**CLUB PROTECT**

**INSURANCE FACT FINDER**

**GENERAL DETAILS**

|  |  |
| --- | --- |
| **Contact Name (Mr. / Mrs. / Ms.)** |  |
| **Club / Company Name**  **Is your club/company registered with -** |  |
| **Education Authority Companies House**    **Charity Commission** |
| **Address** |  |
| **Post Code** |  |
| **Contact Details (Telephone Numbers etc)** | **Tel:**  **Mobile:**  **Email address:** |
| **Does your youth club / organisation operate from any other locations?**  **If so please give addresses & details:** |  |
| **Business Description:**  **(including details of any activities conducted e.g. Youth Work / Sports)** |  |
| **Do you have an existing insurance policy** | **Yes/No** |
| **If yes name of existing insurer** |  |
| **Existing insurer renewal date** |  |
| **Existing Insurer Renewal premium** | **£** |

**EMPLOYER'S LIABILITY**

|  |  |  |
| --- | --- | --- |
| **Limit of Indemnity £10,000,000** | | |
| **Staff numbers/salaries** | **Total number of staff** | **Total Annual Salaries** |
| **Directors / Committee Members** |  | **£** |
| **Clerical / Admin Staff** |  | **£** |
| **Activity Staff / Youth Workers** |  | **£** |
| **Manual Premises Workers (e.g. Cleaner/ Caretaker)** |  | **£** |
| **Volunteers** |  |

**PUBLIC & PRODUCTS' LIABILITY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Limit of Indemnity** | **£5,000,000** | | | **£10,000,000** | | | |
| **Projected Annual Income (this Year)** | **£** | | | | | | |
| **Assets do not exceed** | **£25,000** | **£50,000** | **£100,000** | | | **£250,000** | **£500,000** |
| **Days open per week** | **1 to 4** | | | | **5 or more** | | |
| **Number of Members** |  | | | | | | |
| **Hazardous Activities conducted?** | **Yes/No** | | | | | | |
| **Details of Hazardous Activities** |  | | | | | | |

**TRUSTEES INDEMNITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you require Trustees indemnity** | **Yes/No (If yes select limit of indemnity below)** | | | |
| **Limit of Indemnity** | **£100,000** | **£250,000** | **£500,000** | **£1,000,000** |

**PROPERTY INSURANCE**

|  |  |
| --- | --- |
| **Buildings rebuild cost** | **£** |
| **Contents/Equipment at the Premises** | **£** |
| **Stock** | **£** |
| **Computers inc. Software** | **£** |
| **Property In The Open** | **£** |
| **Fixed Playground Equipment** | **£** |
| **Laptops All Risks (UK ONLY)** | **£** |
| **All Risks (UK ONLY)**  **Other (please detail items)** | **£** |
| **Frozen Foods** | **£** |

**BUSINESS INTERRUPTION**

|  |  |
| --- | --- |
| **Gross Revenue** | **£** |
| **Increased costs of Working** | **£** |
| **Loss of Rent / Rent Payable** | **£** |
| **Indemnity Period** | **months** |

**LEGAL EXPENSES**

|  |  |
| --- | --- |
| **Do you require Legal Expenses** | **Yes/No** |

**OTHER COVERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Money** | **Yes/No** | **Personal Accident/Travel** | **Yes/No** |
| **Loss of Licence** | **Yes/No** | **Minibus** | **Yes/No** |
| **Fidelity Guarantee** | **Yes/No** | **Goods in Transit** | **Yes/No** |
| **Professional Indemnity** | **Yes/No** | **Cyber** | **Yes/No** |

**CLAIMS HISTORY**

Please provide details and particulars of any loss, damage or injury sustained by you or others whether claimed for or not during the past five years in connection with the risk(s) to be insured (if none state ‘NONE’)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Brief Details** | **Amount Paid** | **Amount Outstanding** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DECLARATION**

**No Director, partner, trustee or committee member has:**

* **ever had any non-motor convictions or criminal offences which are not spent under the Rehabilitation of Offenders Act or has any prosecutions pending**
* **been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings within the last 6 years**
* **ever had a proposal refused or declined or ever had an insurance cancelled, renewal refused or had special terms imposed**

**You have a full health & safety policy, risk assessments have been undertaken for all your activities and you comply with all statutory regulations.**

**You carry out DBS Checks (or equivalent agency) on all staff and volunteers who have contact with children or vulnerable adults.**

**Your premises if insured are of standard construction (built of brick/stone/concrete and roofed with slates/tiles/metal/concrete) are free from damage, show no signs of subsidence and have no history of flooding.**

**If any of the above are incorrect please provide details in the box below.**

|  |
| --- |
|  |

**MATERIAL FACTS**

Failure to disclose a material fact (any fact likely to influence the Insurer’s acceptance or assessment of this Proposal), will render this insurance voidable. If you are in any doubt about facts which might be considered material you should disclose them.

Are there any other material facts you should disclose? **YES/NO**

If yes, please provide details

|  |
| --- |
|  |