



**ACTIVITIES
INDUSTRY
MUTUAL**

Activities Industry Mutual Limited Proposal Form Combined Liability

| | |
|-------------------------|--|
| 1. Full name of Member: | |
|-------------------------|--|

| | | | |
|---------------|--|------------|--|
| 2. Address: | | | |
| | | | |
| Contact name: | | Post Code: | |
| Telephone No: | | Email: | |

| | | | |
|--------------------------|--|--|--|
| 4. Business description: | | | |
| 4a. Type of Client: | | | |

| | | | |
|-----------------------|--|------------------|--|
| 5. Years in business: | | Website Address: | |
|-----------------------|--|------------------|--|

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|------------------------------|----------|--------------------------|--|
| 6. Are you licensed by AALA: | Yes / No | Date of last inspection: | |
|------------------------------|----------|--------------------------|--|

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| 7. Please list the National Governing Bodies or Trade Associations to which you belong: | |
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|--------------------|--|--------------|--|
| 8. Current Insurer | | Renewal date | |
|--------------------|--|--------------|--|

| | | | |
|--------------------|---|-----------------|---|
| 9. Current premium | £ | Renewal premium | £ |
|--------------------|---|-----------------|---|

Insurance Requirements

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|-----------------------------|--|
| Public / Products Liability | £ 1,000,000 / £ 2,000,000 / £5,000,000 |
| Employers Liability | £ 10,000,000 |

| | |
|-----------------------------------|--|
| 10. Estimated number of Employees | |
|-----------------------------------|--|

| | | |
|---------------|--------------------------|---|
| 11. Wage roll | Clerical / | £ |
| Managerial | Instructors | £ |
| | Catering | £ |
| | Maintenance | £ |
| | Others (please describe) | £ |
| | Self Employed | £ |

| | | |
|--------------|-------------------|---|
| 12. Turnover | United Kingdom | £ |
| | Europe | £ |
| | Rest of the World | £ |
| | USA / Canada | £ |
| | Sub Contractors | £ |



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To allow underwriters to better understand your business, please provide an approximate breakdown of your turnover between the following categories.

| | |
|---|---|
| Classroom / Educational | £ |
| Adventurous Activities | £ |
| Travel Organising | £ |
| Approx. number of visitors - last year | Approx. number of visitors expected this year |
| If a residential centre - the maximum sleeping capacity | |

During the last five years have you had any loss, accident or claims made against you? If yes, please provide full details below.

| 13. Date of Loss | Type of Loss | Amount paid or outstanding |
|------------------|--------------|----------------------------|
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| 14. Is all of your equipment regularly checked, appropriate for the activity in which it is used and in good operational order and do you undertake to keep it so during the period of any Policy which is issued? | Yes / No |
|--|----------|

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|---|----------|
| 15. Do you comply with all HSE and other Statutory regulations relating to your business? | Yes / No |
|---|----------|

16. Please provide a full description of **all** the activities involved in your business:
Please place a / against those activities that **you provide yourself** or place an **X** against those activities that you **sub contract** to outside providers.

| | | |
|------------------------------------|------------------------------------|---------------------------------|
| *Canoeing / Kayaking - Lakes | *Climbing / Abseiling-Indoor Wall | Mountain Biking - Flat Terrain |
| *Canoeing/Kayaking - below grade 2 | *Climbing / Abseiling-Outdoor Wall | Mountain Biking - All Terrain |
| *Canoeing/Kayaking - above grade 2 | *Climbing / Abseiling-Crag | |
| *Canoeing / Kayaking - Sea | | Quad Bikes |
| | Caving | |
| Improvised Rafting | Mine Exploration | Team Building / Initiative |
| White Water Rafting | Concrete Tunnels | |
| | | Environmental studies |
| Sailing - Inland | Gorge Walking / Ghyll Scrambling | Classroom Training / Lectures |
| Sailing - sea in sight of land | Sea Level Traversing | |
| | Coasteering | Management Training |
| Windsurfing | | |
| | *Hill Walking / Mountain Walking | Educational / Sightseeing Tours |
| Powerboat training | Night Walking | |
| Water Skiing | Orienteering | Tour Operators / Organising |
| Safety Powerboat | | |



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|------------------------------|--------------------------|----------------------------|--|
| | Rope Courses - High | Other Activities | |
| *Land Yachts / Blo-Karts | Rope Courses - Low | (please list and describe) | |
| Kite Buggies | Zip Wire(s) | | |
| | Assault Course | | |
| Archery | | | |
| Air Rifle Shooting | *Skiing - Dry Slope | | |
| Clay Pigeon Shooting | *Skiing - Snow. Overseas | | |
| Fencing | *Skiing - Snow. UK | | |
| | | | |
| Horse Riding / Pony Trekking | Mountain Boarding | | |
| | | | |

- Please delete as applicable

Please list by frequency the most popular activities you undertake.

| Activity | Hours per week |
|----------|----------------|
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When returning this form please enclose a typical example of your daily / weekly activity timetables.

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| 17. Do you ensure your sub-contractors have their own insurance? | Yes / No |
| 18. Do you run any instructional courses or provide any advice for other companies or individuals within the industry who are not directly employed by you - If "yes" please describe the type and approximately how may over the next 12 months on page 4 of this form. | Yes / No |
| 19. If you provide facilities for persons under the age of 16, do you obtain written authority from parents or Guardians that such persons have their authority to participate? | Yes / No |
| 20. Do you have an acknowledgement of risk and responsibility form which is signed by adult participants or if the participant is under 18 by the parent or guardian? - Please enclose a copy. | Yes / No |
| 21. Do you have a written statement of Safety Procedures for participants? - Please enclose a copy. | Yes / No |
| 22. Do you have written assessments of the risk involved by participants in your activities and the measures taken to minimise risk? Please enclose copies of each. | Yes / No |
| 23. In addition to your organised activities do you hire out any of your equipment to other users ? | Yes / No |

If you have answered "Yes" please attach a copy of your Conditions of Hire



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| 24. Do you hire out to, or operate on, premises licensed for the consumption of alcohol | Yes / No |
| 25. Do you operate outside Great Britain, Northern Ireland, the Isle of Man or the Channel Islands - if so, please provide full details | Yes / No |
| 26. Has any Insurer declined or refused to accept a proposal from you? | Yes / No |
| 27. Has any Insurer terminated, refused to renew or continue a Policy of Insurance held by you? | Yes / No |
| 28. Has any Insurer imposed special terms to which this proposal relates? | Yes / No |
| 29. Have you, or any of your Directors or Partners ever been the subject of Customs or Inland Revenue investigations, bankruptcy order, voluntary arrangement with creditors, or employed as a director of an insolvent company or convicted of (or charged with but not yet tried) a criminal offence other than a motoring offence? | Yes / No |
| 30. Please enclose a C.V for the Centre Manager and Chief Instructor or Instructor qualifications | |

Declarations.

I/We declare that I/We are not aware of any claim, loss or incident or circumstances that may give rise to any claim, loss or incident, other than those reported herein.

I/We agree that if this insurance contract is completed, then I/We will immediately notify Underwriters if any details isolated by this questionnaire are changed, modified or altered.

The information provided in connection with this questionnaire, whether in my/own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will entitle Underwriters to void the contract.

I/We understand that the signing of this questionnaire does not bind me/us to complete the insurance contract. However, I/We agree that should a contract of insurance be completed, then this questionnaire and the declaration made herein shall form an integral part towards the basis of contract.

I/We understand that any change in information must be notified immediately and no cover exists until underwriters have approved such change.

I/We understand that any activities not disclosed herein will not be covered by the Policy.

Data Protection Act 1998. It is understood by the Insured and/or the Insured Persons that any information provided to CTBS Insurance Solutions regarding the Insured and / or the Insured Person will be processed by CTBS Insurance Solutions, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling of claims, if any, which may necessitate providing such information to third parties.

IMPORTANT: It is your responsibility to provide complete and accurate information to insurers when you take out your insurance policy, throughout the life of your policy and when you renew your insurance. It is important that you ensure that all statements you make on proposal forms, claims forms and other documents are full and accurate. Please note that if you fail to disclose any material information to your insurers this could invalidate your insurance cover and could mean that part or the entire claim may not be paid. (A material fact is one, which is likely to affect or influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your Broker.)



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Any other relevant or additional information relating to you or your activities which you believe would be of interest to underwriters:

[Empty box for providing additional information]

| | | | | | |
|--------|--|-------|--|----------|--|
| Signed | | Dated | | Position | |
|--------|--|-------|--|----------|--|

**Activities Industry Mutual Limited, Units A & B The Winery, Lamberhurst Vineyard,
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