



BCGBA Insurance Scheme 2019/20 Application Form

To ensure high levels of protection for its affiliated members, Endsleigh Insurances (Brokers) Ltd has worked with the British Crown Green Bowling Association to provide an effective liability insurance solution for its affiliates.

The policies may be purchased online from www.bcgba.sportscover.com. Alternatively, a link to the online portal is available from British Crown Green bowling Association at <http://www.bcgba.org.uk/>.

The online portal will enable you to purchase insurance efficiently and documentation is available instantly.

If you are unable to use the online facility, please complete this application form.

Please note, this application form will incur an additional £10 administration fee.

Please return the application form to:

**Endsleigh Insurances (Brokers) Ltd,
Niche Commercial Business Team,
Endsleigh House,
Shurdington Road,
Cheltenham,
GL51 4UE**

Endsleigh' terms of business can be found here: http://bcgba.sportscover.com/files/TOB_06112015.pdf

BCGBA Insurance Application Form

| | |
|------------------------------------------|-----------------------------|
| Club / League / Association Name: | BCGBA Membership No: |
| Correspondence Address: | |
| Postcode: | |
| Tel: | Mobile No: |
| Email: | |

Insured Activities: Crown Green Bowling.
Including coverage for coaching and an abuse extension.

Cover Available

Third Party / Public Liability, Professional Indemnity & Employers Liability

Coverage for legal costs for compensation and legal costs arising out of a claim for injury to a third party or damage to third party property occurring during the period of cover and injury or disease to employees.

Personal Accident:

Personal accident insurance is a benefit policy where a cash benefit is paid following death or bodily injury to an insured person.

Directors & Officers Liability

Protection for Directors, Officers or Trustees and their personal assets against claims made first during the period of insurance for wrongful acts.

Cover will not be incepted until Endsleigh receive your application and not before the 1st May 2019.

All policies will expire on the 30th April 2020 and therefore be due for Renewal on the 1st May 2020.

All premiums are inclusive of Insurance Premium Tax at the Current Rate of 12%.

Public Liability

Limit of Indemnity

Price

| | |
|-------------|--------|
| £2,000,000 | £41.80 |
| £5,000,000 | £49.40 |
| £10,000,000 | £67.30 |

Personal Accident (Key Benefits)

Amount

| | |
|-----------------------------|--------------|
| Accidental Death | £25,000 |
| Loss of Eyes/Limbs | £25,000 |
| Permanent Total Disablement | £25,000 |
| Temporary Total Disablement | £75 per week |
| Hospital Benefit | £10 per day |
| Injury Assistance | £30 per day |
| Broken Bones (Limbs only) | £80.00 |

97p per person

Directors & Officers Liability

| | |
|----------|--------|
| £100,000 | £20.15 |
|----------|--------|

Cover Selection – Please complete and enter the total applicable

| <u>Public Liability</u> | | <u>Please Enter the Premium Selected</u> |
|-------------------------------------------|------------------|------------------------------------------|
| £2,000,000 Limit of Indemnity | £41.80 | |
| | | |
| £5,000,000 Limit of Indemnity | £49.40 | |
| | | |
| £10,000,000 Limit of Indemnity | £67.30 | |
| <u>Personal Accident</u> | | <u>Number of Members x 0.97p</u> |
| Benefits outlined previously | £0.97 per person | |
| <u>Directors & Officers Liability</u> | | |
| £100,000 | £20.15 | |
| | | |
| <u>Administration Fee</u> | | £10.00 |
| | | |
| <u>Total</u> | | |

Where personal accident is required, please attach a list of insured members.

A cheque should be attached and made payable to **Endsleigh Insurances (Brokers) Ltd.**

Endsleigh Insurances (Brokers) Ltd, Niche Commercial Business Team, Endsleigh House, Shurdington Road, Cheltenham GL51 4UE

Any errors to the form or failure to attach a cheque may delay our ability to place your insurance cover.

Declaration:

I declare to the best of my knowledge and belief that the above statements are true and complete and will form part of the contract between me and the insurer.

I declare there are no known incidents or circumstance that might give rise to a claim and there are no material facts that should be disclosed to insurers. If you are in any doubt about whether facts are material, you must tell us. Failure to do so could affect the validity of your policy.

I can confirm that I have read and understand the above details.

Signed.....

Position.....

Full name (block capitals).....

Date: