

# IntoSport scheme

Proposal form



## Your details

Full Name	<input type="text"/>		
Trading Name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Postcode	<input type="text"/>	Contact name	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Please provide a description of your activities required to be insured:

Are you registered and domiciled in the United Kingdom with all assets based in the United Kingdom?

Yes  No

Do you generate any income from activities outside of the European Union?

Yes  No

Are all sporting activities, including training and competitions led by coaches and/or officials who hold a nationally recognized qualification in an appropriate sporting or leisure activity?

Yes  No

Disclosure and Barring Service (DBS) checks are carried out for all volunteers and employees who come into contact with children.  
One written policy statement carried out for all helpers

Yes  No

How many coaches do you require cover for?

What is the average number of hours per week spent coaching?

What was your annual income for the last completed financial year?

(If you have not yet completed a full financial year, please provide an estimation of income)

Have you ever been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974?

Yes  No

Have you ever been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt either in a personal capacity or as a business?

Yes  No

Have you ever had any insurance proposal declined, renewal refunded, or cover terminated for any reason?

Yes  No



**Claims** In the last five years, have you made any claims for property damage in excess of £500 in value? Yes  No

Have there been any claims, investigations or allegations made by third parties against you in the last five years which may have given rise to a claim under this policy had it been in force? Yes  No

Are you aware of any fact, circumstance, allegation, incident, breach of legislation or escalating level of complaint which may give rise to a claim under this policy? Yes  No

**Cover required** Please confirm the limit of indemnity you require for public and products liability:

**Public and products liability**

£2,000,000  £5,000,000  £10,000,000

**Employers' liability**

Please confirm if you require cover for employers' liability, at £10,000,000 limit? Yes  No

How many employees do you have?

Please detail the activities undertaken by your employees:

What is the total number of hours per week that your employees work?

If you require cover for employers' liability, please confirm your HMRC Employers Reference Number?

You must provide the HMRC ERN if you require employers' liability insurance to cover an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

If your business does not have an HMRC Employers' Reference Number (ERN), please confirm the reason for this from the following:

- All employees earn less than the PAYE threshold
- The business is registered in Jersey or Guernsey
- The business does not have any employees

**Additional employers and subsidiary companies**

Do you have any additional UK employers or subsidiary companies covered for employers' liability insurance by this policy? Yes  No

If this insurance policy will be required to cover employers or subsidiary companies other than the main insured company above, please refer to your broker who will provide you with a supplementary sheet to complete.

**Professional indemnity**

Please confirm the limit of indemnity you require for professional indemnity:

£2,000,000  £5,000,000  £10,000,000

If you currently purchase professional indemnity cover, please provide the date when you first purchased cover without any gaps in insurance.

**Property damage**

If you require cover for property damage, please confirm the levels of cover required, for the following:

Computers, PA, projection AV, video, photographic, audio or timing equipment	£
All other equipment	£
Maximum single article limit required	£

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## Directors' and officers' liability

Please confirm the limit of indemnity you require for directors' and officers' liability:

£50,000                       £100,000                       £250,000

Please confirm the following if you require cover for directors' and officers' liability:

Is your business is a limited company or incorporated entity?                      Yes  No

Has your business been established for at least two years, made a profit in the last year and declared a positive net worth in the latest annual accounts?                      Yes  No

Has your accountant qualified their opinion in the latest annual accounts?                      Yes  No

## Commercial legal protection

Please confirm if you require cover for commercial legal protection at £100,000 limit?                      Yes  No

## Personal accident

Please confirm if you require cover for personal accident?                      Yes  No

If you require cover for personal accident, please confirm how many units of cover you require:                      One  Two  Three

Please note: each unit of cover provides the following: £15,000 capital benefit for death, loss of limb, loss of sight and permanent total disablement and £30 per week temporary benefit for temporary total disablement. Insured persons must be aged under 85 years old

Does any person to be insured undertake any manual work (other than groundsmen)?                      Yes  No

## Business HR

Do you require access to Business HR website and telephone advice service?                      Yes  No

## Insurance details

### Important notice for your protection

Within 30 days of receipt of this proposal acceptance form by us, you will be sent your policy documents which contain full details of your cover and other important information. Please take time to read these documents carefully, particularly noting the policy exclusions and limitations.

Please ensure that the details in the policy documents are correct.

In the event that you change your mind you have 14 days to cancel the policy and, providing that no claims have been made, receive a full refund. After that period you can cancel your policy by giving 30 days notice.

## Acceptance

When would you require cover to start from?

\*Please note that you can choose for cover to commence on any date within 30 days from when you sign this form. The commencement date cannot be in the past. Your application will be rejected if you choose a commencement date in the past or more than 30 days in the future.

## 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**

By signing this proposal acceptance 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.

**Employers Liability Tracing Office (ELTO) and your data**

**Your policy** details will be added to the Employers Liability Database, managed by the Employers Liability Tracing Office (ELTO). This data will be available for search by registered users as well as individual claimants on a limited basis, who wish to verify the Employers' liability insurer of an employer at a particular point in time.

You can find out more:

from **your** insurance adviser (if **you** have one); or  
by contacting **us**; or  
at [www.elto.org.uk](http://www.elto.org.uk)

**Declaration**

I/We declare that (a) this proposal acceptance 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 my/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 my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to avoid this insurance.

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

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to Marshall Wooldridge once it has been completed.

A copy of this proposal acceptance form and any other information supplied to us for the purposes of obtaining this insurance should be retained for your records.