

# INSURANCE RISK & CLAIMS MANAGEMENT LTD

Three Charter Court, Broadlands, Wolverhampton, WV10 6TD  
 Tel: 01902 796 795 Fax: 01902 796 799  
 Authorised & Regulated by the Financial Services Authority

## Boat Club Proposal Form

<b>CLIENT DETAILS - Cover Required YES/NO</b>			
Name			
Address			
		Post Code	
Insert Risk Address If Different:			
		Post Code	
Tel No.		Fax No.	
Description of Club			No of Members:

<b>SECTION 1 - ALL RISKS - PREMISES - Cover Required YES/NO</b>			
Construction of Buildings			(Sum Insured)
Main Club Buildings	£		Freezer Contents
Out Buildings	£		Wines & Spirits
Contents - Gaming Machines	£		General Stock
All Other Contents	£		Moorings & Pontoon
Yard Plant	£		Slipways
Other (Please specify)	£		Glass
Do you require the subsidence extension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have your premises previously suffered subsidence damage (or, is there evidence that might suggest that your property is suffering from subsidence?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details			
Are any flammable substances used or stored on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please give details	
When was the electrical circuiting last checked by an independent qualified electrician and certificate issued?			
What fire extinguishing appliances do you have?		Are they professionally inspected and maintained annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the premises especially liable to damage by storm, flood, malicious persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered yes, please give details	

List construction of outbuilding in supplemental section

<b>SECTION 2 - ALL RISKS SPECIFIED ITEMS - ANYWHERE IN THE UK - Cover Required YES/NO</b>	
Total value Of Cups & Trophies	£
Total value Of All Other Equipment Used Away	£

<b>SECTION 3 - MONEY</b>			
Max. any one Loss (Cash)	£	Est. Annual Carry	£
Max. in approved safe	£	Contents - Gaming Machines	£
		No. of Gaming Machines	£

<b>SECTION 4 - LOSS OF REVENUE - Cover Required YES/NO</b>	
Total Revenue	£
Outstanding debit balances	£
Loss of Licence	£
Loss of Rent	£
Indemnity Period	



<b>GENERAL QUESTIONS</b>		
1. Have you had any Claims in last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a Redcare Nacoss Alarm Fitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have window locks & lever locks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are your premises:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) shared with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) made up on a landfill site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>ADDITIONAL INFORMATION</b>	

<b>TERRORISM</b>	
Please note that, in addition to it' other terms, conditions, exceptions or exclusions, the policy wording may incorporate provisions which exclude or limit loss, damage or liability caused by acts of Terrorism, and the terms of any quotation should be read as having been adjusted accordingly.	
Additional terrorism insurance for property covers is available for a premium charge.	
Is cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Further details are available on request	

Please state member of : ARA -

Please confirm that you comply with all ARA Water Safety and other applicable requirements

Please provide details of all accidents and losses whether or not there has been a claim or payment on or by you or your insurance policies providing details of claim date, type of accident and insurers involved if a claim was made in the last five years. If none state "None"

**DECLARATION  
TO BE COMPLETED BY ALL APPLICANTS**

**I/We confirm that I/we require insurance provided by the Sections below against which I/we have answered I/we have answered "YES".**

**I/We have completed these Sections of the Proposal Form and have answered all questions truthfully and fully to the best of my/our knowledge and belief.**

**I/We are agreeable for all information contained in this proposal to be shared with insurers and their agents.**

**SECTIONS FOR WHICH COVER IS REQUIRED**

**SECTION 1 - MATERIAL DAMAGE**

Property at the Premises	YES/NO
Glass	YES/NO
Business Property away from the Premises	YES/NO
Frozen Foods	YES/NO

**SECTION 2 - ALL RISKS SPECIFIED ITEMS**

Cups trophies	YES/NO
All other equipment used away	YES/NO

**SECTION 3 - MONEY**

Employers Liability	YES/NO
Public Liability	YES/NO

**SECTION 4 - LOSS OF REVENUE**

Book Debts	YES/NO
Licence	YES/NO
Rent	YES/NO

**SECTION 5 - LIABILITIES**

Have you or any official of the club after enquiry: -

Ever been refused cover?	YES/NO
Had special terms imposed upon you?	YES/NO
Ever had insurances cancelled or voided?	YES/NO
Been convicted or have a prosecution pending for any offence involving dishonesty of any kind?	YES/NO
Been made aware of any circumstance which might give rise to a claim against the proposer or any of its directors officers or committee members?	YES/NO
Ever been cautioned for or convicted of any criminal offence or is any prosecution pending (other than minor motoring offences)?	YES/NO
Ever been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act 1984, the Data Protection Act or any other like or similar legislation or any statutory regulation?	YES/NO

If "Yes" to any of the above, please provide details.

I/We declare to the best of my/our knowledge and belief that I/we have not withheld any material information which might influence the decision of the Insurer with regard to the risks) proposed. Material information is any circumstances which would influence the insurers in accepting the risk or in the terms and conditions quoted.

I/We agree that this Proposal and Declaration will form the basis of the contract of insurance between me/us and the Insurer and if a policy is issued I/we agree to accept a policy on the standard form issued by the Insurer and to be bound by the Policy's terms and conditions.

If any answers in this Proposal Form have been written by any other person I/we agree that such person will be regarded as my/our agent for that purpose and not the agent of the Insurer.

Signature(s): \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_

**Signing this Proposal Form does not bind you to complete the insurance.  
No insurance is in force until the Proposal is accepted by the Insurer and the premium is paid.**