

# ExtraCover Insurance Quotation Request and Additional Information Form

Allianz Insurance plc



|                          |                      |                          |                      |
|--------------------------|----------------------|--------------------------|----------------------|
| Name of Club             | <input type="text"/> |                          |                      |
| Address of Club          | <input type="text"/> |                          |                      |
|                          | <input type="text"/> | Postcode                 | <input type="text"/> |
| Contact Name and Address | <input type="text"/> |                          |                      |
|                          | <input type="text"/> | Postcode                 | <input type="text"/> |
| Daytime Telephone Number | <input type="text"/> | Evening Telephone Number | <input type="text"/> |

| INSURANCE FOR WHICH YOU REQUIRE A QUOTATION       |   | Please tick if required  |
|---|---|--------------------------|
| <b>PUBLIC LIABILITY &amp; EMPLOYERS LIABILITY</b> |   | <input type="checkbox"/> |
| <b>PERSONAL ACCIDENT</b>                          | Basic Cover   | <input type="checkbox"/> |
|   | Additional Weekly Benefit   | <input type="checkbox"/> |
|   | Weekly Benefit Required   | £ <input type="text"/>   |
| <b>ALL RISKS</b>                                  | Club Bags, Cup and Trophies   | <input type="checkbox"/> |
| (Only available when Personal                     | Sum Insured required  | £ <input type="text"/>   |
| Accident transacted)                              | Non-Turf Pitches, netting & poles   | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
|   | Cricket Square  | <input type="checkbox"/> |
|   | Number of Grounds   | <input type="text"/>     |
|   | Sightscreens and Cricket Pitch Covers   | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
|   | Bowling Machinery   | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
| <b>LEGAL PROCEEDINGS</b>                          | Basic Cover   | <input type="checkbox"/> |
|   | Limit per Claim Required  | £ <input type="text"/>   |
|   | Employment Protection   | <input type="checkbox"/> |
| <b>BUILDINGS</b>                                  | Category 1 * construction   | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
|   | Category 2 ** construction  | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
| <b>GROUND MACHINERY</b>                           |   | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
| <b>ALL OTHER CONTENTS</b>                         |   | <input type="checkbox"/> |
|   | Sum Insured required  | £ <input type="text"/>   |
| <b>LOSS OF LICENCE</b>                            | If the standard limit of £50,000 is inadequate please indicate required limit | £ <input type="text"/>   |

\* Category 1 external walls, entirely of brick, stone, concrete, metal or asbestos, and roofed with slates, tiles, concrete, asbestos, metal or timber/felt.  
 \*\* Category 2 all others not within Category 1.

If you would like any assistance or advice please contact **Marshall Wooldridge Limited** on **FREEPHONE 0800 289301**

Present Insurers


Renewal Date

Current Premium

**Please answer the following questions if you require a quotation  
for BUILDINGS AND/OR GROUND MACHINERY/CONTENTS covers**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Has your Club previously had a proposal for this class of insurance declined, not renewed or had special terms imposed?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the buildings maintained in a good state of repair and are they inspected at least weekly by a representative of the Club?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your Club comply with the Insurer's minimum level of security specification, as set out in the ExtraCover Scheme booklet?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the buildings and grounds in an area free from any history of flooding?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cover is subject to an under-insurance clause; are your Sums Insured adequate?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your Club sustained any loss or damage during the last 3 years, whether covered by insurance or not? If so, please give details. | <input type="checkbox"/> | <input type="checkbox"/> |

| Date of Incident     | Type of Loss or Damage | Cost                   |
|----------------------|------------------------|------------------------|
| <input type="text"/> | <input type="text"/>   | £ <input type="text"/> |
| <input type="text"/> | <input type="text"/>   | £ <input type="text"/> |
| <input type="text"/> | <input type="text"/>   | £ <input type="text"/> |
| <input type="text"/> | <input type="text"/>   | £ <input type="text"/> |
| <input type="text"/> | <input type="text"/>   | £ <input type="text"/> |

Please also complete the Additional Information opposite   
(this can be left blank if previously completed and no changes have since occurred)

**TO OBTAIN A QUOTATION, PLEASE POST THIS COMPLETED FORM TO**  
**Marshall Wooldridge Limited**  
**14–16 Ivegata, Yeadon**  
**Leeds LS19 7RE**  
**Freephone: 0800 289301**

# ExtraCover Additional Information Form

Allianz Insurance plc



(please complete and return with quotation request)

Name of Club   
Address of Club   
 Postcode

\* please detail any additional grounds/premises used by your club overleaf

## Club Membership:

No. of Adults   
No. of Senior Teams   
No. of Professional Players   
Estimated Maximum Spectator Attendance

No. of Juniors U16's   
No. of Juniors U16's Teams   
No. of Semi-professional Players   
Estimated Typical Spectator Attendance

## Club Activities (please tick applicable box)

Is your club in use all year round (i.e. outside cricket season)? Yes  No

Do you operate a Licenced Bar? Yes  No

Is Hot Food prepared on the premises? Yes  No

Is the clubhouse hired for social functions (e.g. Weddings, Disco's) Yes  No

If "yes" please state approx. number per year  and maximum attendance

Do you hold a Bonfire Night Event? Yes  No

If "yes" please state Maximum Spectator Attendance

Is there a fireworks display? Yes  No

## Property (please tick applicable box)

Does the roof of your premises include more than 20% Felt on Timber? Yes  No

If "yes" please state approximate percentage  %

Is the security at your premises to the minimum level shown in the ExtraCover brochure? Yes  No

Are your premises protected by an intruder alarm system? Yes  No

If yes please confirm who installed/maintains the system:

Does the system include remote signalling to an alarm receiving centre? Yes  No

