

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 _____ Telephone No _____

Email _____ Website _____

Employers Reference Number (PAYE Reference) If no ERN – please confirm if you are exempt _____

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.

Section 1 – General Material Damage

Yes/No

Location Addresses _____ Normal Occupation of Location _____ Number of Years at this Location _____

LOCATION 1: _____

LOCATION 2: _____

	Location 1	Location 2
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).	£ _____	£ _____
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).	£ _____	£ _____
3. Stock in trade excluding activity equipment (including that subject to a specific/contract agreement to insure).	£ _____	£ _____
4. Breakage of glass and sanitary fittings.	Included under 1. above	Included under 1. above
5. Freezer contents.	£ _____	£ _____
6. Any other property not specified above.	£ _____	£ _____

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

- 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.
- 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
- 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 NSI approved alarm? _____ Yes/No Is signalling? Bell / BT Red Care / Central Station _____

Make of alarm fitted _____

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	£	
Is theft cover required for contents of vehicles left loaded overnight?		Yes/No
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 / 24 / 36 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 quotation 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 £
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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 £

Public liability limit of indemnity (please select) £2,000,000 / £5,000,000 / £10,000,000 Yes/No

Estimated turnover:	Direct	Bona Fide Subcontractors
Motorised	£	£
Paintball	£	£
Non motorised water sports	£	£
All other activities	£	£
Management training	£	£

1. Do you ensure your sub-contractors have their own insurance with an indemnity limit equivalent to yours? Yes/No
2. Do you offer accommodation? Yes/No
3. 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
4. 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
5. Do you comply with all regulations relating to the maintenance and safety of your equipment? Yes/No
6. Do you use or store hazardous substances? - if yes please specify
7. Are you a member of any relevant voluntary or regulatory body? Yes/No

If yes please state

8. Please indicate which activities you offer by ticking those provided 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](#)

9. Do you have first aid facilities on site with a qualified first aider on call at all times? Yes/No
10. What qualifications do you, your staff or elected personnel possess to teach the activities listed?
Please attach C.V.s or certificates of qualification
11. Do all staff submit C.V.s when taken on and are qualifications checked? Yes/No
12. Are risk assessments available for all activities? Yes/No
13. Do all staff have an induction course which includes health & safety and emergency procedures? Yes/No
14. 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.
15. 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.)
16. Do you require quotations for Professional Indemnity Insurance or Directors & Offices or Trustees Liability Insurance? Yes/No
If Yes a supplementary questionnaire will need to be completed.

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 £

Name of existing insurers _____ Current insurance premium £ _____

Renewal date _____ Do you wish to pay monthly (full details will be provided) Yes/No _____

Data Protection Act – Information Uses

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims that arise, we will need to collect data that the Data Protection Act defines as sensitive such as medical history, criminal convictions or credit searches. By proceeding with this contract you will signify your consent to such information being processed by the Insurer or his Agents.

Fraud Prevention and Detection Agencies

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering and information recorded by fraud prevention agencies may be used from other countries.

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

- ever had a proposal for insurance declined, renewal refused, cover terminated increased premium required or special conditions imposed by any insurer.
- 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.
- 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 is correct and complete. If the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Signature _____ Date _____

Print Name _____ Position _____

We recommend that you keep for your record a copy of this proposal form and any letters or information supplied to us for the purpose of entering into this insurance contract.

MATERIAL CIRCUMSTANCES

Please remember that you must make a fair presentation of the risk to us. This means that you must:

- disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
- make such disclosure in a reasonably clear and accessible manner; and
- ensure that, in such disclosure, any material representation as to: (a) matter of fact is substantially correct; and (b) matter of expectation or belief is made in good faith.

A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of the application. You must also make a fair presentation to us in connection with any variations, e.g. changes you wish to make to your policy. If you fail to make a fair presentation of the risk then this could affect the extent of cover provided or could invalidate your policy, so if you are in any doubt as to whether a circumstance is material then it should be disclosed to us.

Disclosures should be specific and made in a reasonably clear and accessible manner. We will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention.

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