**CLUB 1ST**

**(COMMERCIAL COMBINED) STATEMENT OF FACT**

**GENERAL DETAILS**

|  |  |
| --- | --- |
| Contact Name (Mr. / Mrs. / Ms.) |  |
| Club / Company Name |  |
| Address |  |
| Post Code |  |
| Contact Details (Telephone Numbers etc) | (W)  (M)  Email: |
| 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) |  |

**GENERAL RISK DETAILS**

|  |  |
| --- | --- |
| Are all paid & voluntary personnel (engaged in Regulated Activity) DBSI checked? |  |
| Is a full Health & Safety policy in force? |  |
| Are risk assessments for all Business Activity undertaken? (e .g. programmes; projects; equipment, property etc.) |  |
| Is all equipment regularly maintained? |  |
| Year Club/ Organisation established |  |
| How long at these premises |  |
| Member of trade bodies or external quality standard etc. e. g, Sport's Governing Body; National or Regional Youth Organisation / Quality Assurance System / Awards? |  |
| Any material facts regarding trustees/directors such as criminal convictions?  Do you operate a Policy for the 'Declaration of Criminal Convictions' for all voluntary & paid personnel? |  |
| Has any insurance ever been cancelled or special terms been imposed? |  |

**EMPLOYER'S LIABILITY (Please include all volunteers in any and all calculations below)**

|  |  |  |
| --- | --- | --- |
| **Limit of Indemnity £10,000,000** | | |
| **Total Number of Staff** | **Full Time: \_\_\_\_\_\_** | **Part time: \_\_\_\_\_** |
| **Total of all Salaries: p/m or p/a** | **£** | |
| **Directors / Committee Members** |  |  |
| **Clerical / Admin Staff** |  |  |
| **Activity Staff / Youth Workers** |  |  |
| **Manual Premises Workers (e.g. Cleaner/ Caretaker)** |  |  |

**PUBLIC & PRODUCTS' LIABILITY**

|  |  |
| --- | --- |
| **Limit of Indemnity £5,000,000** | Please State if Additional Limit required  **e.g. £10,000,000** |
| Projected Annual Income (this Year) |  |
| Number of Members  (including Committee/Volunteers, etc) |  |
| Hazardous Activities conducted? |  |
| Details of Hazardous Activities |  |

**CONTENTS & SUMS INSURED – PLEASE LIST ALL MAIN ITEMS**

|  |  |
| --- | --- |
| Machinery/ Fixtures and Fittings |  |
| 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**

|  |  |
| --- | --- |
| Indemnity Period | – *Please note 18,24,36 months available* |
| Gross Revenue |  |
| Increased costs of Working |  |
| Book Debts |  |
| Loss of Rent / Rent Payable |  |

**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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**THIS SECTION ONLY TO BE COMPLETED WHERE BUILDINGS COVER IS REQUIRED**

|  |  |
| --- | --- |
| **BUILDINGS (Total** Re–build Cost) |  |
| Is Subsidence Cover Required |  |
| **TYPE OF PREMISES**  (Industrial unit, Office block, house etc) |  |
| Age of Premises |  |
| No. Of Floors |  |
| Type of Heating |  |
| Have the electrics been inspected in the last five years and a certificate issued and if so when. |  |
| Type of Door Locks:  (e.g. 3 lever Mortise Lock) |  |
| Type of Window Locks |  |
| Other Security  e.g. CCTV, roller shutter, bars, grills, perimeter fence, etc. |  |
| Is there an alarm installed?  Alarm model/make?  Police response level  Is it maintained? |  |
|  |
| Is there a Sprinkler System? |  |
| Is there a Fire Alarm? |  |
| Are there Extinguishers to scale |  |
| Any History of Flooding |  |
| Is there any History of Subsidence |  |
| Are the premises detached? If not what are the adjoining premises occupation. |  |
| Are the premises solely occupied by you or are they shared with any other business? |  |

**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 material facts you should disclose? **YES/NO**

If yes, please provide details

|  |
| --- |
|  |

**Signed …………………………………………………………… PRINT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date …………/…………/…………**