

## Sports Clubs Management Liability Proposal Form

You must disclose all information, circumstances and material which may be relevant to this insurance.

Name of The Organisation:

Address:

Type of sporting activities promoted:

Number of Employees (full time & part time):

### Please complete the following statements in respect of all Policy Coverages

Please answer 'Yes' if the following statements are true.

The Organisation's activities are those of a private members sports club and the Organisation is affiliated to a recognised national governing body for the sport Yes  No

The Organisation is a registered charity or Company Limited by Guarantee or operates on a not for profit basis for the benefit of its members Yes  No

The Organisation's members are not remunerated by the Organisation for performing sporting activities on behalf of the Organisation on a full time professional basis Yes  No

The Organisation has been established for at least 2 years Yes  No

The Organisation's premises and assets are located in the UK and the Organisation's activities take place principally in the UK Yes  No

The Organisation's latest annual accounts show a positive net worth Yes  No

The Organisation's income exceeded its expenditure in at least one of the last three years Yes  No

The Organisation's accounts are reviewed annually by a qualified accountant Yes  No

The Organisation does not provide any financial or investment advice, legal advice or medical treatment (other than first aid) Yes  No

### Please complete the following statements if Employment Practices Liability Cover is required

The Organisation does **not** have any employees outside of the UK Yes  No

The Organisation obtains legal or other qualified professional advice prior to disciplinary actions or employee terminations Yes  No

The Organisation has not changed its terms of employment in the past year Yes  No

The Organisation has written employment and grievance procedures, and they have been issued to all employees Yes  No

The Organisation has not had any redundancies in the past 12 months and does not anticipate any in the next 12 months Yes  No

### Please complete the following declaration in respect of all Policy Coverages

There has been **no** previous claim or formal investigation that would have been covered by this policy had it been in force Yes  No

**After enquiry**, neither the Organisation nor any person proposed for this insurance is aware of any circumstance that may give rise to a claim under this policy? Yes  No

If you have answered 'No' to any of the questions, please provide full details on an additional page.

Organisation's Total Membership	Individual and Organisation Liability		
	Limit £	Premium £	Tick
0 - 250 members	250,000	250	
	500,000	350	
	1,000,000	500	
251 - 500 members	250,000	300	
	500,000	400	
	1,000,000	600	
501 - 1,000 members	250,000	400	
	500,000	550	
	1,000,000	650	
1,001 - 2,500 members	250,000	600	
	500,000	800	
	1,000,000	1,000	

**Retentions (to apply to each Claim)**

Individual Liability: Nil  
 Organisation Liability: £2,500  
 Employment Practices: £5,000

The premiums shown are annual premiums, excluding 6% Insurance Premium Tax and apply only if you have answered 'Yes' to all of the questions on the previous page. Individual and Organisation Liability cover is compulsory, the Employment Practices Liability Extension is optional. One aggregate limit applies to all sections. The Premiums shown on this Proposal Form are valid until 31 October 2013, and W. R. Berkley Insurance (Europe), Limited reserve the right to amend these Premiums and/or Retentions at any time.

Employment Practices Liability Extension (EPL)			
Employee Numbers	Limit £	Additional Premium £	Tick
0 to 5	250,000	100	
6 to 10	250,000	250	
11 to 25	250,000	400	

The prices are based on the Wisdom Not For Profit (Sports Clubs 2013) wording. W. R. Berkley Insurance (Europe), Ltd reserve the right to amend this wording and it's terms and conditions at any time prior to binding the risk.

**Total Premium:**

£

Which date would you like your cover to start?

**This date must not be prior to the date the Proposal Form is signed and must be no more than 7 days in advance. Cover will only start upon confirmation from W. R. Berkley Insurance (Europe), Ltd.**

**Declaration**

I/We declare that the contents of this proposal form are true and that I/We, after full enquiry have not mis-stated or suppressed any material facts. I/We agree that this proposal form together with any other information supplied by me/us shall form the basis of any contract of insurance effected hereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. The completion and signature of this proposal form does not bind the Insurer to complete a contract of insurance.

I/We understand that any non-disclosure or misrepresentation of any material facts or matters shall entitle W. R. Berkley Insurance (Europe), Limited to avoid this insurance.

Signature of Director/Trustee/Committee Member or equivalent:

Name:

Position:

Date: