



GOLFSure Proposal Form

202010

Golfsure

Insured: _____

Address : _____

Eircode: _____

Broker : _____

Inception Date : _____

1 Are they're any unreported claims or potential claims?

Yes

No

If Yes, please advise details: _____

2 Material Damage Section

Advise the following:

Construction

	Enter Occupancy eg Main Clubhouse, Machinery Shed, Pro Shop	Sum Insured	Construction		
			Walls (State %)	Floors (State %)	Roof/Insulation (State %)
Main Building (Incl Fixtures & Fittings)		€ -			
Ancillary Builidng 1		€ -			
Ancillary Building 2		€ -			

Ancillary building definition: All permanent structures physically separate from Building above

High value items such as Sprinkler systems or Irrigation systems should be noted seperately

Protections

(Delete Yes/No as appropriate if completing electronically)

	Fire Alarm		Connected to Central Station		Burglar Alarm		Connected to Central Station	
	Yes	No	Yes	No	Yes	No	Yes	No
Main Building	Yes	No	Yes	No	Yes	No	Yes	No
Ancillary Builidng 1	Yes	No	Yes	No	Yes	No	Yes	No
Ancillary Building 2	Yes	No	Yes	No	Yes	No	Yes	No

• If other Protections in place, please advise details:

• Does Proposer occupy premises as:

Owner

Lessee

• Approximate Age of Premises

• Approximate Square Footage

• Number of Floors

• How is the premises Heated

• Please supply details of occupancy of neighbouring / adjoining properties

Sums Insured

Portable Equipment	€	-	(Includes computers)
Cups & Trophies	€	-	
Tools & Implements	€	-	(Portable Tools & Implements only)
Machinery & Plant	€	-	(Includes tractors, rollers, ride on mowers ,Irrigation Systems)
Stock	€	-	
Frozen Food	€	-	
Miscellaneous Contents	€	-	(Other than Fixtures & Fittings)

* For Definitions of above see Policy Wording

Money - Safe Limit Required	€	-	Confirm Safe Make & Model:
Rent Payable	€	-	
Loss of Licence	€	-	(Automatic Limit: 10% of Building sum insured subject to maximum €500K)

3. Business Interruption:

Gross Revenue	€	-			
Subscriptions	€	-	Subscriptions included in Gross Revenue:	Yes	No
Increased Cost of Working	€	-			
Book Debts	€	-			
Indemnity Period (months)					

4. Employers Liability

	Wageroll:	Employee Numbers:
Clerical	€ -	
Club Employees	€ -	
All Others	€ -	

5. Public & Products Liability

Advise Turnover Projections:		Confirm no. & Type of annual functions:	
Golfing	€	-	Description of Functions held:
Hospitality eg Bar, Restaurant	€	-	

6. Motor (Provide a list of vehicles for cover below including serial / ID number)

Note 1: Motor Cover is Third Party Only

Note 2 : Accidental Damage , Fire, Theft & cover is insured under the Property Section (if applicable) provided the insured value of these items is included in the Machinery Plant sum insured. Please attach a list of reg/serial no. in respect of same

Does the clubs list of vehicles include any Cars or Vans	Yes	No
Type:		Number:
Tractors		0
Special Types (Buggies, Ride on Mowers etc.)		0
All Other - Advise Type		0

7. Trustees Liability (Directors & Officers)

• Is Trustees Liability Insurance required ? Yes No

If Yes, the Retroactive date will be the inception date of this insurance

Should you require an earlier Retroactive date than inception of this policy you will need to supply details of your

earlier policies with proof that there has been no interruption in cover. What date do you require? / /

• Has the Proposer or any Partner /Principle in the business ever been convicted of : arson , fraud robbery or receiving , or any crime associated with any of the offences with any other offence against property . Or ever been bankrupt or involved in any business which ceased trading in circumstances where the creditors did not or have yet received full settlement of their claim ? Yes No

• If Yes, to above questions please provide details of same: _____

• Who are your existing Insurers

• Are there any outstanding Insurer Requirements : Yes No

Employment Practices Extension

• Does the proposer have similar insurance in force Yes No

• If yes place indicate: Insurer: _____
 Expiry Date: _____
 Premium: _____ €0.00

• Has any similar insurance ever been declined or cancelled Yes No

• How many officers & other employees have resigned, been terminated (with or without cause) or have taken early retirement within the last 24 months	No. of Employees	_____
	No. of Officers	_____

• Please provide on a separate attachment full details of all inquires, investigations , grievance filings or other administrative hearings previously filed with or currently before any local or governmental agency governing responsibility to employees employer

• Are there now or have there been any employment practices claim(s) against the Proposer	Yes	No
---	-----	----

• After enquiry, have there been or is or is there now pending , any claim(s) against any person proposed for insurance or against itself	Yes	No
---	-----	----

• After enquiry , does any person proposed for insurance have knowledge or information of any act, error or omission which might give rise to a claim(s) under the proposed policy	Yes	No
--	-----	----

• If Yes, to any of the above questions please provide details of same	_____	
--	-------	--

8. Risk Assessment

• Confirm Maximum Sum Insured covered in Machinery Shed:	€	-
--	---	---

• How far is the machinery shed to the clubhouse	_____	
--	-------	--

• Is CCTV incorporated & are details recorded	Yes	No
---	-----	----

• Are suitable fire extinguishers provided	Yes	No
--	-----	----

• If Yes, are they maintained under contract	Yes	No
--	-----	----

• Are all staff trained with fire safety appliances (Extinguishers, Emergency Isolators Etc)	Yes	No
--	-----	----

• What is the water supply at the premises	Mains	Private
--	-------	---------

If private - please provide details including distance from the clubhouse

Are fire hydrants accessible and suitable signage provided denoting their location	Yes	No
--	-----	----

• Has premises been inspected by a Fire Officer	Yes	No
---	-----	----

Advise when last checked	_____	
--------------------------	-------	--

Were recommendation's imposed	Yes	No
-------------------------------	-----	----

Have recommendation's been carried out	Yes	No
--	-----	----

• Are the boiler, plant and electrical rooms maintained & kept clear of storage	Yes	No
---	-----	----

• Is all waste & refuse cleaned and removed daily & if combustible kept at least 6 metres away from any building	Yes	No
--	-----	----

• Is all waste removed from the premises at least once a week	Yes	No
---	-----	----

• Is smoking prohibited throughout all areas in line with legislation	Yes	No
---	-----	----

• Do you have deep fat fryers in your kitchen	Yes	No
---	-----	----

• If yes, how often do you use deep fat fryers e.g. weekly, monthly	_____	
---	-------	--

• Are kitchen extract filters & grease traps cleaned inside & out monthly	Yes	No
---	-----	----

If not monthly please confirm cleaning details	_____	
--	-------	--

Are extraction hoods, canopies , flues & ductings cleaned by a specialist contractor once every 12 months	Yes	No
---	-----	----

• Do you ensure that fire doors to kitchen are maintained closed except during use	Yes	No
• Are emergency electric and gas isolators provided	Yes	No
• Are suitable notices posted indicating their location	Yes	No
• Is the kitchen extract canopy & duct protected with an automatic suppression system	Yes	No
• Is this suppression system subject to a maintenance contract	Yes	No
• Are class F type fire extinguishers provided in the kitchen	Yes	No
• Are fire blankets provided in the kitchen	Yes	No
• Does the fire alarm extend to include the kitchen with off-site monitoring	Yes	No
• State were the electrical systems inspected by a RECI contractor within the last 2 years	Yes	No
If so state when		
If so were any deficiencies found addressed		
** PLEASE ENCLOSE COPY OF MOST RECENT ELECTRICAL INSPECTION CERTIFICATE		
• Have Thermal Imaging Inspections been carried out in the club	Yes	No
• If so, state when & provide a copy of thermal imaging inspection certificate		
• Do heating systems incorporate adequate safe guard's i.e fusible link fuel cut off devices	Yes	No
• Are fuel tanks adequately banded in order to ensure that a spill is contained	Yes	No
• How often do you bank (Ensure there is no set pattern while transferring cash to the bank & ensure the custodian clause is adhered too)		
• Do you inform your Insurance Broker in advance of all contractors undertaking work on site in order that their insurance cover is evaluated	Yes	No
• Do you evaluate the requirement for implementing a Hot Work System in advance of undertaking maintenance & repairs (external contractors & own maintenance staff)	Yes	No
• Have you prepared a Safety Statement in line with Safety Health & Welfare at work Act	Yes	No
• Is this Safety Statement in a language that can be understood by all employees	Yes	No
• Is your Safety Statement updated on a regular basis or when there are significant workplace changes? Changes must be brought to the attention of all staff.	Yes	No
• Do you undertake self-inspections / risk assessments that are formally documented & recorded	Yes	No
• Are all staff trained in manual handling	Yes	No
• Do you allow members to volunteer within the club If Yes, advise what activities they would carry out	Yes	No
• Are the stairs fitted with appropriate handrails & is adequate lighting provided	Yes	No
• If there are any spillages are there appropriate and immediate arrangements and procedures in place to erect suitable signage and remove the hazard	Yes	No
• Do you ensure that internal surfaces are level, that there are no trailing cables & those areas are free of risk of slips, trips & falls	Yes	No

• Are External surfaces level including the car park & green keeping buildings in order to prevent slips, trips & falls	Yes	No
• Are there procedures for snow & ice	Yes	No
Additional details can be noted here:		
• Do you undertake regular buildings inspections to ensure that gutters and roofs are maintained & in good condition	Yes	No
• Do you ensure that equipment is maintained in line with manufacturers/suppliers instructions (All staff must be trained in the safe use of equipment that they use in the course of their work)	Yes	No
• Are all inspections of lifting appartus (including passenger lifts) boilers & steam pressure vessels carried out in compliance with statutory requirements ?	Yes	No
• Have all previous Risk Improvements been carried out in full	Yes	No
Additional details can be noted here:		

9. General

• Has any Insurer ever declined a proposal , refused renewal , terminated insurance or imposed special terms? If yes ,provide details	Yes	No
• Have any accidents, losses or claims arisen , whether Insured or not within the last 5 years	Yes	No

10. Declaration

Accuracy & Honesty Wording

You have applied for a contract of insurance between you and Allianz p.l.c . The information you have given us is the basis of this contract. Please read this information carefully and make sure its correct . If the information is incorrect, Allianz p.l.c may declare the contract void, cancel your policy , or refuse to pay any claim in additon to any other rights Allianz p.l.c may have under this policy . As a result you may also find it difficult to arrange this type of insurance in the future. If you are in doubt whether certain facts are important and should be notified to Allianz p.l.c, please ask us or your Insurance Broker . Protecting personal information is very important. Please read our Data Protection Note & Privacy Statement which outlines how we use , share & protect your information

Data Protection & Privacy

Any informaton you have provided will be dealt with by the Insurer in compliance with the provisions of the United Kingdom Data Protection Act . For the purpose of providing this insurance & handling any claims or complaints which may arise under it , the Insurer may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.
 You must tell us as soon as praticably possible about any changes to the information you have provided to us which happens before or during any period of Insurance. We will tell you if such change affects your insurance & if so , whether the change will result in revised terms and/ or premium being applied to your policy . If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid .

Declaration

I / We declare that the information disclosed in this proposal , is to the best of my / our knowledge and belief both accurate and complete. I /We have taken care not to make any misrepresentation in the disclosure of this information and understand that all information information provided is relevant to the accpetance & assessment of this insurance, the terms on which it is accepted and the premium charged

Please Enclose with this Proposal Form:

- Copy of Last Club Accounts
- Copy of Electrical Inspection Certificate
- Trustee Officers Committee Declaration
- Wet Chemical Suppression System Declaration
- 5 Year Verified Claims Experience

Signature:

Position:

Date:
