



SPORTSCOVER

Registered in England and Wales No. 3726678



PROPOSAL FORM

Welsh Hockey Union Personal Accident Insurance Scheme

1. Name of Club.....
2. Is the Club a limited company? Yes () No ()
3. Contact Name.....
4. Contact Tel No. Mobile
5. Contact Address.....
.....Postcode.....
6. Email Address
7. Club Address.....
.....Postcode.....
8. State the activities Undertaken by the Club.....
.....
9. Has any insurer ever declined, refused to renew or imposed special terms and conditions to any insurance policy/renewal or application for insurance held or made by the club?
Yes () No () *If yes please supply details.....*
.....
10. Has any member of your Club completed a Risk Management Course? Yes () No ()
If yes please supply details of where and when
.....
11. Does your Club have a written policy for the following?

Risk Management	Yes ()	No ()
Alcohol Service	Yes ()	No ()
Blood spillage	Yes ()	No ()
Discrimination	Yes ()	No ()
12. Period of Insurance required: From:/...../..... To:/...../.....
13. Total Club Membership: (i.e. players and officials)
14. Number of Senior players:
15. Number of Junior players (aged under 16)
16. Number of Non-Playing Officials:

Cover required: (Please tick):

Option A - Based on total Club Membership		Premium
	Up to 25 members	£31.50
	Up to 50 members	£42.00
	Up to 75 members	£47.50
	Up to 100 members	£52.50
	Up to 150 members	£78.75
	Up to 200 members	£105.00
	Up to 250 members	£131.25
	Up to 300 members	£157.50

Option B - Based on total Club Membership		Premium
	Up to 25 members	£ 55.00
	Up to 50 members	£ 90.00
	Up to 75 members	£110.00
	Up to 100 members	£150.00
	Up to 150 members	£225.00
	Up to 200 members	£300.00
	Up to 250 members	£375.00
	Up to 300 members	£400.00

Please note:

Optional Benefits must be taken by all Club members (including officials) for these premiums to apply.

17. Who is your Current Insurer, if applicable?

Name:.....

Address:

18. **PREVIOUS and PENDING CLAIMS**

- a) Have any claims for Accident been made by the Club in the last five (5) years? Yes () No ()

Year	No of Claims	Amount settled £	Amount Outstanding £

- b) Have there been any incidents in the last five (5) years that may result in claims against the applicant?

Yes () No ()

If yes please supply details.....

.....

THIS DECLARATION MUST BE COMPLETED IN ALL CASES

DECLARATION

I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and company's acceptance of the Applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Club I:

- Have either completed all questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- Have read and understood the information concerning the duty of disclosure, material fact, and utmost good faith.
- Agree on behalf of the applicant to Sportscover obtaining from the applicant's previous insurer (s) any information it may need about prior claims or insurance history.
- Agree to Sportscover making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- Agree to Sportscover disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Name Position Held

Signature Date/...../.....

IMPORTANT – PROPOSAL INFORMATION

DUTY OF DISCLOSURE

Please remember that it is a condition of your insurance policy to advise your insurers of all material facts. Failure to do so may result in claims not being paid or cover being declared inoperative. In addition, where specific information is requested, it is important to inform your insurers as fully and completely as possible in response to the questions asked. If you have any doubts or concerns please contact your broker. In any event, it is your responsibility to ensure that your broker provides all information to the insurers so that they may consider the proposed risk with the benefit of the fullest possible relevant information.

UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and proposer/insured (s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

MATERIAL FACT

A material fact is 'any fact that an insurer would take into account in deciding whether to take the risk, or at what premium, or on what conditions'.

DATA PROTECTION INFORMATION USES

For the purpose of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Sportscover UK Limited.

Insurance Administrator

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary.

It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

Please return this form by post to:

**Worldwide Sports Insurance UK Ltd.
Jonathan Scott Hall
Thorpe Road
Norwich NR1 1UH**

Or contact us for assistance on:

**Tel: 01603 633997
Fax: 01603 633998
Email: graeme.jolly@wwsi.co.uk
Web: www.wwsi.co.uk**