

Proposal Form

Associations/Boards/Committees

PLEASE COMPLETE IN **BLOCK CAPITALS** AND TICK APPROPRIATE BOXES WHERE RELEVANT
PLEASE READ EACH QUESTION IN FULL BEFORE ANSWERING
If supplementary information is required please use supplementary form(s).

For Completion by BROKER ONLY (if available):

Patrona Underwriting Ltd Quotation Reference OR Policy Number

I AM AWARE THAT THIS PROPOSAL FORM IS THE BASIS OF THE CONTRACT OF INSURANCE OF WHICH I AM ENTERING INTO AND ALL INFORMATION SUPPLIED WILL BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY (please tick box across):

Agreed

PREVIOUS INSURANCE DETAILS:

Have you been previously Insured for the risk subject of this proposal?

YES

NO

If "Yes" to above, please advise: Name of Previous Insurer

Expiry Date of previous Insurance

/ /

LENGTH OF TIME IN BUSINESS

(if a new venture, please state same)

If "No" to above, please advise Is this a new venture business?

YES

NO

If "Yes" skip to next section "Details of Proposer"

If "No" please advise:

(i) When last Insured and Insurer

(ii) Why has no insurance been in place to date or for period since last insurance

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DETAILS OF PROPOSER:

PROPOSER'S NAME(s):

TRADING TITLE:

POSTAL ADDRESS

RISK ADDRESS

IS THE BUSINESS RAN FROM A
PREMISES OWNED BY THE ASSOCAITION,
BOARD OR COMMITTIEE OR
A LEASED/RENTED PREMISES?

OWNED

RENTED/LEASED

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DETAILS OF ALL ACTIVITIES:

FULL BUSINESS DESCRIPTION

Including all activities

Is the association, board or committee approved or affiliated to any other private or public body

YES

NO

(If "Yes", please provide details)

Do you have an appointed safety officer or technical delegate who inspects all courses & facilities used?

YES

NO

If Yes, please outline qualifications & details:

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RISK DETAILS:

Please outline estimated maximum number of events per year

Please advise split of events with brief description of each event:

Description of event

Estimated maximum number of events

Any other information:

Is admission charged to the Public at all events?

YES

NO

Average Number of Competitors per Event Day

Average & Maximum Number of Spectators per Event Day

Number of Meetings held per annum

Number of Social Functions & Fund Raising Activities held per annum

Please provide details

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PUBLIC LIABILITY LIMIT OF INDEMNITY REQUIRED:

(Please select one)

- €2,600,000
- €4,400,000
- €6,500,000
- € Other (If agreed with underwriters)

PRODUCTS LIABILITY REQUIREMENTS:

(Note: This cover cannot be taken if "Public Liability" cover is not taken up.

This cover must be agreed by underwriters as it is not standard cover)

Limit of Indemnity will be the same limit as specified above for "Public Liability"

Is cover required (Please tick):

YES NO

If "Yes" has been selected above, please outline details of risk where this is required:

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EMPLOYERS LIABILITY REQUIREMENTS:

Is cover required? *(Please tick)*

YES

NO

Standard Limit of Indemnity

€13,000,000

Employees

Number of Full time Manual Employees

Number of Part time Manual Employees

Number of Clerical Employees

Number of Students/Apprentices/Work Experience Employees

Casual Labour required *(Separate from employees outlined above)* YES

NO

Casual Labour - Please enter maximum wage roll payable for **Casual Labour only**

€

Labour only Sub contractors

YES

NO

(Un-insured, non Bona fide)

Other Employees not specified above

(Please provide description, number of staff & wage roll payable)

Does any of the employees noted above use dangerous machinery/tools or work at any heights or depths as part of their employment?

(e.g. Chainsaws, Power saws (Tablesaws, Circularsaws, Nail guns, Ladders, Diggers, Dumpers, Wood Chippers, Hydraulic or Pneumatic Wood Splitters, Lifting Equipment. This list is not exhaustive and is for example only)

Note: Dangerous machinery does not include tractors, Quads or Gators.

YES

NO

If "Yes", please advise number & category of staff to which this applies in the box below:

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GENERAL

DECLARATION

Have you ever, or any partner or director in business with you, ever:

(a) Submitted a claim under a liability policy and/or has any incident occurred over the past 5 years involving bodily injury or damage to property whether a claim was made or not?

YES NO

(b) Been refused cover, refused renewal, had your policy terminated, or had any special terms imposed

YES NO

(c) *Subject to **spent convictions****Been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs or is a prosecution pending in any court

YES NO

or

within the past 7 years, been warned verbally or in writing of any possible pending prosecution

YES NO

(d) Been subject to any bankruptcy, foreclosure or repossession in the last 5 years

YES NO

***Spent convictions** are convictions that are spent according to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016. You do not need to tell us about a conviction if the convicted person:

- Was an adult (18 years of age or more) when they committed the offence, and
- Was convicted more than 7 years ago,
- in either:
 - the District Court, or
 - another Court lower than the Central Criminal Court, if the sentence for the offence was either a custodial sentence of 12 months or less (whether partially suspended or not), or a wholly suspended sentence of 24 months or less, and
- Has only one conviction meeting these conditions, except for
 - Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961)
 - Public Order Offence convictions
 - Possession of Alcohol convictions

If "Yes" to (a) please complete full details under "Claims Declaration" section further below

If "Yes" to (b), (c) or (d) please outline full details and circumstances in the box below:

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HEALTH & SAFETY: REQUIREMENTS

These requirements are a mixture of legal requirements and requirements for best practice to minimise risk and exposures at all Commercial enterprise premises.

Section 1: You must have or put in place within 3 months of policy inception or renewal:

- (a) An up to date health and safety statement in place Agreed
This document must be given to all employees and be made available to all non-regular employees
This is a legal requirement
- (b) A fire assembly point, suitable smoke detectors and suitable fire extinguishing equipment in place and serviced annually Agreed
These are all requirements taken up within various legal requirements/documents required
- (c) All relevant safety signs erected on the premises Agreed
(e.g. Fire-fighting equipment signs, Emergency escape, fire assembly, etc. This list is not exhaustive)
This is a legal requirement
- (d) An incident/accident report log Agreed
(This must be completed for any and all incidents/accidents along with reporting of same to Insurers)

Section 2: You must: (Where any of the following is not in place you must ensure this is completed within 3 months of policy inception or renewal):

- (a) Ensure all machinery guards are in place and are checked weekly Agreed
- (b) Ensure pesticides, chemicals and veterinary supplies are kept in a locked cabinet, specified building or store room Agreed
(Key(s) to relevant storage area must be held at a different building or location)
- (c) Ensure general housekeeping, premises cleanliness, product stacking & storage & waste disposal is monitored daily and all employees are instructed clearly how to handle spills, wet, greasy or dirty surfaces with associated clean up procedures. All employees must be instructed to report or correct any hazard or defect identified throughout the business or premises, to be remedied immediately. Agreed

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Section 3: You or

an employee of yours

with authority to do so must ensure:

(Where any of the following is not in place you must ensure this is completed within 3 months of policy inception or renewal):

- (a) Pre-employment assessments (where available and appropriate) on all prospective employees are carried out from a riding and overall work aspect to ensure suitability of the employee for specified employment roles, duties and tasks and must carry out all reasonable checks, seek previous employment references (where available), carry out interviews or the equivalent on prospective employees
- This must be documented in full Agreed
- (b) All regular employees must be provided with a contract of employment
(This will not be required for ad hoc employees, Non regular casual employees, Volunteer's or third party contractors)
This is a legal requirement*
**Required to be in place for all employees within 2 months of beginning of employment*
- Agreed
- (c) All employees must be given full training and induction outlining:
- (i) Employment duties – *We would recommend a written employee handbook for all business, however it is a requirement for all businesses with 10 regular employees or more*
 - (ii) Procedures in place in the event of an accident – *Part of Safety Statement training*
 - (iii) Employee entitlements and procedures
 - (iv) Full Training regarding each piece of equipment, activity or duty
 - (v) Copy of Safety Statement
 - (vi) Fire Assembly point clearly advised to employee(s)
 - (vii) Details of location of all personal protective equipment and be provided or advised to have (as applicable) all necessary clothing and equipment to carry out their duties
- These are all requirements taken up within various legal requirements/documents required**
- This must be documented in full Agreed
(i) to (vii)
- (d) All employees will be provided with annual Manual Handling training
This is a legal requirement
(This must be maintained/renewed (or as required dependant on staff turnover)
This must be documented in full
- Agreed
- (e) All employees will be provided with annual Fire Safety training
This is a legal requirement
This can be carried out annually (or as required dependant on staff turnover)
This must be documented in full
- Agreed
- (f) All employees will be provided with Safety Statement training
This can be carried out annually [or as required dependant on staff turnover]}
This must be documented in full
- Agreed

If any of the above under Requirements, Section 1, 2 or 3 respectively cannot be fulfilled please outline reasons referencing any point where you have not ticked "Agreed" on a separate page.

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Third Party Insurance

Are all members required to carry their own Public Liability cover?

YES NO

Are all third party contractors required to provide proof of Public and Employers Liability Insurance?

YES NO

Some useful references:

- (1) Health & Safety Authority: www.hsa.ie
- (2) Workplace relations: www.workplacerelations.ie
- (3) IBEC: www.ibec.ie (Note that this is a member only organisation)
- (4) Citizens information: www.citizensinformation.ie
- (5) Irish Statutes: www.irishstatutebook.ie

CLAIMS DECLARATION

Give details of all claims and or you and/or any Director/Partner/financially associated person(s) have made during the last 5 years:

<u>Date of Loss</u>	<u>Claim Details</u>	<u>Settled Yes/No</u>	<u>Settlement Amount</u>	<u>Reserve Amount (if Not Settled)</u>

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Declaration:

It is essential that every Proposer when seeking a quotation to take out any insurance discloses to the insurers all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance and again where material changes occur during the policy year.

I/we declare that, after full enquiry, the contents of this Proposal are true and complete to the best of our knowledge and belief that I/we have not misstated, omitted, suppressed any material fact or information. I/we agree that this Proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

NOTE:

1. Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being deemed invalid and cancelled from inception.
2. You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance.
3. A copy of this Proposal Form/Statement of Fact is available on written request within three months from the date of the proposal.

Signature: _____ **Date:** _____

Name: _____ **Position:** _____

Note: This Proposal must be signed by a Director, Partner, Secretary, Treasurer or equivalent of the Proposer. The person signing this Proposal should be authorised by the Proposer or Association, Board or Committee as applicable to do so and should make all necessary enquiries of his/her fellow Directors, Officers, Partners and Employees to enable the questions to be answered and on whose behalf he/she signs.