



Renewal Declaration

202006

Golfsure

Insured: _____

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

Yes

No

Eircode: _____

If Yes, please advise details:

2 Material Damage Section

Advise the following:

	Enter Occupancy eg Main Clubhouse, Machinery Shed, Pro Shop	Sum Insured	Construction		
			Walls (State %)	Floors (State %)	Roof/Insulation (State %)
Main Building (Incl Fixtures & Fittings)		€ -	0%	0%	0%
Ancillary Building 1		€ -	0%	0%	0%
Ancillary Building 2		€ -	0%	0%	0%

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							
	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 Building 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: _____

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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)
<i>* For Definitions of above see Policy Wording</i>			
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 Revenue Above 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

Note 1: Motor Cover is Third Party Only & is restricted to Special Types / Golf Buggies or Tractors

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
Buggies, Ride on Mowers		0
All Other - Advise Type		0

7. Risk Assessment**(Delete Yes/No as appropriate if completing electronically)**

• 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

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• 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	_____	
• Are the stairs fitted with appropriate handrails & is adequate lighting provided	Yes	No

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• 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 apparatus (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:		

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 provided is relevant to the acceptance & assessment of this insurance, the terms on which it is accepted and the premium charged

Please Enclose with this Form:

- Copy of Last Club Accounts
- Copy of Electrical Inspection Certificate
- Trustee Officers Committee Declaration
- Wet Chemical Suppression System Declaration

Position: _____

Date: _____