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| --- | --- | --- | --- |
| Broker’s / Agent’s details | | | |
| Broker name |  | Contact name |  |
| Telephone number |  | Date submitted |  |
| Email address |  | | |
| Renewal date |  | Deadline date |  |
| Holding agent |  | Last year’s premium |  |
| Holding insurer |  | Target premium |  |

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| --- | --- | --- | --- |
| Proposer’s / Insured’s details | | | |
| Proposer’s name |  | PAYE Reference (ERN) |  |
| Proposer’s address |  | | |
| Address continued |  | Postcode |  |
| Business description  including product supplied |  | Year business established |  |
| Website address |  |

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| Claim Details | | |
| Has there ever been a flood claim or flood incident at any of the locations where cover is required. If Yes, provide full details below | | Yes / No |
| Have there been any other claims or incidents that could have given rise to a claim in the past 3 years. If Yes, provide full details below | | Yes / No |
| Date | Details (include circumstances and post loss action to prevent reoccurrence) | Amounts (include any amounts not yet paid) |
|  |  | £ |
|  |  | £ |
| **Please provide any additional information below:** | | |
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| **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 | Yes / No |
| 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? | Yes / No |
| Have you carried out all the appropriate Health and Safety risk assessments?  If Yes, are they recorded? | Yes / No  Yes / No |
| Do you have a written employee training programme and do you maintain records? | Yes / No |

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| Location 1 Premises Information ( ‘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 | | Yes / No |
| Does any employee reside at the premises?  If Yes what job title do they hold? | | Yes / No |
| 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 | | Yes / No |
| 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 | | Yes / No |
| 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? | | Yes / No  %  years  Yes / No |
| Is there any portable heating?  If Yes please specify | | Yes / No |
| 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? | | Yes / No  Yes / No |
| 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) | | Yes / No |
| Detail any fire protection eg. Fire alarms/sprinklers | |  |
| Are the outbuildings eg. Greenkeeper’s store alarmed? | | Yes / No |
| 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 | | Yes / No  Yes / No  Yes / No  0-25mm 2.5mm-5mm over 5mm  Yes / No  Yes / No  Yes / No  Yes / No |

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| **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) | £ |

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| **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) | | £ |

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| 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 |  | £ |

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| **Deterioration of Stock** | |
| £500 limit is automatically included. If a higher sum insured is required please indicate | £ |

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| **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 | Yes / No |
| 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 | Yes / No |

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| **Employers’ Liability** | |
| If cover is required state PAYE ref code (ERN) |  |
| Clerical only wages | £ |
| Greenkeepers wages | £ |
| All Other Employees wages | £ |

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| 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 include 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 | Yes / No  Yes / No  Yes / No  Yes / No |
| 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 | Yes / No  Yes / No |
| Do you have Sunbeds /Saunas / Steam Rooms / Jacuzzi  If Yes:  How many Sunbeds/Solariums are there  Do you operate sunbeds which emit UVC radiation or more than 5% UVB radiation?  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 | Yes / No  Yes / No  Yes / No  Yes / No |
| 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 | Yes / No  Yes / No  Yes / No |

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| Do you require public liability cover to include Abuse?  If Yes, a copy of your Protection Policy will be required and:  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 they 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?  Do you record the receipt including signature by Employees of all policy procedures and guidelines?  Do all Employees receive relevant training in the protection of children and vulnerable adults?  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?  Do you have a designated person to whom all complaints or concerns regarding abuse, neglect or other inappropriate behaviour are reported?  Are all such concerns or complaints recorded?  If Yes, please detail for how long they are retained | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |

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| **Terrorism** | |
| Do you require cover? | Yes / No |

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| **Personal Accident** | |
| 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:  £15,000 Death & Caps cover and Temporary total disablement £150 per week  Do you require higher limits for Employees and Officials?  Limit available £20,000 Death & Caps cover and Temporary total disablement £200 per week  Limit available £30,000 Death & Caps cover and Temporary total disablement £300 per week  Limit available £50,000 Death & Caps cover and Temporary total disablement £500 per week | Yes / No  Please advise limit required:  £ |

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| **Trustees Liability & Company Legal Liability** | |
| £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  Have you been trading for at least 12 months?  Have you made a surplus (that is, your income was greater than your expenditure) in at least one of the last three years?  Do you have a positive net worth? (that is, your total assets are worth more than your liabilities)  Do you manage or supervise children or vulnerable adults?  Are all duties segregated so that dual controls exist on all payments, reconciliation of payroll, customer and bank account statements above £2,500?  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?  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?  Do you provide a certification, examination or regulation service of your members?  Do you provide financial or legal advice for a fee? | £  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |

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| **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? | £  Yes / No  Yes / No  Yes / No |

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| **Equipment Breakdown** | |
| Is cover required?   * Boilers, Pipes, Radiators, Heating, Cellar Equipment, Cooling Equipment, Air Conditioning * Computers and Electronic Office Equipment | Yes / No  Limit £250,000  Limit £75,000 |

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| Other Relevant Information |  |
| Please detail any other relevant information below | |
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| 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 its partners or directors, or any other person who plays a significant role in managing or organising the business activities, have been involved with: | |
| a declined or refused insurance cover or declared cover void | Yes / No |
| b refused to renew or cancelled any insurance for reasons other than non-payment of premium | Yes / No |
| c imposed any special terms or conditions | Yes / No |
| If Yes to a), b) or c) above, please provide details: | |
|  | |
| Financial and Crime Statement | |
| Has any proposer for insurance, its partners or directors 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 | Yes / No |
| In the last 5 years has:  i any proposer for insurance  ii its partners or directors or any other person who plays a significant role in managing or organising the business activities  iii all businesses in which the parties detailed in ii) above have been a partner, director or person playing a significant role  in managing or organising the business | |
| b been declared bankrupt, been the subject of any bankruptcy proceedings or any form of  voluntary or compulsory insolvency or winding up procedures (including administrative  receivership) or subject to any voluntary arrangements with creditors | Yes / No |
| c been the subject of a recovery action by HM Revenue & Customs | Yes / No |
| d been prosecuted, served prohibition or served an improvement order or notice under Health and  Safety legislation or Environmental Protection legislation | Yes / No |
| e been disqualified from being a company director | Yes / No |
| f been the subject of a County Court or High Court judgement (or Scottish equivalent) | Yes / No |
| If Yes to a), b), c), d), e) or f) above, please provide details: | |
|  | |
| 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**

Q Underwriting Services Limited is a subsidiary of PIB Group Limited and is committed to ensuring your privacy and personal information is protected in accordance with data protection law. For details of how we use the personal information we collect from you, and your rights, please view our privacy notice at [**www.qunderwriting.com/privacy**](http://www.qunderwriting.com/privacy/)**/**

If you do not have access to the internet, please contact us and we will send you a printed copy.

**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