

Remittance Advice

Insured /
Policyholder
Name:

Client Ref:

Renewal Date: 1 February 2012

					Premium
Number of members	<input type="text"/>				
Civil Liability £5m	Revenue	Premium	Revenue	Premium	£ <input type="text"/>
Employers' Liability £10m	Up to £10,000	£87	£70,000 to £100,000	£223	
	£10,000 to £20,000	£95	£100,000 to £200,000	£417	
	£20,000 to £50,000	£115	£200,000 to £350,000	£688	
	£50,000 to £70,000	£159	£350,000 to £500,000	£950	
Is a higher Limit of Indemnity of £10m required?	<input type="text"/> Yes	<input type="text"/> No	IF YES add:		£ <input type="text"/>
	Revenue	Premium	Revenue	Premium	
	Up to £10,000	£58	£70,000 to £100,000	£168	
	£10,000 to £20,000	£85	£100,000 to £200,000	£195	
	£20,000 to £50,000	£112	£200,000 to £350,000	£252	
	£50,000 to £70,000	£141	£350,000 to £500,000	£338	
Number of employees	<input type="text"/> Up to 4		No additional premium required		£ 0.00
	<input type="text"/> 5-10		Add £76.00		£ <input type="text"/>
	<input type="text"/> 11-15	or	Add £126.00		£ <input type="text"/>
	ERN Number		<input type="text"/>		
	(applicable if any individual is paid more than £503 per month)				
Total Remittance					£ <input type="text"/>
Ownership/use of winch	Yes <input type="text"/>			No <input type="text"/>	

I confirm that the above Insured / Policyholder is affiliated to The Angling Trust	Yes <input type="text"/>	No <input type="text"/>
I am happy to receive the confirmation of cover electronically	Yes <input type="text"/>	No <input type="text"/>
Angling Trust membership number	<input type="text"/>	

Methods of Payment - Please tick the payment method you wish to use:

BACS	<input type="checkbox"/>	Please remember to quote your Client Ref on your bank instruction
Cheque	<input type="checkbox"/>	Please attach your cheque made payable to Perkins Slade Ltd
Direct Debit	<input type="checkbox"/>	Monthly instalment facilities are available - Please contact Perkins Slade Ltd for details
Credit/Debit Card	<input type="checkbox"/>	Please complete the details below
Credit Card Details		
Visa	<input type="checkbox"/>	Mastercard <input type="checkbox"/>
		Switch <input type="checkbox"/>
		Delta <input type="checkbox"/>
Cardholders name	<input type="text"/>	
Card number	<input type="text"/>	
Expiry date	<input type="text"/>	Issue date <input type="text"/>
		Issue no. <input type="text"/>

Declaration

General Statement

I agree to the following statements on behalf of the organisation:

1. If the organisation undertakes any re-stocking of waters, you do not re-stock any fisheries other than your own, the stock is supplied by a certified source and Environment Agency statutory Section 30 consent is always obtained Yes / No
2. In addition, I confirm I have read and agree with all 26 statements contained in the commercial fisheries Statement of Fact, as detailed on our website www.ps-angling.com, a copy will be forwarded on request. Yes / No

Incident Report and Claims Information - General

It is a condition under the terms of your policy that any circumstance that may give rise to a claim is reported to your Insurers.

In order to ensure you are complying fully with your policy terms and conditions you must declare:

- (a) You are not aware, after enquiry, of any circumstances which might give rise to a claim.
- (b) You are not aware, after enquiry, of any claim having been made or being made or prosecution brought against any director or officer. **Applicable to Section 4 only.**
- (c) You are not aware, after enquiry, of any material facts or matters which would be likely to affect the Insurers consideration of granting cover, other than those material facts or matters which have already been notified to Insurers.

Additional Liabilities Insurance - Abuse. Applicable to Section 5 only.

You must declare that the committee, directors, officers', partners, principals, consultants, child protection/welfare officers' and employees, after enquiry, are not aware of:

- (a) Any claim or circumstance which might give rise to a claim against any company, firm, organisation or person insured under **Additional Liabilities Insurance - Abuse.**
- (b) Any material fact or matters which would be likely to affect the Insurers' consideration of granting **Additional Liabilities Insurance - Abuse** other than those material facts or matters which have already been notified to Insurers'.
- (c) Any change in the Child & Vulnerable Adult Protection information provided to Insurers.

In addition, I confirm that I have read the following documents and agree to be bound by the terms therein: PS Status Disclosure & Terms of Business, Important Information and the Insurers Key Facts Summary

To view these documents please visit the website, www.ps-angling.com

Signed

Email

Name (block capitals)

Date

Status/position

Perkins Slade Ltd may use the information you provide to send you details of products and services that might be of interest to you.

If you do not wish to receive this information please tick the box