



Clubs and Associations Insurance Portfolio

Management and professional liability proposal form

This proposal is for amateur sports clubs with an income up to £250,000.

This form must be completed by you honestly and accurately. You must disclose all information, circumstances and material which is, or may be, relevant to our consideration of your proposal for insurance.

1. a. Name
- Address
- Postcode Telephone number:
- Website Email
- b. Activities:
- c. Total number of employees (full and part-time):
- d. Income:
2. a. Have you made a surplus in at least one of the last three years? Yes No
- b. Have you declared a positive net worth in your latest annual accounts (total assets exceeded total liabilities)? Yes No
- c. Are your accounts reviewed by a qualified accountant at least once a year? Yes No
- d. Are written employment and grievance policies communicated to all new and existing employees? N/A Yes No
- e. Are all disciplinary actions or employee terminations subject to prior review and approval by a suitably qualified professional advisor? N/A Yes No
- f. In the last five years, have you been the subject of any employment claim or investigation? N/A Yes No
- g. Are all duties segregated so that at least dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures and investments? Yes No
- h. In the last five years, have the group/association or any insured person been the subject of an investigation by any official body or institution? Yes No
- i. In the last five years, has any claim been made against the group/association or any insured person? Yes No
- j. After enquiry, are the group/association, trustees or any employee aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy? Yes No

If you have ticked any of the shaded boxes, please provide further details (please attach additional pages if necessary):



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Your cover

Trustees and individual liability, employment practices liability and professional and legal liability

Limit (aggregate /costs inclusive) per section	Income			
	Up to £25,000	£25,000 to £50,000	£50,000 to £100,000	£100,000 to £250,000
£100,000	£100 <input type="checkbox"/>	£140 <input type="checkbox"/>	£170 <input type="checkbox"/>	£240 <input type="checkbox"/>
£250,000	£160 <input type="checkbox"/>	£180 <input type="checkbox"/>	£220 <input type="checkbox"/>	£280 <input type="checkbox"/>
£500,000	£240 <input type="checkbox"/>	£280 <input type="checkbox"/>	£320 <input type="checkbox"/>	£360 <input type="checkbox"/>
£1,000,000	£320 <input type="checkbox"/>	£360 <input type="checkbox"/>	£400 <input type="checkbox"/>	£440 <input type="checkbox"/>

The premiums shown include Insurance Premium Tax of 5% and apply only if you have not ticked any of the shaded boxes on page 1. The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.

Excess

Trustees liability:

Employment practices liability:

Professional and legal liability

Please enter the date you would like the policy to start:

Cover will only commence upon confirmation from Hiscox.

Please note that this insurance policy is a continuous insurance policy and that it will therefore continue in force until either party gives notice of termination in accordance with the procedure set out in the terms or until Hiscox terminates the policy following the non-payment of any premium due from you.

Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Payment by Direct Debit

All premium must be paid by Direct Debit. Please complete the Hiscox Direct Debit Mandate attached to this form. We shall submit this form to your bank for authorisation and seek to withdraw the premium due in accordance with your direct debit mandate instructions. If it is rejected we shall submit it again. If the direct debit mandate is rejected a second time we shall give you notice of our intention to cancel the insurance policy or shall contact you in order to agree an alternative source of payment.

Period of insurance

This insurance policy is a continuous policy. Following commencement, it will remain in force until either party gives notice of termination in accordance with the General Terms and Conditions of the policy. The General Terms and Conditions and the full policy wordings are available from Hiscox on request.



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Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of trustee

Date

A copy of this proposal should be retained for your records.

Complaints

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX

**To proceed please complete the proposal form and direct debit and send it to...
Oval Insurance Broking Limited, 90 Barwick Street, Birmingham, B3 2YY**