

Proposal Form

Insured Name

Address

Brokers Name

Brokers Address

Inception Date

Property Damage Cover "All Risks"

Sum Insured - Base Value *15% Day One included in cover (applies to Buildings, Contents & Tools)*

	EURO
Buildings	
Buildings <i>(Machinery Shed)</i>	
Fixtures & Fittings and All Other Contents	
Flood Lights	
Stock (including Cigarettes, Tobacco, Wines & Spirits)	
Cups, Trophies, Paintings, Antiques, and Sculptures	
Tools and Machinery	
Computers	

If deep fat frying is undertaken, a Wet Chemical (Ansul) Suppression System or similar must be installed over all deep fat fryers If this is not the case AIG must be informed immediately as this quotation will not stand** A declaration must be completed/signed and sent back to AIG prior to inception.

Property Extends to Include:-

Deterioration of Stock	Limit any one incident	€ 5,000
Members Personal Effects	Limit any one member	€ 1,000
	Limit any one year	€ 100,000
Replacement of Locks	Limit any one incident	€ 1,000
On Tour Limit	Limit	€ 1,270
Fire Brigade Charges	Limit	€ 10,000
Trees and Shrubs	Limit any one tree	€ 1,279
	Limit any one occurrence	€ 6,350
Malicious damage, Animal damage, Oil spillage, and Green- Keeper error to the playing surfaces of the Tennis Courts	Limit any one incident	€ 12,790
	Limit any one year	€ 63,500

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Cash

In Transit € In Safe € In Bank Night Safe €

Please supply details of:- Safe Make Safe Model Serial No.

P.A. Assalut €20,000/€127) Standard Limit

Total Annual Carrying €

Business Interruption Cover "All Risks"

Basis of Cover - Declaration Linked

Estimated Gross Revenue €

ICOW €

Indemnity Period Required, Please Tick Box 12 Months 18 Months

Loss of License €

Perils Provided (Perils Provided As Per Property Damage Section)

Business Interruption Extends to Include:

Table with 3 columns: Peril, IP Months, Limit. Rows include Denial of Access, Notifiable and Infectious Disease Excl. Bird Flu (H5N1) Swine Flu (H1N1), Murder and Suicide, and Cancellation of a major event or competition.

Book Debts (Perils Provided As Per Property Damage Section)

Sum Insured on Outstanding debit balances

Are Fire Resisting Safes/Cabinets in use? Yes No

Are duplicate records retained? Yes No

If yes, supply details:

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Legal Liabilities

EMPLOYERS LIABILITY (Limit of Indemnity €13,000,000 – Refer for Alternative LOI)

Directors wages must be included for limited companies employees

Description of Work	Number of Employees	Wages
Clerical and Non-Manual		
Property Repairs		
Bar Staff, Cooking, Cleaning, Security and All Other Employees		
Course Staff		

Has the Proposer a Safety Committee and Safety Statement? Yes No

If no, please supply further details:

Is there a training programme for staff in force and properly recorded? Yes No

If no, please supply further details:

Are all Proposer’s Employees over 16 years of age and under 65 years and free from physical defect? Yes No

PUBLIC LIABILITY (Limit of Indemnity €6,500,000 – Refer for Alternative LOI)

Total Revenue last 12 months

Revenue Projection for next 12 months

Does Proposer occupy the premises as Owner Lessee

Number of Members (All categories)

Car Parking Facilities *Capacity*
Is adequate lighting provided

Is Car Park Supervised (C.C.T.V., Security Guard) Yes No

Has the Premises been inspected by the Fire Officer? Yes No

Were recommendations imposed? Yes No

Have the Recommendations been carried out? Yes No

Has a certificate of means of escape or a Fire Certificate been issued Yes No

If no, what is present status?

Are all inspections of lifting apparatus (including passenger lifts) boilers and steam pressure vessels carried out in compliance with statutory requirements? Yes No

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Details Of Premises

Approximate age of premises

Number of Floors

Approximate total square footage

How is the premises heated

How far is the machinery shed to the clubhouse

What is the water supply at the premises

How far is the nearest Fire Brigade? Is it part time or full time

Please supply details of occupancy of any neighbouring/adjoining properties

Please Supply Details Of:

Fire Extinguishing Appliances (No. and Type) Hose Reels etc.

Fire/Smoke Alarms

Security Alarm

Sprinkler System

Are 2 and 3 above connected to central monitoring station ? Yes No

Is the machinery shed alarmed for fire & burglary? If not what protections are in place - closed shackle padlocks?

Construction Details (Attach Plan and/or Survey Report if available)

Wall

Roof

Floor

Are the premises in good state of repair and well maintained? Yes No

Officers And Trustees, Cover (Affinity Guard)

Is an indication of premium required for Officers and Trustee Insurance Yes No

Employment Practices Liability

Does the proposer have a similar insurance currently in force? Yes No

If yes please indicate:-

Insurer:

Expiry Date:

Premium:

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Has any similar insurance ever been declined or cancelled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is Car Park Supervised (C.C.T.V., Security Guard)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

How many officers and other employees have resigned, been terminated (with or without cause) or have taken early retirement within the last 24 months:

Employees: **Officers:**

Is the Proposer currently undergoing, or does the Proposer contemplate undergoing during the next 12 months, any employee layoffs, or early retirements?

Yes No

If yes, please attach full details.

Please provide on a separate attachment full details of wrongful termination, discrimination and sexual harassment claims made against the Proposer or any of its directors, officers or employees during the last five years including amounts of any judgement or settlements and costs of defence?

If no such claims, please tick **None**

Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other administrative hearings previously filed with or currently before any local or governmental agency governing employer responsibility to employees.

Are there now or have there been any employment practices claim(s) against the Proposer?

Yes No

If yes, please give details:

After enquiry, have there been or is there now pending, any claim(s) against any person proposed for insurance or against itself?

If yes, attach complete details.

After enquiry, does any person proposed for insurance have knowledge or information of any act, error or omission which might give rise to a claim under the proposed policy:

Yes No

Please enclose with this Proposal Form:-
The last two annual reports and accounts (or equivalent) for the proposer.

General Questions

Has any Insurer ever declined a proposal, refused renewal, terminated an insurance or imposed special terms

Yes No

If yes give details:

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Have any accidents, losses or claims arisen, whether Insured or not within Yes No

If yes give details

Employers Liability/ Public Liability

Year	No of Settled Claims	Amount paid on Settled claims	No. of Outstanding claims	Amount Out-standing	Balance	Total

Property Damage/ Business Interruption

Year	No of Settled Claims	Amount paid on Settled claims	No. of Outstanding claims	Amount Out-standing	Balance	Total

Officers & Committee Liability

Please state any incident, which may give rise to a claim under this Section.

Has the Proposer or any Partner/Principle in the Business ever been convicted or arson, fraud, robbery or receiving or any crime of violence associated with any of the offences or with any other offence against property or even been bankrupt or involved in any business which ceased trading in circumstances where the Creditors did not or have yet received full settlement of their claim? Yes No

If yes give full details

Who are your existing Insurers?

Are there any outstanding Insurers requirements?

If yes, please give details:

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NOTE:

It is not necessary to complete the following declaration for the purposes of requesting a quotation. However the declarations must be completed signed and dated by the proposer if cover is required.

DECLARATION

Declaration attaching to and forming part of Quotation.

Form in the name of:

Full name of Proposer

IMPORTANT NOTICE

Failure to disclose material facts could result in your Policy being invalidated. Material Facts, which influence the acceptance or assessment of your Quotation/Proposal form.

If you are in any doubt as to whether a fact is material you should disclose it.

Before you complete the declaration, please check that:

- a) You have selected the necessary covers
- b) If you are registered for VAT any claim for loss or damage to property will be paid exclusive of VAT and you are advised to arrange your sums insured accordingly. Allowance should be made to include an amount of VAT in the sum insured if you are not registered.
- c) The sums insured, values and limits requested are adequate
- d) The information provided in the Quotation/Form is correct as at date of declaration.

Certain sections of the policy are subject to under insurance clauses (see policy for full details) which means that if the sums insured specified for an item is less than its actual value, the amount you recover following a loss will be proportionately reduced.

Declaration

Please read the following declaration very carefully, especially if the Quotation/Proposal Form has not been completed in your own hand.

I/We declare that the statements and particulars contained in this Quotation Form/Proposal and any supplementary statements and particulars supplied by me/us in connection with this Quotation form/proposal are to the best of my/our belief and knowledge true and that no material facts concerning the insurance have been withheld. I/We agree that this quotation form/Proposal and declaration shall be on the basis of the contract between me/us and the AIG Europe Ltd. And I/We agree to accept a Policy in the Insurer's usual form for this class of Insurance and to provide at the end of each period of insurance information as required by the Insurer and to provide at the end of each period of insurance information as required by the Insurer concerning those insurances which are on an adjustable basis and to pay such additional premiums as may be required. I/We understand that no cover will apply until this Quotation form/proposal has been accepted by the Insurer and cover confirmed.

SIGNATURE:

DATE:

Position (Hon. Sec. Etc.)

Note

Each section of the policy is subject to Exclusions and conditions and a specimen policy is available on request. We recommend that you should keep a record, including copies of this Quotation/Proposal Form and of all information supplied to us for the purpose of entering into this Insurance Contract.

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