

SportSafe

Insurance for Sports Tuition Groups and Sports Camps Proposal



Arranged by

MM

MortonMichel

www.mortonmichel.com

Covea Insurance plc

Insurance for SportSafe Policy

Proposal Form

Arranged by



Your insurance will be provided under the SportSafe Policy, insured by Covea Insurance plc for all sections other than the Legal Expenses section which is administered by ARAG plc on behalf of the insurer Brit Syndicate 2987 at Lloyd's. Any special terms or conditions will be advised to you in writing.

Please read the Summary and Guide carefully before you complete this form.

Fair Presentation of the Risk

You have a duty to make a fair presentation of the risk which is covered by this policy. Therefore you should ensure that any information you have provided to us and the content of any application form, declaration and / or Statement of Fact is accurate and complete. Where you have provided us with information which relates to matters of your expectation or belief, it does not matter if such information turns out to be inaccurate provided that you acted in good faith when you provided us with such information. If you do not comply with your duty to make a fair presentation of the risk, including failing to disclose or misrepresenting a material fact, or disclosing material facts to us in a way which is not clear and accessible your policy may not be valid or the policy may not cover you fully or at all.

A material fact is any fact which could influence our assessment or acceptance of your application for insurance.

You must also tell us about any facts or changes which affect your insurance and which have occurred either since the policy started or since the last renewal date.

If you are not sure whether certain facts are relevant please ask Morton Michel. If you do not tell us about relevant changes, your policy may not be valid or the policy may not cover you fully or at all.

You must check all the information contained within this document immediately and tell us if any details are incorrect.

You should keep a written record (including copies of letters) of any information you give Morton Michel.

Please complete and return to Morton Michel, Alhambra House, 9 St Michaels Road, Croydon, CR9 3DD.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate. If there is insufficient space to complete any answer, please use the additional information area at the end of this form.

Name of Group

Your Name in full

Address of Group

Your Address *(for correspondence purposes)*

Postcode

Postcode

Telephone

Telephone

Fax

Fax

Mobile

Mobile

Email Address

Email Address

Website

Insurance to commence from

Have you been allocated an Employer Reference Number by PAYE of Her Majesty's Revenue & Customs?

Yes No

If YES, please state the Employer Reference Number allocated to you:

Questions about your Group

(Please complete all questions)

1 Please supply details of the following:

a) How many venues will you be operating from?

b) How many hours per week, per venue?

c) Maximum number of children attending each session

2 Adult to child ratio per session:

3 to 5 years

5 to 8 years

8 to 12 years

12 to 18 years

3 You are automatically covered for all of the activities listed below as “agreed and approved”

Badminton, basketball, bowls, cricket, croquet, dancing (other than break dancing), football, golf, hockey, ice skating, netball, non-contact martial arts, roller skating (excludes roller blading and skate boarding), rounders, squash, swimming, table tennis, tag rugby, tennis, track athletics and volleyball.

Yes No

Do you offer any other activities, other than those listed above?

If YES, please supply full details of any additional activities, for further consideration:

4 a) Do you or your staff hold a Level 1 qualification in the sport being coached?

b) If multisports are being coached, do you and your staff each have a Level 1 qualification in at least two of the sports being coached?

If you have answered NO to either of the above, please give full details of relevant experience:

5 Do you hold any events open to more than 20 spectators?

If YES,

a) What is the maximum number of spectators that would attend?

b) Please describe the nature of such events:

c) What facilities do you provide for spectators? (e.g. seating arrangements, provision of food/drink etc)

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 6 a) Are you registered by Ofsted or any other registering authority for the activities of your organisation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Has registration ever been withheld or special conditions imposed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If YES to either of the above, please give details, including region of Ofsted or name of other registering authority and your registration number if applicable:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 7 Are all of the doors at your premises (internal and external) fitted with finger guards or finger shields? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a) Do you obtain satisfactory and confirmed references in writing of prospective employees' integrity before employing them? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Where you are required by law to do so, have you obtained all necessary criminal records and barred list checks in respect of all relevant current and prospective employees and volunteers? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) While you are awaiting the outcome of criminal records and barred list checks on an employee or volunteer, will they be supervised at all times while engaged in the business by an employee for whom criminal record and barred list checks have been obtained? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Have you or any group official been convicted of any criminal offences other than motoring offences or is any prosecution pending? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Have you, the proposer or any principal, director or partner under a current or any previous trading title: | | |
| a) been declared bankrupt or insolvent or been subject to a County Court Judgement or are any proceedings pending? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) been prosecuted under the Health and Safety at Work etc Act 1974, the Consumer Protection Act 1987 or the Food Safety Act 1990? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) been served with a Prohibition Notice under the Health and Safety at Work etc Act 1974 or the Food Safety Act 1990? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 Has any insurer ever: | | |
| a) declined your proposal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) refused to renew or cancelled your policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) imposed special terms or conditions for any childcare insurance you have previously taken out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you have ticked ANY of the shaded boxes to questions 8, 9 and 10, please provide full details:

- 11 Have you suffered any loss or damage (other than flood damage) or had any claims made against you in the last 5 years? Yes No

If YES please give full details (continue in 'additional information' if necessary):

Date	Type of Claim	Amount settled or outstanding

Failure to disclose previous claims could result in the invalidation of your policy.

- 12 Have you **ever** suffered any loss or damage caused by flood? Yes No

If YES please give full details (continue in 'additional information' if necessary):

Date	Type of Claim	Amount settled or outstanding

Failure to disclose previous claims could result in the invalidation of your policy.

- 13 Do you have a written Assessment of Risk? Yes No

- 14 a) Do you have any existing insurances with Morton Michel? Yes No

If YES, please state policy number(s)

- b) Have you had any previous insurances with Morton Michel? Yes No

If YES, please state policy number(s)

The Cover

What cover do you require?

I require **SportSafe Plus** which provides cover for:

Public & Products Liability

Equipment

Employers' Liability

Personal Accident

Frozen Food

Money

Personal Clothing

Legal Expenses

Helplines

Yes No

I require **SportSafe** which provides cover for:

Public & Products Liability

Employers' Liability

Legal Expenses

Helplines

You are automatically covered for £3M Public and Products Liability

Do you require the cover to be increased to £5M?

Professional Indemnity. Do you require this cover?

If YES, which limit of indemnity do you require?

£250,000 £500,000

For groups choosing SportSafe Plus, please answer the following questions

Equipment

Automatic cover for equipment is £5,000.

Please state if a higher sum insured is required

£

- 1 Please provide the address including postcode of the premises where your equipment is stored, if different from your Group address stated on page 1:

- 2 Are the buildings including outbuildings where equipment is to be stored:

a) built of brick, stone or concrete and roofed with slates, tiles, concrete or metal?

b) in an area unduly exposed to storm or impact damage?

- 3 Have your premises ever been flooded; are they in an area liable to flooding or within 1/4 mile from any river, watercourse or the sea, or have you been informed that your premises are in a potential flood risk area?

If you have ticked any of the shaded boxes to questions 2 and 3, please give full details:

- 4 Are the buildings occupied by any other business?

If YES, please give full details including the occupation of any other tenants and advise how the businesses are separated:

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 5 a) Are the premises protected by an intruder alarm which is in working order and subject to a maintenance contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are all the external doors to your premises (including outbuildings other than sheds) protected in accordance with the Guide to Security? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Are all opening windows to your premises (including outbuildings other than sheds) protected in accordance with the Guide to Security? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If NO to b) or c) please give details of other security fittings:

- | | | |
|-----------------------------------------------|-------------------------------------|--------------------------|
| 6 Do the premises contain a basement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you store any part of your equipment in: | | |
| a) timber sheds valued at more than £1,500? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If YES, please state:

i) the replacement value of the shed £

ii) the total value of the contents stored in the shed £

- | | | |
|--------------------------------------------|-------------------------------------|--------------------------|
| b) metal sheds valued at more than £2,500? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------------|-------------------------------------|--------------------------|

If YES, please state:

i) the replacement value of the shed £

ii) the total value of the contents stored in the shed £

- | | | |
|-----------------------------------|-------------------------------------|--------------------------|
| c) any other type of garden shed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------------|-------------------------------------|--------------------------|

If YES, please state:

i) the replacement value of the shed £

ii) the total value of the contents stored in the shed £

iii) the nature of the construction of the shed (eg. metal and plastic composite)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| If you have answered YES to any of the above, are all doors and windows of each shed to be insured protected in accordance with the Guide to Security in the Summary and Guide? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|

If NO, please give full details of all security fittings on the shed:

Equipment - optional extras

Yes No

Do you require all risks cover on specified items of equipment?

If YES, please provide full details.

Description of item	Serial number	Value

Additional covers available if you have chosen SportSafe Plus

Trustees' and Officers' Financial Liability

Do you require this cover?

If YES, which sum insured do you require?

£5,000 £7,500 £10,000

Loss of Revenue

Do you require this cover?

If YES, what is your annual turnover? £

Buildings

Are you responsible for insuring your buildings?

If YES, would you like Morton Michel to provide a quotation?

Motor & Minibus

Would you like Morton Michel to provide a quotation?

Terrorism

Would you like Morton Michel to provide a quotation?

For additional information

Please state clearly which question number you are referring to. Continue on a separate sheet if necessary.

How would you like your documentation to be sent to you?

We now aim to send all insurance documents in pdf format by email. This is quicker and kinder to the environment. It also means that you can keep a copy on your computer to print out whenever required. If you would prefer to have your policy schedule, Employers' Liability certificate and policy booklet sent to you by post instead of email, please tick the box below. If you do not tick the box then your documents will be sent via email.

Please send my documents by post

Where did you hear about Morton Michel? (please tick as appropriate)

Friend Ofsted Other (please state)

Declaration

Please read the declaration carefully and check the answers you have given before signing the proposal form.

I/We (or, in the case of a partnership or a limited company, any one of the partners or directors) apply to Covea Insurance plc for SportSafe Insurance and

- i) declare that the answers I/we have given are true and complete to the best of my/our knowledge and belief. I/we have disclosed all material facts and understand that failure to do so could mean that my/our policy may not be valid or may not cover me/us fully or at all. If any written answer has been made by another person, such person shall for that purpose be deemed to be my/our agent and not the agent of Covea Insurance plc. To the extent that has been necessary, I/we have consulted relevant members of the organisation to verify answers stated in this form
- ii) understand that Covéa Insurance reserves the right to contact previous insurers to verify answers stated in this form
- iii) declare that all appropriate enquiries have been made to ensure that no principal, director, partner, employee or voluntary helper is, or is obliged to be, listed on the Sex Offenders Register pursuant to the Sex Offenders Act 1997 (as amended by the Sexual Offences Act 2003).

Data Protection Act

I/We understand and agree that the personal information I/we provide (including sensitive personal details) may be used for insurance purposes by the insurers, their connected companies, reinsurers, agents and subcontractors; and also shared with other insurance companies as required for the purposes of my/our insurance. Where we have provided information about my/our spouse(s), partner(s) or another person/other persons (including their sensitive personal details) I/we confirm that I/we have their permission to provide this information for insurance purposes. I/We understand that I am/ we are entitled to a copy of my/our personal information on payment of a fee.

Demands and Needs

The Sportsafe policy has been designed to meet the demands and needs of sports tuition groups and sports camps that cater for children, between the ages of three and eighteen. If you are not such a group or organisation then you should not apply for the Sportsafe policy. It may be that one of Morton Michel's other policies is suitable for your requirements and details of these can be found at www.mortonmichel.com.

Capacity Disclosure

Morton Michel does not make recommendations or provide advice. You will need to make your own choice as to how you wish to proceed. In providing a policy that meets your requirements, Morton Michel does not conduct a full market analysis but will place your insurance under a scheme provided by Covea Insurance plc which we have identified as being suitable for this type of insurance. We have delegated underwriting authority from Covea Insurance plc and ARAG plc in placing your business directly with Covea Insurance plc we are acting as the agent of Covea Insurance plc as insurer and ARAG plc as a coverholder of insurer Brit Syndicate 2987 at Lloyd's.

From time to time, Morton Michel may wish to send you details of services and products, if you do not wish to receive such mailings, please tick this box.

Signed _____ Position _____ Date _____

Underwritten by Covea Insurance plc. Registered in England and Wales No. 613259.
Registered office: Norman Place, Reading, Berkshire, RG1 8DA.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority

www.mortonmichel.com

Arranged by


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