

Please save and submit this form to
info@activitiesindustrymutual.co.uk

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 Charity CIC

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

Names of Partners _____

Business Name including any trading name:

Postal Address

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

Post Code _____

Post Code _____

Contact Name _____ Tel _____

Website _____ Email _____

Full description of your business and the work that you do: Number of years in business _____

Do you have an AALA license? No Yes Date of last inspection _____

When does the certificate expire? _____

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 Limited?
 (Clicking on an option will highlight it, indicating your choice.)

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

- | | |
|--|---|
| <input type="checkbox"/> Public and Products Liability | <input type="checkbox"/> Employers' Liability |
| <input type="checkbox"/> Equipment and/or Watercraft | <input type="checkbox"/> Property |
| <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Money and Assault |

If you are interested in any of these non-mutual covers, please tick the appropriate box(es):

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Cyber | <input type="checkbox"/> Personal Accident. |
|---|--------------------------------|---|

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.

You Provide	You Sub-contract	Not Applicable
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Bike/Board related activities

- Kite Buggies _____
- Land Yachts/Blo-Karts _____
- Mountain Boarding _____
- Mountain Biking - All Terrain _____
- Mountain Biking - Flat Terrain _____
- Quad Bikes - Maximum speed _____
- Segways _____

Height/Underground based activities

- Assault course _____
- Bouldering _____
- Caving _____
- Climbing/Abseiling - Crag _____
- Climbing/Abseiling - Indoor Wall _____

You Provide You Sub-contract Not Applicable

Climbing/Abseiling - Mobile Wall

Climbing/Abseiling - Outdoor Wall

Mine Exploration

Rope Courses – Low

Rope Courses – High

Zip Wire(s) - Permanent

Zip Wire(s) - Temporary

Skiing activities

Skiing - Dry Slope

Skiing – Snow (UK)

Skiing – Snow (Overseas)

Walking based activities

Hill Walking / Mountain Walking

Night Walking

Orienteering

Water based activities

Canoeing/Kayaking – Sheltered water

Canoeing/Kayaking - up to grade 2

Canoeing/Kayaking - above grade 2

Canoeing/Kayaking – Sea

Coasteering

Gorge Walking/Ghyll Scrambling

Powerboat – Safety/stand by
Max Boat Operating Speed _____

Powerboat – Towed Inflatables
Maximum Boat Operating Speed _____

Powerboat - Training
Maximum Boat Operating Speed _____

Rafting - Improvised

Rafting - White Water

You Provide You Sub-contract Not Applicable

Rib Ride Experiences

Sailing – Inland

Sailing – Sea in sight of land

Stand Up Paddle Boarding

Sea Level Traversing

Surfing

Water Skiing

Water Skiing / Wakeboarding

Wild Swimming

Windsurfing

Other activities

Air Rifle Shooting

Archery

Axe Throwing

Bushcraft

Camping

Clay Pigeon Shooting

Classroom Training/Lectures

Educational/Sightseeing Tours

Environmental studies

Fencing

First Aid Training

Management Training

Team Building/Initiative

Tour Operators/Organising

Equipment Hire Yes No *If yes, please attach a copy of your conditions of hire.*

Please detail any other activities.

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	_____	_____
Equipment Hire	_____	_____
Tour operation and travel organising (i.e. acting as an intermediary to organise packaged trips)	_____	_____
Other (please specify. e.g., retail, café)	_____	

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? (state below)

Do you use third parties in overseas countries to organise activities there on your behalf? Yes No

On average, how many customers participate in each trip? _____

Do you provide Alternative Education? Yes No

If so, what do you provide?

Please provide turnover from Alternative Education. £ _____

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.*

4. PROPERTY

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

	Post Code <input style="width: 100%; height: 20px;" type="text"/>
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Note: If you require cover for more than one location please complete Sections 3 to 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.)

Bldg 1 _____ Bldg 2 _____
 Bldg 3 _____ Bldg 4 _____

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 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.

[Empty text box for 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.

[Empty text box for 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.

[Empty text box for details]

Is subsidence, ground heave and landslip cover required?	Yes	No
Has any part of the buildings which are proposed for cover:	Yes	No
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 cover located in a neighbourhood in which property is susceptible to subsidence , heave, landslip or settlement?	Yes	No

SUMS TO BE COVERED

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 £ _____
(e.g. Matting, CCTV, Fixed Climbing Walls, Mezzanine Flooring)

3) Machinery, plant and all other contents £ _____
(e.g. Furniture)

4) Computer Equipment £ _____

5) Retail Stock £ _____

6) Deterioration of Refridgerated Stock £ _____

5. BUSINESS INTERRUPTION

Annual rent received: £ _____

Indemnity period: 12 Months 18 Months 24 Months 36 Months

Annual rent paid: £ _____

Indemnity period: 12 Months 18 Months 24 Months 36 Months

Annual revenue: £ _____

Indemnity period: 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.

Sum Covered £

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

ii) in the buildings during your business hours _____

Make and model

Sum Covered £

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 years?

Yes

No

If Yes, please provide full details below

Date of Loss

Type of Loss

Amount paid or outstanding

_____ £ _____

_____ £ _____

_____ £ _____

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

IMPORTANT INFORMATION

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 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 this proposal has been completed after appropriate enquiry and that the statements and particulars in this proposal (including all attachments, if applicable) are true and that I/we have neither misrepresented or suppressed any material facts.

I/We have read and understood the Important Information and Using Personal Information sections of this proposal form.

I/We understand that, if I/we take out cover with Activities Industry Mutual Limited 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 Activities Industry Mutual Limited immediately.

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

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

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@activitiesindustrymutual.co.uk.

Please save and submit this form to
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