

ExtraCover - 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

Public and Products Liability & Employers Liability (Employers Liability is £10m)

Public and Products Liability Limit of Indemnity (please tick required limit) £5M £10M

Personal Accident

Gold Cover

Standard Cover

Additional Cover - Temporary Total Disablement Weekly Benefit

Weekly Benefit Required

No. of Units

Sum Insured required

Specified All Risks

Club Bags, Cup and Trophies

£

Non-Turf Pitches, Netting & Poles

£

Cricket Square(s) *(Only available to Cricket Clubs)*

£

Sightscreens and Cricket Pitch Covers *(Only available to Cricket Clubs)*

£

Bowling Machinery and Portable Scoreboards

£

Marine Cargo Containers *(Only available to Cricket Clubs)*

Number of Marine Cargo Containers

Fixed Benches and Ropes *(Only available to Cricket Clubs)*

£

Portable Electronic Equipment

£

Groundsmanship Trailers and Equipment *(Only available to Boards Associations & Leagues)*

£

Marquees *(Only available to Cricket Clubs)*

£

Commercial Legal Expenses

Limit per Claim required

£

Directors' and Officers' Liability

Limit per Claim required

£

Sum Insured required

Property Damage

Buildings Category 1* construction

£

Buildings Category 2** construction

£

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.

Sum Insured required

Ground Machinery *(Only available to Cricket Clubs)*

£

General/Office Contents

£

Exclusively arranged by



MARSHALL WOOLDRIDGE
Insurance Brokers & Risk Managers



Proposal *(continued)*

Sum Insured required

Loss of Licence *(Only available to Cricket Clubs)* If the standard limit is inadequate please indicate required limit

£

Money and Assault

£

For the additional cover item of Business Interruption *(Only available to Cricket Clubs)*, the Gross Revenue sum insured is calculated as 4x the General Contents and/or Ground Machinery Sum Insured

If **You** would like any assistance or advice please contact the ExtraCover team at Marshall Wooldridge Limited on FREEPHONE 0800289301

Present Insurers

Renewal Date

Current Premium

Membership:

No. of Adults

No. of Juniors Under 18 Years of Age

No. of Senior Teams

No. of Junior Teams

No. of Professional Players

No. of Semi-professional Players

Estimated Maximum Spectator Attendance

Estimated Typical Spectator Attendance

Does **Your** Club have an ECB Clubmark accreditation? Yes No

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, discos)

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)*

Is subsidence cover required for Category 1 Buildings?

Yes No

If **You** have chosen to include subsidence cover, please answer the following:

a. Age of buildings

Years

b. Do the buildings show any sign of subsidence?

Yes No

c. Has there been subsidence in the area?

Yes No

d. Has there ever been a consulting engineers report for the **Premises**?

Yes No

If 'Yes' please attach a copy

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 Commuter

redcare

Dualcom

redcareGSM

DualcomPlus

Digital 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

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

Yes No

Does **Your** Club or County Board/Association/League comply with **Our** Minimum Level of Security

Specification, as set out in the ExtraCover Scheme Overview and Policy Summary?

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.

Date of Incident	Type of Loss or Damage	Yes	No
			Cost
			£
			£
			£
			£
			£

For Commercial Legal Expenses / Directors' and Officers' Liability Insurance applicants only

Approximate No. of Members	Employees	Yes	No
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			
Please confirm that all instructors/coaches/trainers receive the relevant DBS checks and follow the established safeguarding procedures?		Yes	No
If 'No' please give details			

Fair Presentation of the Risk

You have a duty to make a fair presentation of the risk when **You** first take out this Policy and also whenever **You** renew it or ask **Us** to change **Your** cover. **You** should ensure that any information **You** have provided to **Us** and the content of any application form, declaration is accurate and complete. If **You** do not comply with **Your** duty to make a fair presentation of the risk, **Your** Policy may not be valid or the Policy may not cover **You** fully or at all.

You must also tell **Us** about any facts or changes which affect **Your** insurance and which have occurred either since the Policy started or since the last renewal date.

If **You** are not sure whether certain facts are relevant please ask Marshall Wooldridge Ltd.

You must check all the information contained within this document immediately and tell **Us** if any details are incorrect. **You** should keep a written record (including copies of letters) of any information **You** give **Us** or Marshall Wooldridge Ltd

A Policy Overview and a copy of the Policy Booklet are available from **Your** broker Marshall Wooldridge Ltd upon request.

Subject to the **Schedule** and proposal form, or subsequent documentation, not being rejected by **You**, and upon payment of the premium requested, **You** are accepting the insurance offered on the terms contained in the **Schedule**, proposal form and the Policy Wording.

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.

Declaration (all applicants)

On behalf of the above Cricket Club or County Board/Association/League, **You** understand that cover is effective from the date of acceptance by Marshall Wooldridge Ltd on behalf of **Us** and until the scheme renewal date on the following March 1st

1. **You** declare that:
 - (a) **You** have read this proposal and understand that **You** are under a duty to make a fair presentation of the risk and that failure to do so could result in **Your** policy being invalidated and/or a claim not being paid or not being paid in full;
 - (b) the facts, statements and information contained within this proposal, whether provided by **You** or by others on **Your** behalf, are true and complete;
 - (c) the facts, statements and information which are not contained within this proposal but which have been provided to **Us** separately by **You** or by others on **Your** behalf are true and complete;
 - (d) **You** have declared all material facts and circumstances which may affect the risk being accepted by **Us** under this policy even if **We** have not asked **You** any questions about such facts.
 - (e) no insurer has declined **Your** proposal, cancelled or refused to renew **Your** policy or increased the premium or required special terms or conditions in respect of any of the risks proposed; and
2. **You** wish to modify the above statements in the following respects

3. **You** agree that this proposal and declaration and any information given separately shall be the basis of the contract between **Us** and **You**.
4. **You** have read the ExtraCover Scheme Overview and Policy Summary.
5. **You** understand that **We** reserve the right to decline any proposal.

You consent to this.

Authorised
Name

Signature Date
Position

Important:

Your Records: **You** should keep a record (including copies of letters) of all information **You** supply to **Us** about this proposal. **We** will give **You** a copy of this proposal on request.

Additional Information

How We Use Your Information

Please visit www.coveainsurance.co.uk/dataprotection for further information about how and when **We** process **Your** personal information under **Our** full Privacy Policy.

The personal information, provided by **You**, is collected by or on behalf of Covea Insurance plc ('**We, Us, Our**') and may be used by **Us, Our** employees, agents and service providers acting under **Our** instruction for the purposes of insurance administration, underwriting, claims handling, for research or for statistical purposes.

Generally, **We** will rely on the following legal grounds:

It is necessary for **Us** to process **Your** personal information to provide **Your** insurance policy and services.

- **We** will rely on this for activities such as assessing **Your** application, managing **Your** insurance policy, handling claims and providing other services to **You**.
- **We** have an appropriate business need to process **Your** personal information and such business need does not cause harm to **You**. **We** will rely on this for activities such as maintaining **Our** business records and developing, improving **Our** products and services
- **We** have a legal or regulatory obligation to use such personal information.
- **We** need to use such personal information to establish, exercise or defend **Our** legal rights.
- **You** have provided **Your** consent to **Our** use of **Your** personal information, including sensitive personal

How We Share Your Information

In order to sell, manage and provide **Our** products and services, prevent fraud and comply with legal and regulatory requirements, **We** may need to share **Your** information with the following third parties, including

- Reinsurers, Regulators and Authorised/Statutory Bodies
- Credit reference agencies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on **Our**, or **Your** behalf
- Product providers where **You've** opted to buy additional cover
- Other insurers, business partners and agents
- Other companies within the Covea Insurance Group

Marketing

We will not use **Your** information or pass it on to any other person for the purposes of marketing further products or services to **You** unless **You** have consented to this.

Fraud Prevention and Detection

In order to prevent or detect fraud and money laundering **We** will check **Your** details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

We may also conduct credit reference checks in certain circumstances. **You** can find further details in **Our** full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances **We** conduct credit reference checks and how these checks might affect **Your** credit rating

Automated Decisions

We may use automated tools with decision making to assess **Your** application for insurance and for claims handling processes, such as price rating tools, flood, theft and subsidence area checks and credit checks.

These automated decisions will produce a result on whether **We** are able to offer insurance, the appropriate price for **Your** policy or whether **We** can accept **Your** claim. If **You** object to an automated decision, **We** may not be able to offer **You** an insurance quotation or renewal.

How to contact Us

Please contact **Us** if You have any questions about **Our** Privacy Policy or the information **We** hold about **You**:

The Data Protection Officer , Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or email: dataprotection@coveainsurance.co.uk.

Choice of Law

The parties to an insurance contract are free to choose the law that will apply. Unless **We** agree in writing with **You** otherwise, this insurance shall be subject to the law applying in the part of the United Kingdom, Channel Islands or Isle of Man where **You** have **Your** principal place of business. If there is any dispute, the law of England and Wales shall apply

Registration and Regulatory Information

Covea Insurance plc. Registered in England and Wales No. 613259. Registered office: Norman Place, Reading, Berkshire. RG1 8DA.

Covea Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. **Our** Reference Firm Number is 202277. **You** can check this on the Financial Services Register by visiting the FCA's website www.fca.org.uk/register.

TO OBTAIN A QUOTATION, PLEASE POST THIS COMPLETED FORM TO

ExtraCover
Marshall Wooldridge Limited
Rawdon Court
Leeds Road
Rawdon
Leeds
LS19 6AX

Freephone: 0800 289301

Covea Insurance plc, Norman Place, Reading RG1 8DA
Telephone 0330 221 0444 Fax 0118 955 2211 Website: www.coveainsurance.co.uk
Registered in England and Wales 613259
Covea Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial
Conduct Authority and the Prudential Regulation Authority No. 202277

Marshall Wooldridge Ltd. Registered in England number 1093348. Registered Office: 7th Floor, Corn Exchange, 55 Mark Lane, London, EC3R 7NE
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