

THE LEISURE PURSUITS COMBINED INSURANCE SCHEME

DESIGNED TO PROTECT AND INSURE THE NEEDS
OF THE LEISURE INDUSTRY



PROPOSAL FORM

Proposer's Name

Trading Name

Address

Postcode

Fax No Email Website

Business Description

Date Business was established

Period of Insurance From To

Please list fully all your location addresses including the use to which each is put (e.g. office, store, activity centre).

N.B. Any premises which you rent or hire occasionally or for set, short periods each year need not be specified as your policy cover will automatically apply at these locations.

	Location Addresses	Normal Occupation of Location	Number of Years at this Location
1.	<input type="text" value="As Above"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1 – GENERAL MATERIAL DAMAGE

YES/NO

- Definitions:-
- Item 1 Buildings occupied by the operator as offices and/or centres including landlord's fixtures and fittings (including those subject to a specific agreement/contract to insure).
 - Item 2 Office and centres contents and machinery including computer equipment and tenants fixtures and fittings (including those subject to a specific agreement/contract to insure).
 - Item 3 Stock in trade excluding activity equipment (including that subject to a specific agreement to insure).
 - Item 4 Breakage of glass and sanitary fittings.
 - Item 5 Freezer contents.
 - Item 6 Any other property not specified above.

	Location 1	Location 2	Location 3
1. Buildings of centre	£	£	£
2. General contents	£	£	£
3. Stock in trade	£	£	£
4. Glass/sanitaryware	Included	Included	Included
5. Freezer contents	£	£	£
6. Other - please specify	£	£	£

British Activity Holiday Insurance Services and BAHIS are trading names of John Ansell & Partners Ltd and are independent of any other company or organisation.

SECTION 2 – ACTIVITY EQUIPMENT

While stored in your own premises or at any location in the UK occupied by the operator, or in transit thereto and therefrom.

	Own Equipment	Hired in or Loan Equipment
Go-karts and quad bikes	£	£
Motorised watercraft – Please provide list, type and power	£	£
Canoes, windsurfers, sail boats and all other non motorised vessels	£	£
BMX and other bicycles	£	£
Shooting, archery and similar equipment	£	£
Video, computer equipment and the like	£	£
Other sports equipment – Please provide list	£	£
Miscellaneous equipment – Please provide list		
Transit – Maximum value in transit at any one time		£
If theft cover is required on vehicles left loaded overnight additional security may be needed.		
Property in the open – Maximum value in the open at any one time		£

Cover for property in the open can only apply when it is kept locked and fastened.

N.B. Engineering Equipment and that equipment/machinery and plant subject to statutory inspection to be listed separately.

SECTION 3 – BUSINESS INTERRUPTION

A – Loss of Income

Yes/No

Select either 1. Gross revenue (including payroll of £) £

or 2. Gross profit (including payroll of £) £

or 3. Additional cost of working £

Indemnity period – please select period required 12 / 18 / 24 months

B – Loss of Book Debts

Yes/No

Please state maximum outstanding at any one time £

Do you have a fireproof safe

Yes/No

C – Loss of Money

There are a number of standard limits (see brochure for details). You may select higher limit for items 1 and 2, in which case the carryings warranty will apply for 1 and safe details will be required for 2.

Your request

1. Money on premises during business hours/in transit/in bank night safe £ 2,000 £

2. Money on premises out of hours in safe £2,000 £

Please state make and model of safe

Money in 1+2 above shall mean coin, banknotes, uncrossed cheques, postal orders and money orders, postage stamps, luncheon vouchers, travellers cheques, entrance tickets, gift vouchers and discount coupons.

Personal Accident/Assault Extension to Money Cover

In respect of bodily injury sustained by an employee as a result of theft or attempted theft of money.

Death and capital benefits £5,000 per capita temporary total disability (104 weeks max) £ 50 per week.

D – Loss of Licence

Yes/No

Please indicate limit of indemnity required £25,000 / £50,000 / £100,000 Or other £

SECTION 4 – LEGAL LIABILITIES

Employers liability limit of indemnity £10,000,000 any one accident

Yes/No

Estimated wage roll	Clerical wages	£	All other wages	£
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Public liability limit of indemnity (please select) £1,000,000 / £2,000,000 / £5,000,000

Yes/No

Estimated turnover: Direct Bona Fide Subcontractors

Motorised	£	£
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Paintball	£	£
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Non motorised water sports	£	£
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All other activities	£	£
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Management training	£	£
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Do you ensure your sub-contractors have their own insurance providing cover to at least £1,000,000

Yes/No

Questions to be Answered by Proposer

1. Do you offer accommodation without participation in the activity events?

Yes/No

2. Are your premises well maintained and is your equipment in sound condition and do you undertake to keep it so during the currency of any policy which is issued?

Yes/No

3. Are your premises in an area (a) liable to flooding (b) unduly exposed to the elements or (c) which has a history of vandalism

Yes/No

4. Do you comply with all regulations relating to the maintenance and safety of your equipment?

Yes/No

5. Do you use or store hazardous substances? - if yes please specify

6. Are you a member of any relevant voluntary or regulatory body?

Yes/No

If yes please state

7. Please indicate which activities you offer by ticking those offered directly by you and placing a X by those activities which you sub contract.

Abseiling/Climbing	Cycling/Mountain Biking	Motorised Watersports	Sailing/Windsurfing
Archery	Dance/Drama	Off Road Driving/Training	Scuba Diving
Assault Course	Gymnastics/Trampolining	Orienteering/Hiking	Sports Camp/Coaching
Camping	Flying Experience/Lessons	Paintball	Swimming/Water Sports
Canoeing/Kayaking	Hang Gliding	Paragliding	Team Building
Caving/Potholing	Horse Riding	Parachuting/Skydiving	
Clay Pigeon/Rifle Shooting	Management Training	Parascending	
Corporate Hospitality	Martial Arts	Quad Biking	
Any other activity not specified please give details			

8. Do you have first aid facilities on site with a qualified first aider on call at all times?

Yes/No

9. What qualifications do your staff or elected personnel possess to teach the activities listed?
Please attach C.V.s or certificates of qualification

10. Do all staff submit C.V.s when taken on?

Yes/No

11. Are all qualifications checked?

Yes/No

12. Do all staff have an induction course which includes health & safety and emergency procedures?

Yes/No

13. Do any activities undertaken involve the use of fireworks or pyrotechnics?

Yes/No

If yes please submit full details and safety procedures – cover cannot be confirmed until underwriters acceptance has been obtained.

14. Do participants complete a health questionnaire prior to taking part in an activity?

Yes/No

(It is important that any pre-existing medical conditions are declared and taken into consideration bearing in mind the activities to be undertaken. If necessary, and if in any doubt, participants should be refused entry.)

If you have sustained any loss, accident or had a claim made against you in the past 5 years give details below
If none please insert NONE in the box.

Date of Loss	Circumstances	Paid £	Outstanding £

GENERAL INFORMATION

Construction of your premises: i.e. brick / concrete / tile / slate – (standard construction)

Yes/No

timber / felt / other, give details

Age of buildings

How are your premises heated

Do you have a fire alarm?

Yes/No

Do you have smoke detectors?

Yes/No

Security protections at your premises: Do your premises comply with the minimum security requirements below?

Yes/No

Minimum Security Requirements

1. Final exit door and internal doors giving access to parts of the building not occupied by the proposer should be fitted with a 5-lever mortice deadlock.
2. All ground floor, basement and accessible opening windows should be fitted with key operated window locks. In certain circumstances it may be necessary for windows to be fitted with approved additional security measures
3. Each item of electronic equipment with an individual replacement value of £1,000 or greater must be permanently marked with the postcode of the premises and either the owners name or company logo.

Do you have a NACOSS approved alarm **Yes/No**

Is signalling? **Bell / BT Red Care / Central Station**

Make of alarm fitted

Name of existing insurers

Current insurance premium £

Renewal date

Do you wish to pay monthly (full details will be provided)

Yes/No

Enclose a copy of your current schedule if you would require a "like for like" quotation as far as possible.

It is a requirement of any cover being offered by the underwriter that the under noted must accompany this proposal or be provided within 30 days of inception.

1. Brochure if you publish one, 2. copy of your health and safety policy, 3. copy of the risk assesment per activity,
4. Minimum of five years confirmed claims experience (if relevant).

DECLARATION

I/we declare that in respect of the covers proposed, no director or partner, either in the name of the business proposed, or in the name of any other business in which I/we have an interest has

- a) ever had a proposal for insurance declined, renewal refused, cover terminated increased premium required or special conditions imposed by any insurer.
- b) been convicted of or charged (but not yet tried) with a breach of any health and safety legislation or any other criminal offence other than a motoring offence.
- c) been declared bankrupt or the subject of bankruptcy proceedings, or been the subject of a County Court Judgement or ever been a director or partner in any business which has been the subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administrative order, or administrative receivership proceedings.

To the best of my/our knowledge and belief the information provided in connection with this proposal, whether in my/our own hand or not is true and I/we have not withheld any material fact. I/we understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to avoid the insurance. (N.B.) A material fact is one which is likely to influence acceptance of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not, please disclose it.

Signature

Date

Print Name

Position

Liability does not commence until this proposal has been accepted by the insurers and the premium paid, except as provided by an official certificate issued by BAHIS on behalf of insurers.

Signing this form does not bind you to complete this insurance unless we receive your verbal or written instructions to do so. We recommend that you keep for your record a copy of this proposal form and of letters of information supplied to us for the purpose of entering into this insurance contract.