

# ECB ExtraCover Insurance Proposal Form

Name of Club or County Board/Association/League			
Address of Club*		Postcode	
Contact Name and Address			
		Postcode	
Daytime Telephone Number	Email		
Evening Telephone Number	Web Address		

\*Please detail any additional premises/grounds used by your Club or County Board/Association/League in the additional information section of this form.

Proposal		Please tick if required	
<b>PUBLIC LIABILITY &amp; EMPLOYERS LIABILITY</b>	Public Liability limit of indemnity (please tick required limit)	£5m	£10m
<b>PERSONAL ACCIDENT</b>	Gold Cover	<input type="checkbox"/>	<input type="checkbox"/>
	Standard Cover	<input type="checkbox"/>	<input type="checkbox"/>
	Additional Cover – Temporary Total Disablement Weekly Benefit	<input type="checkbox"/>	<input type="checkbox"/>
	Weekly Benefit required	No. of Units <input type="text"/>	
<b>ALL RISKS</b>	Club Bags, Cup and Trophies	Sum Insured required	
(Only available when Personal Accident transacted)	Non-Turf Pitches, Netting & Poles	<input type="checkbox"/>	£ <input type="text"/>
	Cricket Square(s)	<input type="checkbox"/>	£ <input type="text"/>
	Sightscreens and Cricket Pitch Covers	<input type="checkbox"/>	£ <input type="text"/>
	Bowling Machinery and Portable Scoreboards	<input type="checkbox"/>	£ <input type="text"/>
	Marine Cargo Containers	<input type="checkbox"/>	£ <input type="text"/>
	Number of Marine Cargo Containers	<input type="text"/>	
	(If the minimum sum insured of £12,500 for your containers is inadequate, please indicate the sum insured required.)	£ <input type="text"/>	
	Portable Electronic Equipment	<input type="checkbox"/>	£ <input type="text"/>
	Groundsmanship Trailers and Equipment	<input type="checkbox"/>	£ <input type="text"/>
	Office Contents	<input type="checkbox"/>	£ <input type="text"/>
	Fixed Benches and Ropes	<input type="checkbox"/>	£ <input type="text"/>
<b>LEGAL PROCEEDINGS</b>	Basic Cover	<input type="checkbox"/>	£ <input type="text"/>
	Limit per Claim required	<input type="checkbox"/>	£ <input type="text"/>
	Employment Protection	<input type="checkbox"/>	£ <input type="text"/>
<b>DIRECTORS AND OFFICERS LIABILITY</b>	Limit per Claim required	<input type="checkbox"/>	£ <input type="text"/>
<b>BUILDINGS</b>	Category 1 * construction	<input type="checkbox"/>	Sum Insured required
	Category 2 ** construction	<input type="checkbox"/>	£ <input type="text"/>
		<input type="checkbox"/>	£ <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.

continued overleaf



Exclusively arranged by



# Proposal (continued)

## GROUND MACHINERY

## ALL OTHER CONTENTS

## LOSS OF LICENCE

If the standard limit of £50,000 is inadequate please indicate required limit

	£
	£
£	

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

Present Insurers

Renewal Date

Current Premium

## Membership:

No. of Adults

No. of Juniors U16's

No. of Senior Teams

No. of Juniors U16's Teams

No. of Professional Players

No. of Semi-professional Players

Estimated Maximum Spectator Attendance

Estimated Typical Spectator Attendance

## 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

 %

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

Please give details of the signalling system (tick as appropriate)

Digital Communicator

redcare

Dualcom

redcareGSM

DualcomPlus

Dualcom GPRS

please specify grade

Other

please provide details

Are the buildings maintained in a good state of repair and are they inspected at least weekly

Yes

No

by a representative of the Club or County Board/Association/League?

Does your Club or County Board/Association/League comply with the Insurer's minimum level of security

Yes

No

specification, as set out in the ExtraCover Scheme booklet?

Yes

No

Are the buildings and grounds in an area free from any history of flooding?

Yes

No

Cover is subject to an under-insurance clause; are your Sums Insured adequate?

Yes

No

## Claims or incidents

Has your Club or County Board/Association/League sustained any loss or damage during the last 3 years, whether covered by insurance or not? If so, please give details.

Yes  No

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"/>

## For Legal Proceedings / Directors and Officers Liability Insurance applicants only

Approximate No. of Members

Employees

Are you aware of any recent events which may give rise to legal proceedings?

Yes  No

Has the Club been involved in any legal action during the last five years?

Yes  No

If "YES" please give details

Has the Club had any claim made against its Directors and/or Officers during the last five years?

Yes  No

If "YES" please give details

Do you have a tenancy agreement?

Yes  No

If "YES" on what date does it expire?

Are you aware of any Boundary disputes?

Yes  No

If "YES" please give details separately

## IMPORTANT INFORMATION – YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a deliberate or reckless; or
- b of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a reduce proportionately the amount paid or payable on any claim, the proportion for which we are liable being calculated by comparing the premium actually charged as a percentage of the premium which we would have charged had you made a fair presentation (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check all of the facts, statements and information set out in your Proposal Form or in any other information provided are complete and accurate. You must also make reasonable enquiries to check with anyone you employ in your business that the facts and statements set out in your Proposal Form or in any other information provided are complete and accurate and that there are no other material facts which you need to disclose.

**IF ANY OF THE FACTS, STATEMENTS AND INFORMATION SET OUT IN YOUR PROPOSAL FORM, RISK PRESENTATION OR ANY ADDITIONAL INFORMATION PROVIDED ARE INCOMPLETE OR INACCURATE, YOU OR YOUR INSURANCE ADVISER MUST CONTACT US IMMEDIATELY. FAILURE TO DO SO COULD INVALIDATE YOUR POLICY OR LEAD TO A CLAIM NOT BEING PAID OR NOT BEING PAID IN FULL.**



## Data Protection

Allianz Insurance plc together with other companies within the Allianz SE group of companies ("Allianz Group") may use the personal and business details you have provided or which are supplied by third parties including any details of directors, officers, partners and employees (whose consent you must obtain) to:

- provide you with a quotation, deal with the associated administration of your policy and to handle claims;
- search credit reference, credit scoring and fraud agencies who may keep a record of the search;
- share with other insurance organisations to help offset risks, administer your policy, for statistical analysis, and to handle claims and prevent fraud;
- support the development of our business by including your details in customer surveys, for market research and business reviews which may be carried out by third parties acting on our behalf.

Allianz Group may need to collect and process data relating to individuals who may benefit from the policy ("Insured Persons"), which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk and/or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by Allianz Group and that this fact is made known to the Insured Persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employer's Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- I to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- II to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website [www.elto.org.uk](http://www.elto.org.uk)

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

Under the Data Protection Act 1998 individuals are entitled to request a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of your data and your insurance policy data in this way and for these purposes and that your directors, officers, partners, and employees have consented to our using their details in this way.

**TO OBTAIN A QUOTATION, PLEASE POST THIS COMPLETED FORM TO**

**Marshall Wooldridge Limited**

**14–16 Ivegate, Yeadon**

**Leeds LS19 7RE**

**Freephone: 0800 289301**

