

# INSURANCE RISK & CLAIMS MANAGEMENT LTD

Authorised and Regulated by Financial Services Authority  
 Company Registration No. 3928405 Registered in England  
 A KGJ Group Company-- Insurance Age Award Winners

## Rowing Club Insurance Proposal Form

CLIENT DETAILS			
Name			
Address			
		Post Code	
Correspondence Address If Different:			
		Post Code	
Tel No.		Email Address.	

SECTION 1 - ALL RISKS - PREMISES - Cover Required YES/NO			
Construction of Buildings			
	(Sum Insured)		(Sum Insured)
Buildings including fixed glass	£	Bar Stock	£
Stock	£	All Other Contents	£
Do you require the subsidence extension?	Yes	No	If yes, have your premises previously suffered subsidence damage (or, is there evidence that might suggest that your property is suffering from subsidence?)
			Yes
			No
If yes, please give details			
Are any flammable substances used or stored on the premises?	Yes	No	If yes please give details
When was the electrical circuiting last checked by an independent qualified electrician and certificate issued?			
What fire extinguishing appliances do you have?	Are they professionally inspected and maintained annually?		Yes
			No
Are the premises especially liable to damage by storm, flood, malicious persons?	Yes	No	If you have answered yes, please give details

SECTION 2 - ALL RISKS SPECIFIED ITEMS - ANYWHERE IN THE EU - Cover Required YES/NO	
Total value Of Cups & Trophies	£

SECTION 3 - MONEY - Cover Required YES/NO			
Max. any one Loss (Cash)	£	Est. Annual Carryings	£
Max. in approved safe	£	On Premises Out of Hours/Out of Safe	£
			£

**SECTION 4 - LOSS OF REVENUE - Cover Required YES/NO**

Gross Revenue	12 months <input type="checkbox"/>	24 months <input type="checkbox"/>	£
Additional Cost of Working	12 months <input type="checkbox"/>	24 months <input type="checkbox"/>	£

**SECTION 5 - LIABILITIES - Cover Required YES/NO**

Number of Members				(Wages)
Do you hold firework/bonfire parties or hire the premises to non members for corporate events? If so please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do wages exceed £25,000? If Yes please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>		£
Do you pay anyone employee more than the PAYE threshold? If yes please state your PAYE Reference	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Employers Liability  (Indemnity Limit £10,000,000.00)  (Terrorism Indemnity Limit £5,000,000.00)	Clerical			£
	Boat Men Etc.			£
	Bar/Catering			£
	Other (Please specify)			£
Public/Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Indemnity Limit	£5,000,000 Annual Revenue
Trustees/Offices	Yes <input type="checkbox"/>	No <input type="checkbox"/>		£1,000,000
Abuse Have you previously been covered for abuse If Yes please attach Renewal Notice.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Indemnity Limit	£1,000,000
Fidelity Guarantee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Indemnity Limit	£1,000,000

**SECTION 6 - CLUB BOATS - Cover Required YES/NO**

Third Party & Passenger Limit of Indemnity	£3,000,000.00	
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**LIST OF CRAFT & OUTBOARDS**

Please provide separate Schedule of Boats and Equipment		
Do you require new for old cover in respect of total loss by fire in Boathouse ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**DECLARATION**

Have you or any official of the club after enquiry:			
Ever been refused cover?			
Had special terms imposed upon you?	YES/NO		
Ever had insurance cancelled or avoided?	YES/NO		
Been convicted or have a prosecution pending for any offence involving dishonesty of any kind?	YES/NO		
Be made aware of any circumstance which might give rise to a claim against the proposer or any of its director's officers or committee members?	YES/NO		
Ever been cautioned for or convicted of any criminal offence or is any prosecution pending (other than minor motoring offences)?	YES/NO		
Ever been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act 1974, the Data Protection Act or any other like or similar legislation or any statutory regulation?	YES/NO		

If "Yes" to any of the above, please provide details.

I/We declare to the best of my/our knowledge and belief that I/We have not withheld any material information which might influence the decision of the Insurer with regard to the risks proposed. Material information is any circumstances which would influence the insurers in accepting the risk or in the terms and conditions quoted.

I/We agree that this Proposal and Declaration will form the basis of the contract of insurance between me/us and the Insurer and if a policy is issued I/we agree to accept a policy on the standard form issued by the Insurer and to be bound by the Policy's terms and conditions.

If any answers in this Proposal Form have been written by any other person I/We agree that such persons will be regarded as my/our agent for that purpose and not the agent of the Insurer.

Signature(s): \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_

**Signing this Proposal Form does not bind you to complete the insurance, No insurance is in force until the Proposal is accepted by the Insurer and the premium is paid.**