

ENGLAND HOCKEY INSURANCE - PROPOSAL FORM

Name of Club: _____

Contact Name: _____

Correspondence Address: _____

Post Code: _____

Daytime Telephone Number: _____ Email Address: _____

Please return the fully completed and signed proposal form and declaration to Perkins Slade Ltd.
The premiums indicated below reflect a 12 month period of cover from 1st September 2011 to 31st August 2012.

Please note:

1. The Civil and Employers Liability, Excess of Loss and Legal Protection Policy are quoted on a PER CLUB basis.
2. Personal Accident Premiums [when required] are quoted on a per TEAM basis. For guidance 1 junior team equates to 25 players.
3. Team based premiums must be purchased for all teams, other than for Temporary Total Disablement benefit.

COVER	BENEFITS	PREMIUM	NO. OF TEAMS	TOTAL PREMIUM																				
1] CIVIL AND EMPLOYERS LIABILITY	<p>Civil Liability: £5,000,000 any one occurrence [except for products, pollution, directors & officers and abuse, in the aggregate - Abuse subject to an inner limit of £2,500,000]</p> <p>Employers' Liability: £10,000,000 any one occurrence</p>	Less than 100 members - £158.00 100 - 250 members - £181.00 Over 250 members - £205.00	N.A.																					
Optional Extension	Excess of Loss: £5,000,000 any one occurrence [except for products, pollution, directors & officers and abuse, in the aggregate]	£134.00 per club [minimum premium]	N.A.																					
2] PERSONAL ACCIDENT (Choose either Standard or Basic Cover)	<p>Standard Cover: Accidental Death: £10,000 [Under 16 - £2,000] Permanent Total Disability: From gainful employment of any and every kind, including Loss of Limb[s] and / or Eye[s] £50,000 Broken Bones - Arm £100, Leg £200 (max £500) Optical £500 & Emergency Dental £750 - subject to £25 excess</p>	£55.50 per team																						
	<p>Basic Cover: Accidental Death: £10,000 [Under 16 - £2,000] Permanent Total Disability: From gainful employment of any and every kind, including Loss of Limb[s] and / or Eye[s] £15,000 Broken Bones - Arm £100, Leg £200 (max £500) Optical £250 & Emergency Dental £250 - subject to £25 excess</p>	£45.50 per team																						
Optional Extensions	Physiotherapy	£500 Limit any one accident [£25 excess]	£65.60 per team																					
	Temporary Total Disablement	£50 per week [maximum 52 weeks] [7 day deferment] Does not need to be purchased for Junior Teams [Age under 16]	£73.00 per team																					
	Injury to Non Members	As above for Standard or Basic Personal Accident [Cover purchased per club]	£45 per club	N.A.																				
3] ALL RISKS	Accidental Loss of or damage to Club Equipment Sum insured - Indicate the Limit you require from the table below <table style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th>Sum Insured</th> <th>Premium</th> <th>Sum Insured</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>£1,000</td> <td>£ 53.00</td> <td>£5,000</td> <td>£153.70</td> </tr> <tr> <td>£2,000</td> <td>£ 74.20</td> <td>£6,000</td> <td>£180.20</td> </tr> <tr> <td>£3,000</td> <td>£ 95.40</td> <td>£7,000</td> <td>£212.00</td> </tr> <tr> <td>£4,000</td> <td>£121.90</td> <td>£8,000</td> <td>£238.50</td> </tr> </tbody> </table>	Sum Insured	Premium	Sum Insured	Premium	£1,000	£ 53.00	£5,000	£153.70	£2,000	£ 74.20	£6,000	£180.20	£3,000	£ 95.40	£7,000	£212.00	£4,000	£121.90	£8,000	£238.50	<p>Please State Sum Insured Required</p> <p>£</p>	N.A.	
Sum Insured	Premium	Sum Insured	Premium																					
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Terrorism	Terrorism premium has been set irrespective of the sums insured listed above	£53.00	N.A.																					
4] LEGAL PROTECTION	Legal Expenses including Employment Claims £50,000 Limit any one claim (please complete additional questions)	£50.00 per club	N.A.																					
TOTAL PREMIUM including Insurance Premium Tax at the current rate [subject to a minimum premium £50.00]				£																				

The premium shown for **Excess of Loss** is a flat charge/minimum premium irrespective of the date cover commences.

FOR PRO-RATA COVER ON CIVIL & EMPLOYERS LIABILITY, PERSONAL ACCIDENT, ALL RISKS AND LEGAL EXPENSES THE PREMIUMS ARE AS FOLLOWS:

Inception Dates: 01/09/2011 - 30/11/2011	100% of the premium	}	SUBJECT TO
Inception Dates: 01/12/2011 - 29/02/2012	75% of the premium		A MINIMUM
Inception Dates: 01/03/2012 - 31/05/2012	50% of the premium		
Inception Dates: 01/06/2012 - 31/08/2012	25% of the premium		OF £50.00

ENGLAND HOCKEY INSURANCE - DECLARATION

On behalf of my Club, I apply for cover which will be effective from the date of formal acceptance by Perkins Slade Ltd until the Scheme expiry date of 31st August 2012.

For Legal Proceedings Applicants only

Are you aware of any events which may give rise to legal proceedings:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Club been involved in any legal action during the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a tenancy agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, on what date does it expire?		
Are you aware of any boundary disputes? <i>(If you have answered Yes, please provide details on a separate sheet.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General Information - TO BE COMPLETED IN ALL CASES

	Split as:	Adults:	Juniors:
Total number of members:			
Number of Paid Volunteers & Employees:			
Total annual waggeroll:			
Employer Reference No. (where any individual is paid more than £503 per month):			
Is your club "Clubmark" accredited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the organisation able to pay its debts as they fall due	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you or any official of the Club after enquiry:			
Ever been refused cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Had special terms imposed upon you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Been convicted, or have a prosecution pending for any offence involving dishonesty of any kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Been made aware of any circumstance which might give rise to a claim against the proposer, or any of its directors, officers or committee members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ever been declared bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes to any of the above, please provide details on a separate sheet.			

Please read the Guidance Notes which form part of the Important Information document, which can be viewed via the website www.ps-hockey.com

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 - Directors & Officers Liability only**
- (c) You are not aware, after enquiry, of any material fact or matters which would be likely to affect the Insurers' consideration of granting cover.

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'.

On behalf on the Club:

I declare to the best of my knowledge and belief that the above statements are true and complete and will form part of the contract between me and the Insurer.

I declare there are no known incidents or circumstances that might give rise to a claim and there are no Material Facts that should be disclosed to insurers. If you are in any doubt about whether facts are material, you must tell us. Failure to do so could affect the validity of your policy.

I confirm that the club is affiliated to England Hockey Yes No

By virtue of having done so, I confirm that the club adheres to England Hockey's "Safeguarding and Protecting Young People in Hockey Policy and Procedures" Yes No

The personal information you provide to Perkins Slade Ltd will be used to process your application for insurance, as part of this process we will need to pass this information on to the insurer(s) providing cover.

Perkins Slade Ltd may also 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.

You may obtain a copy of the full policy wording by contacting Perkins Slade Ltd on 0121 698 8000.

Copy Information – You should keep a record of all information you have given us.

Methods of Payment

Please tick the payment method you wish to use:

- BACS Please remember to quote your Perkins Slade client reference on your bank instruction
- Cheque Please attach your cheque made payable to Perkins Slade Ltd
- Direct Debit Monthly instalment facilities are available - Please contact Perkins Slade Ltd for details
- Credit/Debit Card Please complete the details below

Credit Card Details

Visa Mastercard Switch Delta

Cardholders name _____

Card number

Expiry date / Issue date / Issue no.

I confirm that I have read the following documents, and agree to be bound by the terms contained therein.

England Hockey Board Insurance Summary, Perkins Slade Status Disclosure, Terms of Business & Important Information and Civil / Employers Liability Key Facts & Legal Expenses Summary.

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

Signed _____	Status/position _____
Name (block capitals) _____	Date _____

PLEASE RETURN THE COMPLETED PROPOSAL FORM WITH A CHEQUE OR CREDIT/DEBIT CARD DETAILS FOR THE PREMIUM TO: PERKINS SLADE LTD., 3 BROADWAY, BROAD STREET, BIRMINGHAM B15 1BQ

TEL: 0121 698 8000 FAX: 0121 625 9000 EMAIL: englandhockeyinsurance@perkins-slade.com

Financial Services Authority legislation states that we are required to bank all cheques on the day of receipt; however this action does not confirm that insurers have accepted your proposal.

Perkins Slade Ltd. is authorised and regulated by the Financial Services Authority.

