



## Combined Property and Liability Proposal Form

1. Business Name:			
2. Address:			
3. Telephone No:			
4. Website:			
5. Email Address:			
6. Business description:			
7. Number of years in business:			
8. Are you licensed by AALS?	Yes /NO	Date of last inspection	
9. If you are Member of any National Governing Bodies or Trade Associations to which you belong.			
10. Please confirm what Qualifications are held or provide a CV. Also provide relevant experience for the activities offered.			
11. Current Insurer		Renewal date:	
		Current Premium:	

**Property questions** (Please note we require a separate form completed for each address requiring cover)

12. Address where cover required, if different from above. <b>If there are several buildings at this address, please provide a site plan if possible.</b>	
13. When were the buildings built? <b>If there are several buildings at the above address please provide the details per building (approximate is fine). If any of the buildings are listed, please provide details of their listing status.</b>	
14. Are all buildings built of brick or stone and roofed with slates or tiles and in a good state of repair and will be so maintained? <b>If NO please provide details.</b>	Yes/No
15. Does any part of the building(s) have a flat roof? <b>If YES please state approximate percentage of the roof area this relates to, what it is constructed of and when it was last inspected.</b>	Yes/No
16. Is any building undergoing renovation or construction work or is such work planned within the next 12 months? <b>If YES please provide details</b>	Yes/No



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17. Are the premises ever left unattended for a period longer than seven consecutive days?	Yes/No
18. Are the premises always attended overnight between the hours of 22.00hs and 06.30hr (local standard time) by the Member or a director or employee of the Member?	Yes/No
19. Are the premises open to your customers throughout the year?	Yes/No
<p>20. Is there a kitchen within any building? <b>If YES please answer the following</b></p> <p>- is there a wet chemical (Class F) Extinguisher (that is serviced annually) and fire blanket in the kitchen that can be easily and safely accessed by kitchen staff who have been given practical training in the use of them?</p> <p>- is there an "Emergency Power off" button that can be easily and safely accessed to shut off fuel and power to all cooking equipment.</p> <p>- for all extraction system(s) are:  a) filter(s) and canopy cleaned at least weekly  b) ductwork inspected and cleaned along it's full length at least annually</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
<p>21. Is there a deep fat fryer within any building? <b>If YES please answer the following</b></p> <p>- is the power supply automatically cut to the deep fat fryer when the safe operating temperature of the oil is exceeded i.e. is there an independent over-temperature thermostat present.</p> <p>- is there a fixed fire suppression system (wet chemical or water mist) covering the frying range and extractor hood that automatically activates in response of a fire which is serviced by a LPCB approved company.</p> <p>- is the fryer along with all other kitchen equipment maintained and serviced by a suitably competent body</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
22. Has a Fire Risk Assessment in accordance with the Fire Safety Order been completed for each location, within the last 3 years?	Yes/No
23. Is there a documented Portable Appliance Register that records the date equipment was last tested?	Yes/No
Are all portable appliances regularly inspected and repaired by a competent person?	Yes/No
24. Is smoking permitted in or within five metres of a building?	Yes/No
25. Is combustible waste secured and stored at least 5m from the buildings?	Yes/No
26. Are Fire Extinguishers serviced annually, sited in a conspicuous position each floor of the building(s) and within any garage/workshop?	Yes/No
27. How many miles are the premises from the nearest full time fire brigade?	



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28. Please provide details of the alarm systems at the premises.	Fire	Intruder
Type of System installed:		
Maintained under contract:	Yes/No	Yes/No
Is the entire building covered by the system:	Yes/No	Yes/No
Method of signalling – please delete as applicable	Bells only Redcare to central station Digital communication to central station	
Response by – please delete as applicable	Keyholder Police	
29. Can you confirm that whenever the premises are left unattended, all external doors are secured with 5 lever mortice deadlocks, with all accessible windows secured with key operated locks and any intruder alarm set?  <b>If not please provide details:</b>	Yes/No	
30. Do you carry out formal housekeeping inspections covering all areas of the building and external environment with a process for ensuring actions identified are completed?	Yes/No	
31. Is there a formal documented “Permit to Work System” in place for any Hot Works (welding, soldering, cutting, brazing, grinding, drilling, use of blow torches, etc)?	Yes/No	
32. Are the premises free from flooding and in an area which is free from flooding and not near any rivers, streams or tidal waters? <b>If NO please provide details.</b>	Yes/No	
<b>33. Subsidence Extension</b> – Please answer these questions <b>only</b> if you require the Mutual to consider offering cover for subsidence, landslip or ground heave. <ul style="list-style-type: none"> <li>- What is the nature of the sub soil at the premises</li> <li>- Is any part of the premises close to a railway</li> <li>- On any part of the premises or in the surrounding area has there been any incident of Subsidence, landslip or Heave.</li> </ul> On any part of the premises or in the surrounding area are there or have there been <ul style="list-style-type: none"> <li>- Any excavations or similar works</li> <li>- Any underground workings</li> </ul>	Yes/No	Yes/No
	Yes/No	Yes/No



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**Material Damage Section** (Please note we require a separate form completed for each address requiring cover)

34. Value of Buildings and/or Tenants Improvements (reinstatement value not market value) <b>If there are several buildings at the above address please provide a breakdown per building.</b>	£
35. Value of Contents stored at this address (e.g tables, chairs, desks, furniture,)	£
36. Value of Computers stored at this address	£
37. Value of Stock held at this address (e.g items you would sell to the public such as merchandise, equipment other goods)	£

### Business Interruption Section

38. Annual Rent Received	£
39. Annual Rent Paid	£
40. Annual Revenue	£
41. Indemnity Period required (12, 24 or 36 months)	

### All Risks Section – cover for items anywhere in the UK (for example climbing and bush craft equipment or buoyancy aids)

42. Please provide a list of the activity equipment other than watercraft and equipment detailed below, which you require cover for, along with the values. Equipment is covered anywhere in Great Britain, Northern Ireland, the Channel Islands and the Isle of Man including sea or air transits between these territories.

Please provide details of how these items are stored whilst they are at your premises.

### Watercraft Section - cover for items anywhere in the UK (for example vessels, outboard motors or paddles)

43. Please provide a list of watersports activity equipment and the value you require cover for, along with the values. Equipment is covered anywhere in Great Britain, Northern Ireland, the Channel Islands and the Isle of Man including sea or air transits between these territories.

Please provide details of how these items are stored whilst they are at your premises.



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### Money Section

44. What is the maximum amount of money you hold in the Premises during Business Hours, in transit or in a bank night safe?	£
45. What is the maximum amount of money you hold in a locked safe or strong room at the premises out of business hours? Any safe used must have the appropriate 'Security Grade' for the amount held, as per the manufacturer guide.	£

### Public and Products Liability Section

Our standard limit of cover is £5,000,000 please let us know if you require a higher or lower limit of indemnity

46. Total Annual UK and Overseas Turnover	UK £	Overseas £
Adventurous activities	£	
Classroom based	£	
Tour operation and travel organising (i.e. acting as an intermediary to organise packaged trips)	£	
Other – please specify	£	
In relation to any activities offered outside the UK, please provide information including the number of trips planned for the next 12 months, what is included in the trips, whether you use third parties in the overseas countries to organise activities there on your behalf and how many customers are participating on each trip.		
Are you regulated by and comply with the Package Travel Regulations 1992?		
Approximate number of visitors in the last 12 months		
Expected number of visitors in next 12 months		
Maximum sleeping capacity (residential centres only)		

47. Please list by frequency the most popular activities you undertake

Activity	Hours per week



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48. Please provide a full description of **all** the activities involved in your business:

Please place a **X** against those activities that **you provide yourself** or place an **S** against those activities that you **sub contract** to outside providers.

We class sub contractors as anyone to whom you are outsourcing the entire operation of an activity and these sub contractors must have their own Public Liability insurance in place equal to the limit of indemnity provided under your cover with AIM. If you are recruiting instructors on a labour only basis we do not class these as sub contractors.

<i>Water based activities</i>		<i>Height/Underground based activities</i>		<i>Other activities</i>	
*Canoeing / Kayaking – Sheltered water		Assault Course		Air Rifle Shooting	
*Canoeing/Kayaking - up to grade 2		Caving		Archery	
*Canoeing/Kayaking - above grade 2		*Climbing / Abseiling - Crag		Bushcraft	
*Canoeing / Kayaking – Sea		*Climbing / Abseiling - Indoor Wall		Camping	
Coasteering		*Climbing / Abseiling - Mobile Wall		Classroom Training / Lectures	
Gorge Walking / Ghyll Scrambling		*Climbing / Abseiling - Outdoor Wall		Clay Pigeon Shooting	
Powerboat - Training		Mine Exploration		Educational / Sightseeing Tours	
Powerboat – Safety/stand by		Rope Courses – Low		Environmental studies	
Rafting - Improvised		Rope Courses – High		Fencing	
Rafting - White Water		Zip Wire(s) - Permanent		First Aid Training	
Sailing - Inland		Zip Wire(s) - Temporary		Management Training	
Sailing – Sea in sight of land				Team Building / Initiative	
Sea Level Traversing				Tour Operators / Organising	
Stand Up Paddle Boarding				Zorbing	
Surfing					
Water Skiing					
Windsurfing					
<i>Bike/Board related activities</i>		<i>Skiing Activities</i>		<i>Any other Activities (please list and describe)</i>	
Bike Hire		Skiing - Dry Slope			
Kite Buggies		Skiing – Snow. Overseas			
*Land Yachts / Blo-Karts		Skiing – Snow. UK			
Mountain Biking – Flat Terrain					
Mountain Biking – All Terrain		<i>Walking based activities</i>			
Mountain Boarding					
Quad Bikes		*Hill Walking / Mountain Walking			
Segways (number operated required)		Night Walking			
		Orienteering			

\* Please delete as applicable



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49. 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 ? (This is for NGB training awards and training/advice provided to other persons) <b>If "yes" please describe the type and approximately how many over the next 12 months on a separate sheet.</b>	Yes / No
50. Do you have written assessments of the risk involved by participants in your activities and the measures taken to minimise risk? <b>Please enclose copies.</b>	Yes / No
51. 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? <b>Please enclose a copy.</b>	Yes / No
52. Do you undertake pre employment DBS or PVG checks on all employees who come into contact with children and/or vulnerable adults?	Yes / No
53. Do you have a written child protection and vulnerable persons safeguarding policy, which includes the requirement for employees to have DBS/PVG checks as per Q18 above? <b>Please enclose a copy.</b>	Yes / No
54. In addition to your organised activities do you hire out any of your equipment to other users? <b>If you have answered "Yes" please attach a copy of your Conditions of Hire</b>	Yes / No

### Employers' Liability Section

Our standard limit of cover is £10,000,000 please let us know if you require a higher limit of indemnity. This section is also applicable to labour only freelance instructors and volunteers used in the business.

55. Number of Employees	
56. Annual Wageroll	Clerical / Managerial
	£
	Instructors
	£
	Catering
	£
	Maintenance
	£
	Others (please describe)
	£
57. Employer Reference Number (also known as PAYE reference)	

### Claims Declaration

During the last five years have you had any loss, accident or claims made against you? Yes / No  
 If yes, please provide full details below.

58. Date of Loss	Type of Loss	Amount paid or outstanding



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### General

59. Has any Insurer declined or refused to accept a proposal from you?	Yes / No
60. Has any Insurer terminated, refused to renew or continue a Policy of Insurance held by you?	Yes / No
61. Has any Insurer imposed special terms to which this proposal relates?	Yes / No
62. 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, 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

**IMPORTANT:** It is your responsibility to provide complete and accurate information to us when we quote for and incept your cover with AIM, throughout the life of your cover and when you renew your cover. It is important that you ensure that all statements you make on proposal forms, claims forms and other documents are full and accurate. If you fail to disclose any material information to us this could invalidate your 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 ask us.

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.

**Data Protection Act 1998.** It is understood by the Member that any information provided to Activities Industry Mutual Limited (AIM) regarding the Member will be processed by AIM in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance/cover and handling of claims which may necessitate providing such information to third parties.

<b>Signed:</b>	<b>Date:</b>	<b>Position:</b>
<b>Printed:</b>		