

CLUB and CONTACT details (please print)

Club Name.....

Contact.....Position.....

Address.....

.....Post Code.....

Phone.....Fax.....

Email.....

DECLARATION

We declare and warrant that the information provided is, in every respect, true & correct and that we have not withheld any detail that, to our knowledge, would be likely to affect Underwriters as to our eligibility for insurance. This Enquiry Form and Declaration shall be the basis of the Contract between the Proposer and the Underwriters and we agree to accept the Underwriters Policy subject to the Terms & Conditions contained therein.

(a) I have read & complied with the requirements of this proposal. (b) I understand that the insurance cover will commence only when this proposal has been accepted by Underwriters and the premium paid in accordance with the Conditions. (c) I declare that the statements made in this proposal are true & disclose all information relative to previous claims made or that are pending and any other matter which will assist Underwriters in the assessment of the risk.

Name of Signatory (please print).....

Signature.....

Position.....Date.....

YOUR DUTY OF DISCLOSURE

You must disclose to us all matters, which are relevant to Underwriters deciding whether or not to provide cover and to determine the Conditions of said cover. In particular you must advise us of any matter which is known to you and which is likely or more likely to lead to a potential claim being made under the policy. This applies whether we have asked a specific question or not. If you fail to make a full disclosure then your Statutory Rights under the policy and in particular your rights to make a claim may be prejudiced.

Working Parties Details (please print)

Number of Parties per annum.....Maximum Attendance.....

Are they Full or Half Day Parties.....

Is any work carried out in Boats? NO YES
(if YES please give full details overleaf)

Is maintenance Cosmetic or Structural
(Cosmetic work includes collecting debris, strimming undergrowth, grass cutting etc)
If **Structural** or work involving **Chain Saws** please give full details overleaf

IF COVER REQUIRED FOR BAILIFFS PLEASE SHOW WORKING HOURS OVERLEAF

Insurance Requirements

Insurance Benefit Options: Death & Disablement £5,000/£25 per week
Death & Disablement £10,000/£50 per week

Standard Age Limits 16 to 65. Weekly Benefit only payable to those in regular and gainful employment.
Previous disability exclusion Clause. 28 day excess/maximum 52 weeks.
Maximum any one accident clause.

Current Insurer.....

Renewal Date.....Current Premium £.....

IMPORTANT

Claims: Please give details overleaf of any relevant claims made over the past 5 years or incidents that could have led to claims if appropriate insurance had been in place.

MEAD Sport and Leisure Ltd provide a range of insurance products for the angling community including **essential Club Public Liability** cover with **Employers & Personal Liability** for adults available as extensions. Also available tailored cover in respect of **Buildings, Club equipment & Trophies**.
Call **our ANGLING HOTLINE 0800 0850 261** for further information.