



INNOVATIVE INSURANCE SOLUTIONS

## PROPOSAL FORM

THE SPORTS and SOCIAL INDUSTRY



Insurance Brokers . Underwriting Agents  
Lloyd's Brokers . Independent Financial Advisers

# **PROPOSAL FORM**

## **THE INSURED**

1. Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy
  
2. Address of the Insured  

Postcode: Tele No. Fax No

Email Address:
  
2. Please list names and dates of birth of all Company Directors/Partners
  
3. If you require Employers' Liability cover, please supply your Employer PAYE Reference.  
(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to.)
  
4. If you do not have a PAYE Reference, please confirm you are exempt and give the reason
  
5. Full description of Clubs Activities

## **THE PREMISES**

1. Address of premises to be insured (If different from above)
  
2. Are the premises constructed of brick, stone, concrete and roofed with slates, tiles, concrete or asphalt, and in a good state of repair?  

YES/NO
  
- Are there any outbuildings?  

YES/NO
  
- If yes please give details

3. Age of premises

4. In what type of area are the premises situated?

a)	Residential	YES/NO
b)	Industrial	YES/NO
c)	Commercial	YES/NO
d)	Rural	YES/NO

5. Number of Storeys

6. Is there a cellar or basement?

7. Do you occupy the whole of the premises?

If no, a) what parts do you occupy?

b) what is the occupancy of the other parts?

8. Has there been any history of flooding in the area?

9. How far are the premises from a full time Police Station?

10. How far are the premises from a full time Fire Station?

11. How are the premises heated?

**SECURITY**

1. Is an intruder alarm fitted at the premises?   
If yes,

a)	Name of Installer	<input type="text"/>
b)	NACOSS approved?	YES/NO
c)	Type of signalling: Bells only?	YES/NO
	Central station connection?	YES/NO
	Digital Communicator?	YES/NO
	BT Redcare?	YES/NO
	Paknet?	YES/NO
	Other, please specify	<input type="text"/>

2. What locks etc. are fitted to the external doors?

3. What protective devices are fitted to the windows?

4. Do you have CCTV in operation if so, please advise all locations ie Internal, External, Bar Areas, Entry/Exit points, Dance Floors, changing rooms etc?

5. Is a Fire Alarm fitted at the premises?

If so does it include:-

a)	Break glass boxes in all parts of the premises?	YES/NO
b)	Automatic Fire Detection eg smoke detectors?	YES/NO
c)	Connection to Central Station?	YES/NO

6. Is there a Sprinkler system?

If yes, give brief details

7. When was the wiring at the premises last checked by a qualified electrician

8. Is there a safe or safes?

If yes, a) Maker's name and model

b) Is it bolted to the floor?

9. Are the premises occupied overnight?

If yes, by whom

a)	The proposer	YES/NO
b)	Resident employee / caretaker	YES/NO
c)	Other (please specify?)	YES/NO

10. Are there any other Security measures in operation?

If yes, please give brief details

**NATURE OF THE BUSINESS**

1. How long have you been operating:-

• at these premises?

• Elsewhere?

2. What is the maximum permitted attendance?

3. Is a membership system in existence?

4. What are the opening hours?

5. How many days a week is the club open?

6. Do you provide any of the following:-

a)	Live music?	YES/NO
b)	Private functions?	YES/NO
c)	Restaurant facilities?	YES/NO
d)	Floor shows/cabaret/striptease?	YES/NO

7. Do you arrange activities for children aged below 16 years old?

YES/NO

If yes, please provide details including frequency

## **MANAGEMENT**

1. How many years Management experience in running a club?

2. How many incidents have occurred during the last three years resulting in a police visit or warning to the premises?

Give details

3. Do you actively promote employees to become qualified "First Aiders"?

YES/NO

4. What Measures are undertaken in the event of an injury?

5. Do you have dedicated glass clearers? YES/NO

6. Who is the Licensee?

7. Has the Licence been transferred during the current period of insurance? YES/NO

8.  
9. To your knowledge, has there been any formal objections to the Licence during the last five years? YES/NO

If yes, give details

10. Has the present owner(s) or manager(s) been refused a licence at any time? YES/NO

If yes, give details

11. Are there any circumstances known to the proposer which might prejudice the continued holding of the licence? YES/NO

If yes, give details

12. Please confirm that all keys to final exit door(s), safes and alarms are removed from the premises when closed for business. YES/NO

13. The policy can extend to include Personal Liability for two named persons do you require this cover? YES/NO

If yes please provide names

**SUM INSURED**

IT IS IMPORTANT THAT YOU SHOULD ENSURE THAT THE VALUES GIVEN BELOW ARE ADEQUATE AS UNDER INSURANCE MAY REDUCE THE AMOUNT OF RECOVERY IN THE EVENT OF A CLAIM.

Sums Insured shown are automatic, please specify if a higher limit is required.

Buildings / Outbuildings	£
Fixtures, Fittings and All Other Contents	£
Stock of Wines, Spirits, Tobacco & Cigarettes	£
Food and Beer & Any Other Stock	£
Gaming Machines and Entertainment Equipment	£
Computer & Electronic Equipment	£
Loss of Rent Receivable/Payable 12/18/24 Months indemnity ( delete as necessary)	£
Business Interruption 12/18/24 Months (delete as necessary)	£
Glass, Signs & Canopies	£
Money:-	
a) In transit to or from Bank or post office and/or in Bank Night Safes	£
b) In the Insured's Premises when open for business and not left unattended	£
c) In Insured's Premises when closed for business not in a locked safe	£
d) In a locked safe in the Insured's Premises when closed for Business	£
e) In the private residence of the Insured	£
f) Seasonal increase included	
g) In Gaming Machines and Entertainment Equipment (£250 any one machine) (£1,000)	£
h) Non-Negotiable documents (£250,000)	£
Estimated annual carryings (please specify)	£
Loss of Licence	£
Frozen Food	£
Book Debts	£
Employers Liability (Indemnity Limit £10M) Estimated wages: Clerical & Managerial	£
All Others	£
Public/Products Liability Limit of Indemnity £1M/£2M/£5M (delete as necessary) Estimated Annual Turnover	£

**N.B. Refer to wording for full details of definitions and cover provided**

**PREVIOUS CLAIMS AND INSURANCE**

1. Have any of the Proposer's made any claim against any Insurer at any time during the last five years?

YES/NO

If yes, give details

2. Has any Insurer ever cancelled, refused to insure, or imposed special terms to any Policy for any of the Proposer's or any person who effectively controls the club? YES/NO

3. Have any of the Proposer's/or any person who effectively controls the business been convicted or charged (but not yet tried) :-

a) with a criminal offence YES/NO

a) been declared insolvent YES/NO

4. Please provide the name of your current insurers and expiry date?

5. Material Facts. Are there any other facts not covered by this Proposal Form which you consider may be material to this proposal for insurance.

### **DECLARATION**

I/We agree that if this insurance is completed the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Underwriters without their consent.

To the best of my/our knowledge and belief all the information provided to all the answers in this Proposal Form are true and I/We have not withheld any material facts. I/We understand that non-disclosure or mis-representation of a material fact will entitle Insurers to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact, you should consult your Broker).

I/We understand that the signing of this Proposal Form does not bind me to complete the insurance but agree that, should a Contract if Insurance be concluded, this Proposal and the statements made therein form the basis of the contract.

Signature of Proposer

Date

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