



Important notices - Please read this information before completing the form

Important note

You are obliged to provide us with all information that is material to our consideration and underwriting of the risk. Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in insurers repudiating liability entirely. A "material fact" is any information which may alter the judgement of an insurer in assessing the risk. Any "material change" must be disclosed to insurers. A "material change" is any information which may alter the judgement of an insurer that has not previously been disclosed as a "material fact."

If you are in any doubt as to the meaning of any question contained in this proposal form or the meaning of a '-material fact" or "material change", advice should be sought from your broker.

If you are a consumer (as defined in the Consumer Insurance Contracts Act, 2019 ("Act"), your obligations of disclosure are specifically defined. You must answer all questions honestly and with reasonable care and advise the insurer of any mid-term alteration to the risk. The Act outlines varying remedies available to insurers in the event of misrepresentations, whether they be innocent misrepresentations, negligent representations, or fraudulent misrepresentations. Remedies available to an insurer vary from the imposition of amended terms to the avoidance of the insurance contract.

The completion of this form in no way binds the proposer to purchase insurance, nor does it bind underwriters to give insurance. Any information given will only be passed to underwriters for the purpose of quotation and will be treated as confidential.

Claims made

The Professional Indemnity in this proposal is a claims made insurance contract, i.e. it only covers claims made against you and notified to underwriters during the period of insurance. However, provided you give underwriters notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practical after you become aware of those facts and before the expiry date of this insurance, then this

insurance will respond, notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

Liability assumed under agreement

Cover provided by this form of Liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

Data protection (Information uses)

For the purpose of the Data Protection Act 2018, the Data Controller in relation to any personal data you supply is Resolution Underwriting Holdings (Ireland) Ltd t/a Sportscover Europe.

Insurance administrator

Information you supply may be used for the purposes of insurance administration by the insurer, it's associated companies and agents, by reinsurers and your intermediary. It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurers compliance with any regulatory rules/codes.

Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European economic area for any of these purposes and for systems administration. Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjustor's or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary, rectify information held about you.

Sensitive data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.





Part 1: Applicant details Please complete this section for all application	us
Name of slub / accordations	
Name of club / association:	
Is the club / association incorporated?	Yes No
Contact name: (First name, surname)	
Address for correspondence:	
	Postcode
Email address:	
Telephone (Mobile):	
Telephone (AH):	
Telephone (BH):	
Fax:	
Website:	
Club / association address:	
	Postcode
Activities undertaken by the club / association:	
Has any insurer ever declined, refused to renew or has imposed special terms and conditions to any insurance policy /renewal	Yes No Other If yes, please give details:
or application for insurance held or made by the club or association?	
Has any member of your club / association completed a risk management course?	Yes No Other If yes, please give details of where and when:
Does your club / association have a written policy for the following:	Risk management Alcohol service Blood spillage Discrimination





Part 2: Club / association liability cover Please complete this section if you require liability cover 1. Does the club / association a) Own the club premises? Yes No If yes, please give full details: b) Hire out those premises to others? Yes No If yes, provide details of hiring: If "Yes", do you require third parties hiring out the premises to have their Yes No own Liability insurance? c) Own the equipment used? Yes No If yes, please list equipment: No Yes d) Hire out the equipment? If yes, list equipment and details of hiring: Yes No e) Operate licensed premises? If yes, provide licence type: Yes No f) Sell goods to the public? If yes, list goods sold: g) Is there a grandstand? Yes No If yes, provide capacity and constructions:





Part 2: Club / association liability cover cont'd. Please complete this section if you require liability cover				
	h) Host international events?	Yes No		
		If yes, provide event details:		
2.	Has the club / association entered into any contractual agreements?	Yes No If yes, please give details:		
3.	Give details of the following:	(Please complete all questions)		
	a) Number of events / meetings / games / tournaments per year?			
	b) Number of spectators at each event / meeting / game / tournament (average)?			
	c) Approximate duration of season?			
	d) Number of committee members and officials?			
	e) Number of registered players / members / teams?			
	f) Number of registered non-playing members?			
	g) Number of clubs / associations / members to be covered?			
4.	Public-products of limit of liability required. (tick one)			
5.	Period of insurance required:			
6.	a) Have any claims for liability or indemnity been made against the applicants or anyone associated with the applicants in the last five (5) years?	Yes No		
6.	b) Have there been any incidents in the last five (5) years that may result in claims against the applicants? (Whether the applicant was insured or not)	Yes No		
	If you have answered yes to any of the above			
		Total amount settled (€)		
	Total number of claims made:	Total amounts outstanding:		





#	Date	Description of incident:	Paid (€)	Outstanding (€)
1				
2				
3				
4				
5				

If you require more space to detail your previous and pending claims, please use a separate sheet.





Part 3: Professional Indemnity Please complete this section if you require Professional Indemnity cover				
1. Do you requ	ire Professional Indemnity	Yes N	lo	
If yes, please	e complete the following:	Yes N	lo	
•	aches / referees / to be covered qualified?	If yes, please supply details in	ncluding minimu	um qualifications:
•	f coaches / referees / s to be insured:			
2. Please attac	h a list (names and addresses) o	of all coaches / referees (note:	cover not limite	d to those listed)
application, renewal or policy held		Yes N	No	
by the applicants? 4. a) Have any claims for indemnity been made against the with the applicants in the last five (5) years? Yes No			No	
b) Have there been any incidents in the last five (5) years that may result in claims against the applicants (whether the applicant was insured or not)?				
If you have answered yes to either of 4 (a) or 4 (b), please complete the following:				
Total number of incidents:				
# Date	Description of incident:		Paid (Eur)	Outstanding (Eur)
1				
2				

If you require more space to detail your previous and pending claims, please use a separate sheet.

3





Part 5: Declaration and authorisation

This declaration must be completed in all cases

For and on behalf of the applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the club / association:

- I have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- I am a duly authorised officer of the club / association applying for insurance for the purpose of completing this application.
- I have read and understood the information concerning the disclosure of material fact and understand that this is a contract.
- I agree on behalf of the applicant to Resolution Underwriting Holdings (Ireland) Ltd t/a Sportscover Europe obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- I agree to Resolution Underwriting Holdings (Ireland) Ltd t/a Sportscover Europe making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- I agree to Resolution Underwriting Holdings (Ireland) Ltd t/a Sportscover Europe disclosing to any
 insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the
 claims history or any other information as may be determined.

Full name:			
Position held:			
Signed:	Date:		
Brokers use only:			
Broker:	RUHIL number:		
Broker contact:	Quote number:		
Note: Please return this form to your resolution Underwriting Holdings (Ireland) Ltd t/a Sportscover Europe			

accredited broker