

**COMBINED PROPERTY AND LIABILITY PROPOSAL**

Please read the following questions carefully and answer them all. If you need more space, please provide the information separately, clearly highlighting the question number. If you have any questions, please contact us. **If you are using a mobile device please complete this form using the Adobe Acrobat Reader App.**

**BUSINESS DETAILS**

Are you a    Sole Trader                      Partnership                      Limited company                      LLP

If you are a Partnership, how many Partners are there?                     

Business Name including any trading name                     

Postal Address                     

Address of the premises you wish to cover if this is different from your postal address                     

Contact Name                     

Telephone No                     

Website                     

Email Address                     

Full description of your business and the work that you do                     

Number of years in business                     

Are you a registered charity?                      Yes                      No                      If Yes, charity number                     

Are you licensed by AALS?                      Yes                      No                      Date of last inspection                     

What National Governing Bodies or Trade Associations are you a member of?                     

Please provide details of your relevant experience and any qualification(s) held; or provide a copy of a current CV for key staff

Current Insurer

Renewal date

Current premium

How did you hear about Activities Industry Mutual (AIM)?

**You may choose any of the following covers. Please tick the applicable box for the covers you require**

- |                                  |     |    |
|----------------------------------|-----|----|
| 1. Public and Products Liability | Yes | No |
| 2. Employers' Liability          | Yes | No |
| 3. Equipment and/or Watercraft   | Yes | No |
| 4. Property                      | Yes | No |
| 5. Business Interruption         | Yes | No |
| 6. Money and Assault             | Yes | No |

### 1. PUBLIC AND PRODUCTS LIABILITY

Our standard limit of cover is £5,000,000. Do you require a higher limit? Yes No

If Yes, what limit do you require?

What is your total annual UK and overseas turnover? UK £ Overseas £

Adventure activities

Classroom based

Tour operation and travel organising (i.e. acting as an intermediary to organise packaged trips)

Other (please specify)

Do you provide two or more of the following within the UK as a package: accommodation, activities, travel from customers' origin to activity or accommodation destination?

Yes No

If you provide activities outside the UK, please answer the following questions

Number of trips planned for the next 12 months

What is included in the trips?

Do you use third parties in the overseas countries to organise activities there on your behalf?

Yes No

On average, how many customers participate in each trip?

Please confirm which activities you provide yourself and those that you sub-contract to outside providers.

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

	<b>You Provide</b>	<b>You Sub- contract</b>	<b>Not Applicable</b>
<b>Water based activities</b>			
Canoeing/Kayaking – Sheltered water			
Canoeing/Kayaking - up to grade 2			
Canoeing/Kayaking - above grade 2			
Canoeing/Kayaking – Sea			
Gorge Walking/Ghyll Scrambling			
Coasteering			
Powerboat - Safety/stand by			
Powerboat - Training			
Powerboat - Towed Inflatables			
Water Skiing/Wakeboarding			
Rib Ride Experiences			
Maximum Boat Operating Speed			
Rafting - Improvised			
Rafting - White Water			
Sailing – Inland			
Sea Level Traversing			
Sailing – Sea in sight of land			
Stand Up Paddle Boarding			
Surfing			
Windsurfing			
<b>Height/Underground based activities</b>			
Assault course			
Caving			
Climbing/Abseiling – Crag			
Climbing/Abseiling - Indoor Wall			
Climbing/Abseiling - Mobile Wall			
Climbing/Abseiling - Outdoor Wall			

	You Provide	You Sub-contract	Not Applicable
Mine Exploration			
Rope Courses – Low			
Rope Courses – High			
Zip Wire(s) - Permanent			
Zip Wire(s) - Temporary			
<b>Bike/Board related activities</b>			
Bike Hire			
Kite Buggies			
Land Yachts/Blo-Karts Mountain			
Boarding			
Mountain Biking – All Terrain			
Mountain Biking – Flat Terrain			
Quad Bikes			
Segways – number operated			<input type="text"/>
<b>Skiing activities</b>			
Skiing - Dry Slope			
Skiing – Snow (UK)			
Skiing – Snow (Overseas)			
<b>Walking based activities</b>			
Orienteering			
Night Walking			
Hill Walking / Mountain Walking			
<b>Other activities</b>			
Air Rifle Shooting			
Archery			
Bushcraft			
Camping			
Classroom Training/Lectures			
Clay Pigeon Shooting			
Educational/Sightseeing Tours			
Environmental studies			

	You Provide	You Sub-contract	Not Applicable
Fencing			
First Aid Training			
Management Training			
Team Building/Initiative			
Tour Operators/Organising			
Zorbing			
Equipment Hire (If yes, please attach a copy of your conditions of hire)			

**Please detail any other activities**

Our standard limit for Professional Indemnity is £100,000. Do you require a higher limit?	Yes	No
If Yes, what limit do you require?		
What is your annual turnover for the provision of advice or services to third party companies or individuals not directly employed by you?		
Do you have written assessments of the risk involved by participants in your activities and the measures taken to minimise risk?	Yes	No
If Yes, please attach copies		
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?	Yes	No
If Yes, please attach a copy		
Do you have a written child protection and vulnerable persons safeguarding policy, which includes the requirement for employees to have DBS/PVG checks?	Yes	No
If Yes, please attach a copy		
In addition to your organised activities do you hire out any of your equipment to other users?	Yes	No
If Yes, please attach a copy of your Conditions of Hire		



#### 4. PROPERTY

Please answer these questions even if you do not require buildings cover. We look at your answers in this section when considering your request for any of the other covers.

Address of the premises you wish to cover if this is different from your postal address

**Note: If you require cover for more than one location please complete Sections 4 and 5 in a separate proposal form for each address requiring cover**

When were the buildings built? If there are several buildings please provide the details per building

Are the premises subject to any preservation order or listing?

Yes

No

If Yes please state the relevant listing category

Are the premises in a good state of repair and will they remain so?

Yes

No

Does more than 20% of the buildings sum covered relate to buildings constructed of materials other than brick, stone or concrete and roofed other than with slate, tiles, asphalt, concrete or metal?

Yes

No

If Yes, please provide details below

Does any part of any building have a flat roof?

Yes

No

If Yes, please state which building and the approximate percentage of the roof area that is flat, what it is constructed of and when it was last inspected

Are the premises in the course of construction or erection or undergoing building works now or within the next 12 months?

Yes

No

If Yes, please provide details below

Are the premises ever left unattended for more than 7 consecutive days?

Yes

No

Are the premises open to your customers throughout the year?

Yes

No

Is there a kitchen in any building?

Yes

No

If Yes, please answer the following questions

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?

Yes

No

Is there an "Emergency Power off" button that can be easily and safely accessed to shut off fuel and power to all cooking equipment? Yes No

Are there any extraction systems in the kitchen? Yes No

If Yes, please answer the following questions

Are filters and canopies cleaned at least weekly? Yes No

Is ductwork inspected and cleaned along its full length at least yearly? Yes No

Is there a deep fat fryer in any building? Yes No

If Yes, please answer the following questions

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? Yes No

Is there a fixed fire suppression system (wet chemical or water mist) covering the frying range and extractor hood that automatically activates in response to a fire which is serviced by a LPCB approved company? Yes No

Is the fryer along with all other kitchen equipment maintained and serviced by a suitably competent body? Yes No

Has a Fire Risk Assessment in accordance with the Fire Safety Order been completed within the last 3 years? Yes No

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

Is smoking permitted in or within 5 metres of any building? Yes No

Is combustible waste secured and stored at least 5 metres from the buildings? Yes No

Are Fire Extinguishers serviced annually, sited in a conspicuous position on each floor of the building(s) and within any garage / workshop? Yes No

How many miles are the premises from the nearest full-time fire brigade?

Are the buildings protected by a fire alarm? Yes No

Are sprinklers fitted at the premises? Yes No

If Yes, do they cover the whole of each building? Yes No

Are the premises protected by an intruder alarm system? Yes No

If Yes, please answer the following questions

What sort of signalling system is used?

Digital communicator

Redcare to central station

Bells

Other

Please provide details:



Is the system maintained under contract with an approved installer?	Yes	No
Does the system cover the whole of the premises?	Yes	No
Who responds to the alarm when it is activated?	Police	Keyholder
When the premises are closed for business and no authorised person is there, are all doors and accessible windows locked and is the alarm (if there is one) switched on?	Yes	No
If No, please provide details		

Do you carry out formal inspections covering all areas of the premises with a process for ensuring actions identified are completed?	Yes	No
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
Have the premises or has the site previously suffered from flooding, however caused?	Yes	No
If Yes, please provide details		

Are the premises at least 200 metres away from any natural or man-made watercourse or the sea?	Yes	No
If No, please provide details		

Is subsidence, ground heave and landslip cover required?	Yes	No
If Yes, has any part of the buildings which are proposed for subsidence cover:		
a) ever been affected by movement of any kind (for example subsidence, heave, landslip or settlement)?	Yes	No
b) ever been underpinned or provided with other means of structural support?	Yes	No
c) Are any buildings which are proposed for subsidence cover located in a neighbourhood in which property is susceptible to subsidence, heave, landslip or settlement?	Yes	No

If you have answered Yes to a), b) or c) above please provide details below:

**SUMS TO BE COVERED**

If you do not require cover for any of the items listed below, please put Nil in the box

You must choose amounts that cover the full value of your property. If you cover any of your property for less than the full value, then if you claim, we may only pay you a proportionate part of your loss. The sums covered must be enough to pay for the cost of reinstating your property as new.

**1) Buildings including outbuildings**

If there are several buildings at the address please provide a breakdown per building

The sum covered for buildings must be enough to pay for the cost of rebuilding or replacing the buildings to an as new condition and should include an amount for the following:

- a) landlord’s fixtures and fittings, walls, gates and fences, outbuildings/extensions, roads, car parks, yards, paved areas, pavements, footpaths, building management and security systems, fuel tanks and equipment, wind turbines and solar panels, landscaping and recreational features;
- b) architects’ and surveyors’ fees;
- c) the cost of demolition, removal of debris, shoring or propping up; and
- d) an amount for VAT if you are not registered or exempt.

**2) Tenant’s improvements**

**3) Machinery, plant and all other contents**

**4) Computers**

**5) Stock**

**6) Deterioration of Stock**

**5. BUSINESS INTERRUPTION**

Annual rent received

Indemnity            12 Months                      18 Months                      24 Months                      36 Months

Annual rent paid

Indemnity            12 Months                      18 Months                      24 Months                      36 Months

Annual revenue

Indemnity            12 Months                      18 Months                      24 Months                      36 Months

**6. MONEY**

Please tell us the limit you want for any loss of your money as follows. These should be the most that you could lose at any one time.

i)     in the buildings outside your business hours and not contained in a locked safe or strongroom

ii) in the buildings outside your business hours and contained in an unspecified locked safe or strongroom

iii) in the buildings outside your business hours and contained in a specified locked safe or strongroom

**Make and model**

**Sum Covered**

iv) in the buildings during your business hours

v) in your private residence or, if authorised by you, in the private residence of any your partners, directors or employees

vi) in transit

**CLAIMS DECLARATION**

Have you or any Partner or Director (in connection with this or any other business in which you or they have been trading) suffered any loss, made any claims or been involved in any accidents which have or could have resulted in a claim in respect of the risks proposed within the last five (5) years?

Yes

No

If Yes, please provide full details below

Date of Loss	Type of Loss	Amount paid or outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**GENERAL**

Has any Insurer ever refused to insure you/your business? Yes      No

Has any Insurer refused to renew or continue insurance held by you/your business? Yes      No

Has any Insurer imposed special terms of cover for the business to which this proposal relates? Yes      No

Have you, or any of your Directors or Partners, ever been the subject of an HMRC investigation, a bankruptcy order or voluntary arrangement with creditors, been a director of an insolvent company, been disqualified from being a director, or convicted of (or charged with but not yet tried for) a criminal offence other than a motoring offence and which is not a spent conviction under the Rehabilitation of Offenders Act 1974?

Yes No

Is there any additional information or detail which may assist us in assessing the nature of the risk being proposed, and which may influence our decision to accept this risk, or in setting the terms and contribution?

Yes No

Examples of such information are:

- i) any special or unusual facts relating to your risk
- ii) any particular concerns which led to you seeking cover
- iii) anything that would generally be understood to provide a fair description of your risk, taking account of the nature of your business and the activity undertaken at your premises or elsewhere

If Yes, please provide full details

### IMPORTANT INFORMATION

The cover provided by AIM is primarily designed for individuals and businesses in the activity industry sector who want to protect their assets and/or liabilities. The cover that AIM will offer you will be based on the information you provide in this proposal form as well as any facts, statements and information provided separately to AIM.

You should keep a record (including copies of correspondence) of all information supplied to AIM which relates to this proposal.

A copy of this proposal will be supplied on request.

#### Your duty to make a fair presentation of the risk

You must give us:

- a) all the information and facts that you know or as an organisation should know may affect the risks to be included in this cover and our decision to give you cover; and
- b) full and accurate answers to questions we ask you when you apply for cover, make changes to your cover or renew your cover.

If you do not do so, this may affect your cover or any claim made under it. In some cases, your cover may be treated as though it had never existed.

If you take out cover with us, you must also tell us if there are any changes to your circumstance, the information we have been given or the information in your Certificate of Entry and Schedule, for example, if:

- you move to new premises;
- your business changes;
- the risk of loss, damage, death or injury changes.

When you tell us about a change, we may change the terms of your cover, a cover limit, your contribution or excess. We will write to you tell you why we have made changes, what they are and if there is any extra contribution. You will have 30 days to agree the changes. In some cases, your cover will be reduced, or we may not be able to continue to give you cover at all.

If you are not sure whether you need to tell us about something, please talk to us.

## USING PERSONAL INFORMATION

We collect personal information when we provide a quote, arrange or renew cover and also when a claim or complaint is made. We may collect and use information we obtain from other people, businesses and organisations. We will only keep personal information for as long as we need to use it. You can see how we use personal information, and the legal rights of people whose personal information we hold, in the privacy notice on our website <http://www.activitiesindustry mutual.co.uk/privacy-notice/>. If you would like us to send you a copy of our privacy notice please ask us.

## DECLARATION

I/We declare that

- i) I/We have read this proposal and understand that I/We are under a duty to make a fair presentation of the risk and that failure to do so could result in my/our cover being invalidated and/or a claim not being paid or not being paid in full
- ii) the facts, statements and information contained within this proposal, whether provided by me/us or by others on my/our behalf, are true and complete
- iii) the facts, statements and information which are not contained within this proposal but which have been provided to AIM separately by me/us or by others on my/our behalf are true and complete
- iv) I/We have declared all material facts and circumstances which may affect the risk being accepted by AIM under the cover even if AIM has not asked me/us any questions about such facts
- v) I/We have made all reasonable enquiries of anyone employed by me/us to ensure that all facts, statements and information provided to AIM are accurate and correct
- vi) I/We understand that AIM reserve the right to decline any proposal
- vii) I/We understand that, if I/we take out cover with AIM any change in circumstances or the information I/we have given or the information shown on my/our Certificate of Entry or Schedule must be notified to AIM immediately
- viii) I/We have read the Important Information and Using Personal Information sections of this proposal and consent to data being used for the purposes specified

**Signed:**

**Title:**

**Date:**

## MARKETING

From time to time we would like to send you information about our other goods or services which we believe may be of interest to you. If you would like to receive this information please tick the relevant box(es) below:

by email

by telephone

by post

by SMS

You can tell us at any time to stop sending you marketing information, or that you want to change how you would like us to send you marketing information. If you would like us to stop sending you information or want us to change the way we send it to you, please call us on 01892 888 423 or email

[info@activitiesindustry mutual.co.uk](mailto:info@activitiesindustry mutual.co.uk)

**Once you have completed this proposal click the Submit button below which will attach your proposal to your email ready to send to us.**