

**Golf Select**  
**Proposal Form**  
Specialist Insurance and Risk  
Management for Golf Courses  
and Resorts



# Golf Select

## Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper.

**Insurance will be provided in accordance with and be based upon the information separately advised to Travelers Insurance Company Limited by your insurance broker in support of this proposal form.**

Whilst we ask for your website address this in no way derogates from your duty of utmost good faith in answering this proposal form. Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information.

The completion and signature of this proposal does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

## General Information

*Please answer all questions*

1. Full name of proposer including trading names if any (if not a limited company include full names of partners) NB Include any subsidiary companies for which cover is required

2. (a) Registered address

Postcode

(b) Correspondence address (if different from the above)

Postcode

Occupied as

(c) Website address

(d) Telephone number

(e) Fax number

3. Business Description (to appear on the policy)

4. Give full details of your business activities and your products and of any intended change in these

5. Has the name of the business changed or have any mergers or acquisitions taken place during the past five years?

Yes  No

If "Yes" give details

6. Are you a subsidiary of another entity or do you have subsidiaries?

Yes  No

If "Yes" give details

	Full name	Business activities
Parent company		
Subsidiaries		

If necessary, please continue on a separate sheet

If your parent company or any subsidiary has separate UK insurance please give name(s) of companies and Insurers

Company name	Insurer

If necessary, please continue on a separate sheet

7. (a) Is the business represented in territories other than the UK?

Yes  No

If "Yes" give details

(b) Will cover be required?

Yes  No

8. Have you or any partner or director

(a) ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974?

Yes  No

(b) ever been declared bankrupt whilst being a director of a company which went into liquidation, receivership or administration?

Yes  No

(c) ever been disqualified from being a director?

Yes  No

If "Yes" give details

9. Tick cover required

Property Damage	<input type="checkbox"/>	Terrorism Insurance	<input type="checkbox"/>
Goods In Transit	<input type="checkbox"/>	Employers' Liability	<input type="checkbox"/>
Money and Personal Accident (Assault)	<input type="checkbox"/>	Public and Products Liability	<input type="checkbox"/>
Deterioration of Stock	<input type="checkbox"/>	Loss of Licence	<input type="checkbox"/>
Business Interruption	<input type="checkbox"/>	Professional Indemnity	<input type="checkbox"/>
Outstanding Debit Balances	<input type="checkbox"/>	(a separate proposal form will be required)	<input type="checkbox"/>
Computer All Risks	<input type="checkbox"/>		

10. Cover required From  To

11. Are all premises in good repair and regularly maintained? Yes  No

If "No" give details

12. State age of main structures at each location

**Location A**  years      **Location B**  years      **Location C**  years

13. Are you the sole occupier of all the business premises to which this proposal relates? Yes  No

If "No", state how they are otherwise occupied and whether your part is self-contained

14. Are complete records of stock purchases and sales kept and regularly audited? Yes  No

15. Within the last 5 years have you suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or do you know of any incident which is likely to give rise to a loss? Yes  No

If "Yes" give details

Date	Class of insurance	Details	Amount £

continued over

Date	Class of insurance	Details	Amount £

Please include details of all losses in respect of the covers requested continuing on a separate sheet if necessary

16. Are you now or have you previously been insured for any of the cover now required? Yes  No   
 If "Yes" state the name(s) of the insurer(s)

17. Has any insurer ever

(a) declined your proposal? Yes  No

(b) declined to pay a claim in full or in part? Yes  No

(c) cancelled or declined to renew your insurance? Yes  No

(d) invited renewal at special terms? Yes  No

If "Yes" to any of the above, give details

18. Has any product, work, accident or location been excluded from any previous insurance cover, or uninsured or self-insured? Yes  No   
 If "Yes" give details

19. Are there fire extinguishing appliances/apparatus installed that are covered by a maintenance agreement?

Yes  No

## Property Damage and Business Interruption

20. (a) Do you have a NACOSS approved alarm system with remote signalling at all premises to which this proposal relates?

Yes  No

(b) Do you have a current maintenance agreement in force?

Yes  No

If "Yes" give details (including name of installer and maintenance company)

21. Are all premises built of brick, stone, concrete, asbestos or metal and roofed with slate, tile, concrete, asbestos, asphalt, metal or sheets or slabs composed entirely of incombustible mineral ingredients?

Yes  No

If "No" to any one or more premises, give details

22. To your knowledge, have any of the premises or locations of property to be insured, ever suffered from flooding or are situate within an area prone to flooding?

Yes  No

If "Yes" give details

23. If Outstanding Debit Balances cover is required, it will be provided on the basis that you maintain duplicated records which are updated at least weekly and stored either in fire resisting cabinets or separate premises

Do you comply?

Yes  No

## Computer All Risks

24. Are your computers the subject of a maintenance contract?

Yes  No

25. Is all equipment to be insured of standard manufacture and design and not built or modified for your particular requirements?

Yes  No

If "No" give details

26. Reinstatement of Data or Programs

(a) Do you maintain a backup copy of the current version away from the premises?

Yes  No

(b) Do you maintain a weekly full system backup of Data away from the premises?

Yes  No

## Employers Liability

27. Have you completed and documented risk assessments (as required by law) including subjects such as hazardous substances, fire, slips/trips/falls (housekeeping) manual handling, repetitive upper limb-using tasks, vibration, machinery etc as relevant to your activities?

Yes  No

If "Yes"

(a) give details of the subjects assessed and recorded

(b) have the results of the risk assessments listed been communicated to your employees and their signatures gained to acknowledge this & their understanding of them?

Yes  No

28. Have you or your directors or employees been

(a) prosecuted under any of the Factories or Health & Safety associated Regulations?

Yes  No

(b) served with any Improvement Notice or Prohibition Notice under Health & Safety Regulations?

Yes  No

If "Yes" give details

29. Do your employees complete a pre-employment health questionnaire? Yes  No

30. Have any previous or existing employees ever been absent due to stress related illnesses? Yes  No

If "Yes" give details

31. Do your employees undertake work offshore? (Offshore means the period during embarkation on to a vessel or aircraft for conveyance to an offshore rig or platform until disembarkation from the conveyance on to land upon return from such offshore rig or platform) Yes  No

If "Yes" give details

32. Have you previously, or do you currently use, work with or handle any of the following?

(a) radioisotopes, radioactive substances or other sources of ionising radiation? Yes  No

(b) laser apparatus? Yes  No

(c) silica, asbestos or materials containing either? Yes  No

(d) gases, explosives, acids or other dangerous liquids or substances? Yes  No

If "Yes" give details

33. (a) are you aware of the Control of Asbestos at Work Regulations 2006? Yes  No

(b) do you own or occupy any buildings that were built before 1986? Yes  No

(c) are you complying with the requirements of the Control of Asbestos at Work Regulations 2006? Yes  No

If "Yes" summarise the action that you are taking



## Public and Products Liability

34. Will you undertake any manual work away from your premises?

Yes  No

If so, state the nature of this work

35. Will any of this work involve the use of grinding wheels, cutting discs, angle grinders, electric oxy-acetylene or other welding or cutting equipment, blowtorches, blowlamps or flame guns or hot air paint guns, heated tar bitumen or asphalt or any other process involving the application of heat?

Yes  No

If "Yes" state nature of work and the total estimated wages for the next 12 months

41. Do you have guarantees, warranties and/or hold harmless agreements between yourselves and your customers and/or suppliers?

Yes  No

If "Yes" provide copies

42. Have any of your products been subjected to

(a) Recall

Yes  No

(b) Field correction

Yes  No

(c) Safety alert

Yes  No

If "Yes", give details

43. Do you or will you retain for at least 10 years all records of products including research, testing, quality control and details of to whom products have been supplied?

Yes  No

44. Do your products, including those not manufactured by you, comply with all relevant British Standard and/or EU Directives?

Yes  No

45. (a) How many sites do you occupy or use?

(b) Please answer the following for each site included in the proposal

(i) do you process, handle or store any industrial materials that are toxic?

Yes  No

(ii) do you store liquids or gases in bulk?

Yes  No

If "Yes" to either of the above, give details

(c) What is the past usage of each site?

(d) For each site have you or any former owner

(i) ever been prosecuted or sued for any pollution problem?

Yes  No

(ii) ever had any incidents of pollution or incidents likely to cause pollution?

Yes  No

(iii) ever carried on any activity, industrial or otherwise, which was the subject of an environmental permit or licence?

Yes  No

If "Yes" to any of the above give details

(e) Have your risk assessments considered the potential for a legionella hazard on your site as detailed by the Health & Safety Executive Approved Code of Practice 2000?

Yes  No

If "Yes"

(i) who is the Appointed Person?

(ii) what supporting documentation is kept?

(f) Are all water tanks, air conditioning units and similar equipment tested, serviced and cleaned in accordance with current legislation? Yes  No

If "No" give reasons

(g) Do you have any recreational facilities such as swimming pools, jacuzzis or gymnasiums? Yes  No

If "Yes" provide details including number and type

(h) Do you operate your own incinerators? Yes  No

If "Yes" provide details

46. Have you ever previously exported, or do you currently export, any products to the USA or Canada? Yes  No

If "Yes" an additional questionnaire will be required

## Road Traffic Act Cover

### Important

This Section only applies:

1. to items of Course Maintenance Equipment that do not require registration for road use
2. in respect of drivers who hold a driving license to drive the vehicle or who have held and are not disqualified from or prohibited by law from holding or obtaining such a license

47. (a) How many items of self propelled machinery/vehicles that do not require licensing for road use do you own/operate:

(i) items of self propelled course maintenance equipment

(ii) golf buggies

(iii) other self propelled plant/vehicles

(b) List the plant/vehicles as declared in 47 (a) (iii) above and indicate their use

48. Will any of the plant/vehicles declared above be used away from the premises insured under this policy Yes  No

49. Are all vehicles/plant that do require registration for road use separately insured Yes  No

50. (a) Do any public roads run through/across the course Yes  No

(b) If the answer to (a) above is Yes provide details of:

(i) class of road e.g. A road, B road, country lane etc

(ii) speed limit on road

### Loss of Licence

51. In respect of Loss of Licence (if covered), during the last 5 years have you or any director, partner or member of the family involved in this business ever had

(a) any opposition to the grant, renewal or transfer of the licence? Yes  No

(b) any circumstances or incidents which may affect your licence or its renewal? Yes  No

If "Yes", give details

## Important

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

## Declaration

*Must be signed by a Partner or Director*

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this proposal has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

**Signature of the proposer**  
(Partner/Director)

**Print name and position held**

**For and on behalf of**  
(Insert name of Company/Firm)

**NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.**

**PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS**

## Data Protection Act

Travelers Insurance Company Limited will collect certain information about individuals within or connected to your company and any subsidiaries ("data subjects") in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve the transfer of the information to countries which do not have data protection laws.

If we issue a policy to you which also provides motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If data subjects are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to ascertain relevant policy information.

*continued over*

Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

You can find out more about this from us, or at [www.miic.org.uk](http://www.miic.org.uk).

Some of the information we collect may be classified as 'sensitive' – that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information.

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at Exchequer Court, 33 St. Mary Axe, London EC3A 8AG.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.

**Please use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully, clearly identifying the question number in each case.**



**Travelers Insurance Company Limited**  
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