal offence, other than motor offences? *Yes / No

*If the Answer to 2 a) - e) is 'Yes' please provide details below

- 3) Please give details of previous insurers in the last five years

Claims Experience

- 5) 5 Year History - details of any incidents which have or could have resulted in a claim, whether insured or not.

Date	Amount	Details



ASSET PROTECTION

PROPERTY DAMAGE AND THEFT

Are the premises in sole occupation? Yes / No*
If No, please give full details of all other occupants

Construction Heating and Occupation

Are the buildings of standard construction (i.e brick,stone/concrete and roofed with slates,tiles,concrete,metal or asbestos)
Heated by low pressure hot water system, electricity, gas appliances using gas from a public supply/from a fuel tank
in the open / ordinary sold fuel. Occupied for the sole purpose of the club,offices,store or private dwelling?

Yes / No*

If No, please give full details (including approximate percentages of 'non standard' parts etc)

Expressed as a percentage of all external walls & roofs what approximate percentage is 'Non standard' ? %

Details :

Number of storeys

Age of building

Fire precautions

Fire Alarm & Signalling Yes / No Smoke detectors Yes / No
Fire extinguishers to LPC scale Yes / No (LPC means Loss Prevention Council)

Security precautions

Minimum Standards of Security (Please refer to policy wording for full details)

1) are all doors and accessible windows fitted with locking devices or permanently fixed shut? Yes / No*
2) are all locks compliant to the minimum security warranty? Yes / No*

If No, please give details

Intruder Alarm

Alarm Present ? Yes / No

Signalling type • Redcare Yes / No • Digicom Yes / No
• Bells/Siren only Yes / No • Other - Please state :

Is the alarm : NSI (NACOSS) Installed & Maintained? Yes / No
or SSAIB Installed & Maintained? Yes / No

Other security, please circle:

Bars Yes / No Shutters Yes / No
Grilles Yes / No Occupied Overnight Yes / No
Door Entry System Yes / No CCTV (Recorded) Yes / No
Other (Please give details)

General

Are the premises in a good state of repair? Yes / No*

Is the main building 'Detached' from other structures? Yes / No*

Has Electrical system inspected in the last 5 years and been NICEIC certified or IEE (or equivalent) compliant? Yes / No*

Are the premises in an area previously affected by flooding or at risk of flooding? Yes* / No

Does the premises have any basements/cellars **below** ground level? Yes / No

Is the Building located near a seafront, Cliff (or other exposed area), a River, lake, watercourse, reservoir or dam Yes* / No

Any portion of the premises partly unused/unfurnished/unoccupied? Yes* / No

If * please give details



SUMS INSURED

		Sum Insured
Buildings		£
Outbuildings (not internally communicating with main building)		£
Buildings Occupied as Private Dwellings (Not forming part of the main building)		£
Tenants improvements and decorations		£
Contents in main building		£
Contents in outbuildings		£
Stock and materials in trade	a) Wines & spirits	£
	b) Cigarettes & tobacco	£
	c) Beer & any other stock	£
Flood Lights (For Sports Surfaces)		£

Greens and External Playing Surfaces* (Excluding Floodlights)

Your policy can (if present) automatically include covers up to £20,000, would you like this insurance? *Yes / No

*If Yes, please state total Sum Insured req'd for Greens / Playing Surfaces (Excluding Floodlights) £

All other property - state:

£
£

Do you require Day one uplift (10%) in respect of Buildings? Yes / No

Seasonal Increase - cover automatically included for three months, November, December and January or for different months, please state (max three)

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Contingencies All Risks unless otherwise specified on schedule

Additional Contingencies: **Subsidence:** (Policy must cover Buildings)

1) Has the property or any adjacent property previously suffered damage from subsidence, heave or Landslip? Yes / No

2) Does the building have any visible signs of cracking? Yes / No

GLASS

Your Policy automatically covers All fixed external/ internal glass - please refer to policy wording for full details.

A) BUSINESS ALL RISKS (UK Cover)

Cups & Trophies

Your policy automatically covers Cups & Trophies up to a total Sum Insured of £3,000 anywhere within the UK

B) GOODS IN TRANSIT

Your policy automatically covers Goods In Transit up to £2,500

C) FROZEN FOODS

Your policy automatically covers Frozen/Refrigerated Foods up to £1,000

Increasing the Limits Under A, B & C Above

Would you like to increase the cover under A, B or C? *Yes / No

Section Description	Total Sum Insured
A) Cups & Trophies	£
B) Goods in Transit	£
C) Frozen Food	£



MONEY AND ASSAULT

Money

Stamped national insurance cards, crossed cheques, crossed giro cheques, crossed money orders, crossed postal orders, crossed bankers drafts, crossed warrants, national savings certificates, premium savings bonds, franking machine impressions, credit company sales vouchers and VAT invoices: £250,000

How often is money banked?

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What is the Maximum amount of cash carried in transit (by employees)?

£

Carryings by a security company

Is cover required?

Yes* / No

Limit any one loss

£

Is the security company contractually liable for losses

Yes / No

Money at Home

Money at home of authorised persons (Automatic) £500
 Money outside safe, outside business hours (Automatic) £250

Money in safe out of business hours

Make and Model of Safe	Limit of cash in safe
1)	£
2)	£
3)	£
Maximum money in ALL safes outside business hours	£
Maximum money on the premises, during business hours	£
Any other loss of money	£

Gaming Machines (including snooker/pool tables)

Do you have any gaming machines (Fruit machines, Lottery Machines, Games Tables)

Yes / No

Your policy automatically covers Money In Gaming Machines up to £1,000 (Total In all Machines)

Would you like to increase this limit?

*Yes / No

*If Yes, please state total Sum Insured required

£

Are the Gaming Machines protected by Gameguards / Cabinets

Yes / No

Note : If under the terms of the lease agreement the Club is responsible for damage to gaming machines a sum insured must be stated on the asset protection section.

Automated Telling Machines (ATM's)

Do you have any ATM's?

*Yes / No

*if yes a supplementary form will be needed please note that no cover is automatically provided for ATM's or the contents therein.

Assault (Committee Members/ Employees only)

Standard amount of cover £10,000 (for death, total and permanent loss of sight in one or both eyes, loss of one or more limbs, any other total and permanent disablement which, after 24 months of Bodily Injury, prevents the Insured Person from pursuing any occupation) /£100 per week (total disablement within 24 months) /£50 per week (partial disablement within 24 months)



EMPLOYEE DISHONESTY

Your policy can automatically cover Employee Dishonesty up to £2,500 (Aggregate)

Would you like to increase this limit?

*Yes / No

If Yes what aggregate (Total) Sum Insured do you require?

£

Employees

Employees includes Members of your staff, Trainees and Apprentices, Staff hired in from an agency, former Employees who have retired from you and now work exclusively for you as Consultants, former Employees for 30 days following their leaving

Are any of your Employees unpaid voluntary workers?

Yes* / No

If Yes, please give details including numbers and the duties undertaken

List of Persons to be Insured etc.

Name	Position/Duties	Sum Insured

Sole Signing of Cheques

The Controls impose a limit of £5,000 in respect to the sole signing of Cheques, or similar instruments by Employees (Principals, who are not also Employees, may sign to higher limits)

CHECKS

Employee dishonesty - cover is only available if the following systems of check are carried out.

Please confirm you are at present carrying out the requirements or you agree to carry out the required procedure as from the date of commencement of cover. Checks 4 and 5 must be carried out by a proprietor or employee senior to the person normally responsible for the statement of account or stock.

Yes / No

Checks:

1. In respect of employees handling money or in charge of stock, prior to engagement in every case, satisfactory written or telephoned references confirming the honesty of the employee will be obtained direct from their former employers to cover the immediately proceeding 12 months. Such references will be retained for a period of two years from the date of employment for inspection in the event of a claim.
2. Written confirmation of telephone references will be obtained.
3. All books are balanced and checks by professional auditors at least annually.
4. All stock is independently and physically checked at least quarterly.
5. Cash takings are independently reconciled with till rolls and stamped bank paying-in slips at least weekly.



REVENUE PROTECTION

BUSINESS INTERRUPTION

Your Policy automatically covers Loss of Gross Profit up to £500,000 (£250,000 per year) Maximum Indemnity Period 24 Months

Would you like to increase this cover?

*Yes / No

If Yes, please state the Total Sum Insured required

£

Maximum Indemnity Period 24 Months 36 Months

Definition of Gross Profit - Revenue (Turnover) less the cost of goods sold.

Loss of Rent (Receivable)	Indemnity Period required?	<input type="text"/>	£ <input type="text"/>
Loss of Rent (Payable)	Indemnity Period required?	<input type="text"/>	£ <input type="text"/>

D) BOOK DEBTS

Your policy automatically covers Book Debts up to £50,000

E) LOSS OF LICENCE

Your policy automatically covers Loss of Licence up to £100,000

Is there any intention to apply for the transfer of licence on the next 12 months?

Yes* / No

Have you, the licence holder ever had an application refused?

Yes* / No

*If yes, give details

Increasing the Limits Under D or E Above

Would you like to increase the cover under D or E?

*Yes / No

	Total Sum Insured	
D) Book Debts	<input type="text"/>	
E) Loss of Licence	<input type="text"/>	

EMPLOYEE BENEFITS

PERSONAL ACCIDENT (Occupational Only)

Your policy automatically covers Personal Accident as follows;

a) Committee Members, Steward £50,000 / £250 Per week

b) All other Employees & Club Members £10,000 / £100 Per Week

Would you like to increase the cover for persons detailed under cover b?

Yes* / No

If Yes, please tick the total Sum Insured required

i) £20,000 / £200 Per Week

ii) £25,000 / £250 Per Week

Has any person now proposed suffered any accident (other than trivial) or any serious illness over the last five years?

Yes* / No

If Yes, please give details



LEGAL LIABILITIES

GENERAL

Do you have a written and signed Health and Safety policy in line with current legislation requirements? Yes / No

Do you provide any of the following: (Please tick if applicable)

- | | | | | | |
|-------------------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| solarium/sun beds | <input type="checkbox"/> | saunas | <input type="checkbox"/> | swimming pool | <input type="checkbox"/> |
| gymnasium | <input type="checkbox"/> | inflatable bouncy devices | <input type="checkbox"/> | indoor soft play areas | <input type="checkbox"/> |
| children's outdoor playground | <input type="checkbox"/> | outdoor pursuits | <input type="checkbox"/> | | |

What entertainment is provided at the premises (Please tick if applicable)

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| Dancing/Disco/ Live bands up to twice a week | <input type="checkbox"/> | Beer festivals | <input type="checkbox"/> |
| Live entertainment excluding bands | <input type="checkbox"/> | All others, please state below: | <input type="checkbox"/> |

Is the entertainment venue open to the public (i.e Persons NOT Members or Guests of Members) *Yes / No

*If yes, give details

Sub-contractors

If you use sub-contractors it is recommended that evidence of Employers and Public Liability Insurance is obtained.

EMPLOYERS' LIABILITY

Description

- Clerical and Non-Manual
- Manual Workers - Bar Staff, Maintenance etc.

	Wageroll	No of Employees/ Volunteers
£		
£		

PUBLIC AND PRODUCTS LIABILITY

Indemnity limit required - (options £5, £2, £1 million)

£ Million

Estimated Turnover (next 12 months) £

Activities away from Premises

Are activities undertaken away from own premises? *Yes / No

If Yes, please describe

Numbers of:

Committee

Members



DIRECTORS AND OFFICERS SECTION

Your policy automatically covers Directors & Officer cover up to £150,000 (Subject to acceptance criteria)

Is the Company/Entity:

Private? Yes / No
 A Registered Charity? Yes / No
 Members Owned Yes / No

Existing Insurance Details

Do you currently have or previously had any other Directors and Officers Liability insurance cover in place? Yes / No

If Yes, please state:

- Name of insurer:
- Periods of Insurance:
- Limit of Indemnity: £

Claims Experience

Has any claim ever been made or prosecution brought against you in respect of the Insured as stated below, in respect of any neglect, error, omission or other wrongful act committed in the capacity of director or officer whether in relation to the activities of the Insured or any other company in which the directors or officers hold or have held office?

If Yes, please provide the following details of each incident:

Date of Intimation	Brief Description of Claim	Total Payments Including costs	Total Outstanding Reserves	Open/Closed

Are you aware, after enquiry, of any circumstances or incident which might:

Give rise to a claim against the Insured or any director or officer of the Insured? Yes / No

Otherwise affect the insurers consideration of this insurance? Yes / No

Have all claims or circumstances which might give rise to a claim been reported to insurers? Yes / No

Has the Insured been established for more than three years? Yes / No

Do you have your accounts checked by an accountant annually? Yes / No*

Do your total gross assets exceed your total liabilities (debts)? Yes / No*

** If you have answered No to either of the last two questions please send a copy of your latest accounts*

General Information

Have you ever been refused Directors and Officers Liability insurance or quoted increased premiums or special conditions? Yes / No



Declaration

I/We declare that

- All information stated and answers given in on this Proposal form are accurate
- accurate stock and sales books are kept;
- all inspections of lifting apparatus, boilers and steam pressure vessels will be carried out in compliance with statutory requirements;
- the sums insured and/or declared values represent the full replacement value as new of the property and any increase will be notified to the insurer;
- I/We do and will at all times exercise reasonable care in the selection and employment of employees involved in the handling or transit of money or goods;

Details of any amendment to the above declaration

Important - Disclosure

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. Please state any additional material facts below. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

GENERAL ADDITIONAL INFORMATION

Please use this page for any additional information

I/We understand the contents of this completed application and I/We declare that the information given is, to the best of my/our knowledge and believe correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Proposers signature

Date



Telephone Call Recording

For our joint protection, telephone calls may be recorded and/or monitored

For further information please contact:

Clubsure, William Beard House, 44 Botley Road, Park Gate, Southampton, SO31 1BB. Tel no: 01489 572121. Fax no: 01489 576261.

Authorised and regulated by the Financial Services Authority.

This policy is underwritten by MMA Insurance plc, Norman Place, Reading, RG1 8DA. Authorised and regulated by the Financial Services Authority.

The Legal and Tax Advice Helpline is provided by DAS Assistance Limited.

IMPORTANT INFORMATION

Complaints Procedure

You are important to us. As a valued customer you are right to expect fairness and a swift and courteous service at all times.

We recognise that sometimes you may feel unhappy with us. To help us improve we would appreciate your honesty in telling us about your experience of our service – your feedback can make all the difference.

What should I do?

Step 1 Please speak to Clubsure Administration Centre, 44 Botley Road, Park Gate, Southampton SO31 1BB. Tel: (01489) 572121.

Step 2 If you remain dissatisfied or you feel your complaint remains unsolved please write to the Managing Director, MMA Insurance plc, Norman Place, Reading, RG1 8DA.

Notes

Should all the above steps fail to resolve the issue, you may refer the dispute to the Financial Ombudsman Service provided that (i) you are an individual and your complaint does not concern aspects of your policy which relate to business or trade carried by you, (ii) you have already given us the opportunity to resolve your complaint and (iii) the policy is governed by the laws of England and Wales, Scotland, Northern Ireland, the Isle of Man or any of the Channel Islands.

The address is: The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, Docklands, London E14 9SR. Telephone (0845) 080 1800.

Following these procedures will not affect your right to take legal action.

Choice of Law

In the absence of agreement to the contrary the law applicable to this contract is that of England and Wales unless the registered office or principal place of Business of The Insured is situated in Scotland, Northern Ireland, the Channel Islands or the Isle of Man in which case the law of that territory will apply.

Data Protection – Information Uses

For the purposes of the Data Protection Act 1998, the data Controllers in relation to any personal data you supply are John Beard & Son Limited and MMA Insurance plc.

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 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. In assessing any claims made, the insurer or its 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 the insurer (such as loss adjusters or investigators).

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

Credit Searches and Accounting

In assessing your application, the insurer may search files made available to them by credit reference agencies who may keep a record of that search. The insurer may also pass to credit references agencies information it holds about you and your payment record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurers may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application.

A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer will 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 insurers or its agents.

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- Check and/or file your details with fraud prevention agencies / databases, if you give us false or inaccurate information and we suspect fraud, we will record this.

We can supply on request further details of the databases we access or contribute to

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

Claims History

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

You should show these notices to anyone who has an interest in the insurance under the policy.