

This form can only be completed on a desktop or laptop device.

ENQUIRY FORM

Please read the following questions carefully and answer them all. If more space is needed, please provide the information separately.

Proposer Details

Proposer's Name(s)

Trading Name (if any)

Website Address

Risk Address

Risk Postcode

Name

Address

How many years has the business been trading?

Who is the existing insurer?

What is the target premium?

£

Inception Date

Approximately what year was the building constructed?

Do the buildings contain any composite panels or linings?

Yes

No

Business Activities

Please confirm which activities are undertaken at the premises - please tick all applicable boxes

Members Only Club

Pay & Play

Driving Range

Restaurant or Café

Fitness, Health or Leisure Centre

Treatment Rooms / Therapists

Dance Floor

Late Licence (after 1am)

Paid Entry Events

Live Entertainment

Premises sub-let to Tenants

Type of Tenant

Employee

Professional

Other

Details of any other activities / facilities at the premises:

Flood & Subsidence History

Have the premises previously suffered any occurrence of subsidence, landslip or heave whether or not a claim has been made?

Yes

No

Is there a history, or any previous claims, of flooding?

Yes

No

If yes has been answered to either of the questions above, please provide details:

Intruder Alarm & Physical Protection

Are the premises fitted with an NSI or SSAIB approved intruder alarm?

Yes

No

Type of alarm

Bells

Digicom

Redcare

Dual Com

Other (please describe)

Police Response Level

1

2

Withdrawn

Is the alarm annually maintained under contract?

Yes

No

Monitoring:

Keyholder Only

Central Station

Does the alarm protect all buildings?

Yes

No

Have roller shutters been fitted?	Yes	No		
Have expanded metal grilles been fitted?	Yes	No		
Are there any other security measures in place?	Yes	No		
CCTV	Yes	No	24hr Recorded	Live only

Please provide details of any other security in place:

Fire Alarm & Protections

Are the premises fitted with a fire alarm?		No	
Type of alarm	Manual	Automatic	
Response Level	1	2	None
Is the alarm annually maintained under contract?		Yes	No
Monitoring:	Keyholder Only	Central Station	
Does the alarm protect all buildings?	Yes	No	
Are sprinklers fitted at the premises?	Yes	No	
Is a fire suppression system fitted?	Yes	No	
Have the fixed electrics been inspected in the last 5 (five) years? Has a fire risk assessment been carried out?	Yes	No	
Do you have any portable heaters or any heating with an open flame?	Yes	No	

Health & Safety

Are there more than 5 (five) employees?	Yes	No
Is a formal written Health & Safety Policy in place?	Yes	No
Is there a designated in house person responsible for handling Health & Safety at the business	Yes	No
Is an external Health & Safety company engaged?	Yes	No

5 (Five) Year Claims History

Please detail all claims, losses or incidents within the last 5 (five) years (whether insured or not) for the insurance now being proposed

Date of Loss	Type of Claim	Status	Claim Amount incl Fees
<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"/>	<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"/>	<input type="text"/>	£ <input type="text"/>

Please provide details of any remedial action taken following any declared losses:

Covers Required

Choose any of the following covers - please tick the applicable box for the covers required

- | | |
|--|--|
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Business Interruption |
| <input type="checkbox"/> Loss of Licence | <input type="checkbox"/> Goods in Transit |
| <input type="checkbox"/> Money | <input type="checkbox"/> Employers' Liability |
| <input type="checkbox"/> Public & Products Liability | |

Buildings Details

Building Description (e.g. Clubhouse)	External Wall Construction (e.g. Brick)	Roof Construction (e.g. Tile)	Floor Construction (e.g. Concrete)	Reinstatement Sum Insured
<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"/>	£ <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"/>	<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"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Contents

Contents Fixtures & Fittings	£	<input type="text"/>	Non Bar Stock (ex Pro Shop)	£	<input type="text"/>
Machinery & Plant	£	<input type="text"/>	Golf Buggies in the Open	£	<input type="text"/>
Irrigation Equipment	£	<input type="text"/>	Pro Shop Stock	£	<input type="text"/>
Wines, Spirits, Tobacco, Cigars & Cigarettes	£	<input type="text"/>	Computers & Electronic Business Equipment (Premises only)	£	<input type="text"/>

Deterioration of Stock (£15,000 Standard Limit) £

All Risks (Cover within the UK only)

Laptops	£	<input type="text"/>	Mobiles	£	<input type="text"/>
Cups & Trophies	£	<input type="text"/>			

(Single Article Limit £5,000 – Items over £5,000 must be specified)

Business Interruption

Gross Profit				£	<input type="text"/>
Indemnity Period	12 months	18 months	24 months	36 months	
Gross Revenue				£	<input type="text"/>
Indemnity Period	12 months	18 months	24 months	36 months	
Rent Payable				£	<input type="text"/>
Indemnity Period	12 months	18 months	24 months	36 months	
Rent Receivable				£	<input type="text"/>
Indemnity Period	12 months	18 months	24 months	36 months	
Additional Expenditure	£	<input type="text"/>	Book Debts	£	<input type="text"/>
Increased Cost of Working Only	£	<input type="text"/>	Additional Increased Cost of Working	£	<input type="text"/>

Loss of Licence

Our standard limit of liability is £50,000, is a higher limit required?

Yes

No

If yes, what limit is required?

£

Goods in Transit

Our standard limit of liability is £15,000

Money

In transit and during business hours
(Our standard limit is £10,000, please specify if a higher limit is required)

£

In an unspecified safe outside working hours
(Our standard limit is £5,000, please specify if a higher limit is required)

£

In a locked building but not in a safe
(Our standard limit is £500 please specify if a higher limit is required)

£

In gaming machines
(Our standard limit is £1,000 per machine please specify if a higher limit is required)

£

In a specified safe outside working hours

£

Model of Safe

Any other loss

£

PA Assault (Capital)

£

PA Assault (Weekly)

£

Employers' Liability

Our standard limit of liability is £10,000,000

What is the Employer Reference Number (ERN)

Please provide the annual wage roll split by occupation category:

Clerical & Non Manual

£

Clubhouse

£

Green Keepers

£

Other (please describe)

£

Public and Products Liability

What limit is required? £2,000,000 £5,000,000 £10,000,000

Is a higher limit required? Yes No

If yes, what limit is required? £

What is the total annual turnover? £

What is the total amount of payments to bona fide sub-contractors? £

Optional Covers

Do you require Contractors All Risks? Yes No

What limit is required? £100,000 £250,000 £500,000 £1,000,000

Declarations

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NO PROPOSER, DIRECTOR OR TRUSTEE OF THE CLUB EITHER PERSONALLY OR IN ANY BUSINESS CAPACITY HAVE BEEN THE SUBJECT OF ANY COUNTY COURT JUDGEMENTS OR SHERIFF COURT DECREES IN RESPECT OF DEBT Agree Disagree

NO PROPOSER, DIRECTOR OR TRUSTEE OF THE CLUB EITHER PERSONALLY OR IN ANY BUSINESS CAPACITY HAS BEEN OFFICERS OF ANY COMPANY THAT HAS BEEN DECLARED INSOLVENT, OR HAD A RECEIVER OR LIQUIDATOR APPOINTED, OR ENTERED INTO ARRANGEMENTS WITH CREDITORS IN ACCORDANCE WITH THE INSOLVENCY ACT 1986 OR ANY SUBSEQUENT LEGISLATION Agree Disagree

NO PROPOSER, DIRECTOR OR TRUSTEE OF THE CLUB EITHER PERSONALLY OR IN ANY BUSINESS CAPACITY HAS BEEN DISQUALIFIED UNDER THE COMPANY DIRECTORS DISQUALIFICATION ACT 1986 OR ANY SUBSEQUENT LEGISLATION Agree Disagree

NO PROPOSER, DIRECTOR OR TRUSTEE OF THE CLUB EITHER PERSONALLY OR IN ANY BUSINESS CAPACITY HAS BEEN CONVICTED OF OR HAS ANY CRIMINAL OFFENCES WHICH ARE NOT SPENT UNDER THE REHABILITATION OF OFFENDERS ACT OR HAS ANY PROSECUTIONS PENDING OTHER THAN MOTORING OFFENCES Agree Disagree

NO PROPOSER, DIRECTOR OR TRUSTEE OF THE CLUB OR ITS SUBSIDIARY COMPANIES EITHER PERSONALLY OR IN ANY BUSINESS CAPACITY HAS HAD A PROPOSAL FOR INSURANCE REFUSED OR DECLINED OR EVER HAD AN INSURANCE CANCELLED, RENEWAL REFUSED OR HAD SPECIAL TERMS IMPOSED Agree Disagree

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One of our team will respond to you as soon as possible.

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