

# ENGLAND HOCKEY INSURANCE - PROPOSAL FORM

Name of Association: \_\_\_\_\_

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 ASSOCIATION basis.*
2. *Personal Accident Premiums [when required] are quoted on a per UNIT basis. Please state clearly how many Units you require and the total premium to be paid. [1 unit = 0-10 Games, 2 units = 11-20 Games, 3 units = 21-30 Games etc.].*
3. *Unit based premiums must be purchased for all Games other than for Temporary Total Disablement benefit.*

| COVER  | BENEFITS   | PREMIUM  | NO. OF UNITS        | TOTAL PREMIUM |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
|--|--|--|---------------------|---------------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|---|------|--|
| 1) CIVIL AND EMPLOYERS LIABILITY   | <b>Civil Liability:</b> £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]<br><b>Employers' Liability:</b> £10,000,000 any one occurrence  | £169.00 per association  | N.A.                |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
| <b>Optional Extension</b>  | <b>Excess of Loss:</b> £5,000,000 any one occurrence [except for products, pollution, directors & officers and abuse, in the aggregate]  | £134.00 per association [minimum premium]  | N.A.                |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
| 2) PERSONAL ACCIDENT<br><br>(Choose either Standard or Basic Cover)  | <b>Standard Cover:</b><br><b>Accidental Death:</b> £10,000 [Under 16 - £2,000]<br><b>Permanent Total Disability:</b> From gainful employment of any and every kind, including Loss of Limb[s] and / or Eye[s] £50,000<br>Broken Bones - Arm £100, Leg £200 (max £500)<br>Optical £500 & Emergency Dental £750 - subject to £25 excess  | £55.50 per unit  |                     |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
|  | <b>Basic Cover:</b><br><b>Accidental Death:</b> £10,000 [Under 16 - £2,000]<br><b>Permanent Total Disability:</b> From gainful employment of any and every kind, including Loss of Limb[s] and / or Eye[s] £15,000<br>Broken Bones - Arm £100, Leg £200 (max £500)<br>Optical £250 & Emergency Dental £250 - subject to £25 excess   | £45.50 per unit  |                     |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
| <b>Optional Extensions</b>   | Physiotherapy  | £500 Limit any one accident [£25 excess]   | £65.60 per unit     |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
|  | Temporary Total Disablement  | £50 per week [maximum 52 weeks] [7 day deferment]<br>Does not need to be purchased for Junior Games [Age under 16] | £73.00 per unit     |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
|  | Injury to Non Members  | As above for Standard or Basic Personal Accident [Cover purchased per association]                                 | £45 per association | N.A.          |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
| 3) ALL RISKS   | Accidental Loss of or damage to Association Equipment<br>Sum insured - Indicate the Limit you require from the table below<br><table border="1" style="width: 100%; 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 | <b>Please State Sum Insured Required</b><br><br>£ | N.A. |  |
| 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             |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
| 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<br>£50,000 Limit any one claim<br>(please complete additional questions)  | £50.00 per association   | N.A.                |               |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |   |      |  |
| <b>TOTAL PREMIUM</b> 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  |   | PREMIUM    |
| Inception Dates: 01/06/2012 - 31/08/2012 | 25% of the premium  |   | OF £50.00  |

# ENGLAND HOCKEY INSURANCE - DECLARATION

On behalf of my Association, 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 Association 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?<br><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

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Number of Teams Registered   |                              |                             |
| Number of Paid Volunteers & Employees:   |                              |                             |
| Total annual wage roll:  |                              |                             |
| Employer Reference No. (where any individual is paid more than £503 per month):  |                              |                             |
| 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 Association after enquiry:<br>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](http://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:

- You are not aware, after enquiry, of any circumstances which might give rise to a claim.
- 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**
- 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:

- Any claim or circumstance which might give rise to a claim against any company, firm, organisation or person insured under **Additional Liabilities Insurance - Abuse**
- 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 organisation:

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 Association 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](http://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](mailto: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.

