


**PROPOSAL FOR LIABILITY COVER
PROVIDED BY ROYAL & SUN ALLIANCE COVER PLC & INSURESPORT MUTUAL LTD**

NAME AND ADDRESS OF PROPOSER		Mr Stephen M Edwards Institute of Cancer Research MUCRC, 15 Cotswold Road Sutton. SURREY. SM2 5NG	
TELEPHONE NUMBER		c/o Mr Steve Edwards (Chairman) 0208 643 8901 x4538	
NAME OF AMATEUR SPORTS CLUB		The Ups Club Squash Section (Ups Squash Club)	
NAME OF SPORTING GOVERNING BODY THAT THE CLUB IS AFFILIATED TO AND THE AFFILIATION/MEMBERSHIP NUMBER		Not affiliated	
FULL DESCRIPTION OF ACTIVITIES (continue of a separate sheet if necessary)		Staff facility for playing squash. Single squash court with approximately 80 members	
PLEASE ATTACH A COPY OF YOUR CLUB CONSTITUTION		ATTACHED YES File [Constitution Squash Club 11 February 2008 Scanned.PDF]	
NUMBER OF MEMBERS IN CLUB		Approximately 80	
<u>INFORMATION REQUIRED FOR DIRECTORS & OFFICERS COVER</u> Please confirm the income of the club. This should include all membership fees, grants and funding. Please confirm the club is able to pay its debts as they fall due.		Approx Income = £2648 Approx Expenditure = £1615 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Do you have any members under 18 or does anyone under 18 participate in the activities of your club		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Please See Covering Letter	
Do you have any vulnerable adults* who are members or participate in the activities of the club?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Please See Covering Letter	
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES PLEASE COMPLETE THE ATTACHED PCVA QUESTIONNAIRE Please See Covering Letter *Vulnerable Adults are defined as any person aged 18 or over who:- is in need of assistance by reason of mental, physical or learning disability, age or illness and who: is unable to take care of him or herself or unable to protect him or herself against significant harm or serious exploitation which may be occasioned by the acts or omissions of other people.			
DATE OF COMMENCEMENT OF COVER (The policy will be renewable 12 months after this date)		Cover to commence at mutually agreeable date	
LIMIT OF INDEMNITY SELECTED		£2,000,000 or £5,000,000	

CLAIMS INFORMATION Have any accidents or claims arisen in past 5 years whether insured or not		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2 Accidents: Please See Covering Letter
If yes, please give details below or attach insurers confirmed claims experience if presently or previously insured		
Date of accident	Brief Details	Amount of claim
Sep 2006	Eye injury from ball (Mr JD)	None (no claim)
Feb 2007	Lip injury from ball (Ms WCT)	None (no claim)

INSURANCE HISTORY – PLEASE PROVIDE DETAILS OF ALL PREVIOUS LIABILITY INSURANCE		
The following questions must be answered in order to confirm the retroactive date on the policy. Cover can only be considered back to the date of your last continuous period of cover.		
Insurance Company	Start Date	Expiry Date
We have not previously held insurance		

CREDIT / DEBIT CARD DETAILS [please complete if you wish to pay by this method]

Name on Card	Payment to follow once remittance is agreed. Expected charge is £338.75	Type of card [please select]	Visa / MasterCard / Switch / Delta
Card Number		Expiry date	Issue No [if applicable]
Signature 		Date 05 October 2008	

**PLEASE RETURN COMPLETED PROPOSAL FORM AND PREMIUM TO PERKINS SLADE LTD.,
3 BROADWAY, BROAD STREET, BIRMINGHAM B15 1BQ - TEL: 0121 - 698 - 8000**

Cheques payable to Perkins Slade Ltd

DECLARATION

To be completed in all cases

	YES	NO
Have you or any official of the club after enquiry		
(a) Ever been refused cover	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Had special terms imposed upon you	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Been convicted or have a prosecution pending For any offence involving dishonesty of any kind	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "yes" to any of the above, please provide details.

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

I/We declare that I/we have received a copy of the Perkins Slade "About our Services", Terms of Business and Insurers Policy Summary.

You must tell us about any changes which have happened since your policy was arranged. 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.

All personal information supplied by you will be treated in confidence by the Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of the Royal & Sun Alliance Insurance Group of companies or our agents or subcontractors.

The Royal & Sun Alliance Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries, which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

The parties to the Policy have the right to choose the law applicable to the Policy. Unless the parties agree otherwise in writing any dispute concerning the interpretation of this Proposal or the Policy shall be governed and construed in accordance with English law and shall be resolved within the non-exclusive jurisdiction of the courts of England and Wales.

You should keep a record of all information you have given to us.

NAME (BLOCK CAPITALS) **Mr Stephen M Edwards**

Position in the club. **Chairman**

Signed  (electronic) Date **05 October 2008**

Please see covering letter on whether this provision is needed for our club

PROTECTION OF CHILDREN & VULNERABLE ADULTS¹ - PUBLIC LIABILITY QUESTIONNAIRE FOR INDIVIDUAL CLUBS

Please complete in capital letters using ink pen and tick responses as appropriate. If any response is **Not Applicable**, please provide details of why this does not apply to your organisation. Where additional information is provided in support of a response, please tick the **Attachment** response.

For the purposes of this questionnaire,

- ¹ Vulnerable Adults are defined as any person aged 18 or over who:-
a) is in need of assistance by reason of mental, physical or learning disability, age or illness and who:
b) is unable to take care of him or herself or unable to protect him or herself against significant harm or serious exploitation which may be occasioned by the acts or omissions of other people
- ² The term Employee includes any volunteer, defined as any person who performs any activity which involves spending time, unpaid (except for travelling and other approved out-of-pocket expenses), doing something for the benefit of someone (individuals or groups)
- ³ Criminal Records Bureau or CRB shall mean any Disclosure Service operated in England and Wales, Scotland or Northern Ireland

Name of Proposer/Insured

Policy Number:

	Policy/Management	YES	NO	N/A	Attachment
1.	Do you have a written Policy Statement on the protection of children or Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have documented instructions on the protection of children or Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a written Anti-Bullying Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have written instructions on managing behaviour and acceptable restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have a documented Employee ² disciplinary and grievance procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a designated person responsible for all issues regarding the protection of children or Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have written guidelines on the roles and responsibilities of all Employee ² and other persons providing services on your behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operational		YES	NO	N/A	Attachment
8.	Do you have a documented method to ensure continued compliance with regulations and guidance on the protection of children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are sufficient and suitable risk assessments undertaken and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have written guidelines on the supervision of children or Vulnerable Adults ¹ where overnight accommodation is provided and/or during activities away from your main premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have written standards of good practice for acceptable behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do they include guidelines on personal coaching intimate care or appropriate contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you have written guidelines on the control of the use of photographic equipment within your club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you have a separate and secure means to store material relating to allegations or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recruitment/Employment		YES	NO	N/A	Attachment
15.	Are <u>all</u> Employees ² required to complete a written application form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you verify the identity of all applicants prior to employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are written references requested and independently verified for all Employees ² ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are all qualifications provided independently verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you undertake CRB ³ checks on all Employees ² prior to employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Do you update CRB checks at least every 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are all prospective Employees ² required to declare prior abuse convictions and whether they have been or ever having been the subject of any abuse investigation or enquiry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have any Employees ² past or present ever been interviewed in connection with or been the subject of any abuse investigation or enquiry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training/Competency		YES	NO	N/A	Attachment
23.	Does your induction training for Employees ² include awareness of the protection of children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Do all Employees ² receive a summary of your protection procedures for children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you record the receipt including signature by Employees ² of all policy procedures and guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Do all Employees ² receive relevant training on the protection of children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident/Complaint Handling		YES	NO	N/A	Attachment
27.	Do you have a formal procedure for dealing with complaints or concerns regarding abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Does it include a Whistleblower policy whereby unacceptable conduct of Employees ² can be reported without recrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Does it include guidelines on how to respond to allegations or concerns regarding abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Do you have a designated person to whom all complaints or concerns regarding abuse or neglect are reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Are all concerns or complaints concerning abuse or neglect recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	If yes, are such records retained for at least 25 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this form and any other details we specifically request, relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If in response to any of these questions you are in doubt whether a fact is material or not you should disclose it.
- You should keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

DECLARATION

- I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.
- I/We agree that if any answers have been completed by any other person, such person shall be regarded as my/our agent and acting on my/our behalf, and not the agent of Royal & Sun Alliance Insurance plc.
- I/We declare that this Questionnaire is for insurance in the normal terms and conditions of Royal & Sun Alliance Insurance plc's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer/Insured

Date

Position in Club