

PJT Insurance Services Ltd.

All your insurance needs, covered.

Gyms &
Leisure Centres



Arranged by
PJT Insurance Services Ltd.

DUBLIN

17 Main Street,
Swords,
Co. Dublin.

Tel: + 353 1 8401254

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Email: info@pjtins.ie

TIPPERARY

Suite 1,
Clonbealy Business Park,
Newport, Co. Tipperary.

Tel: + 353 61 373415

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WATERFORD

Corner of Summerhill,
Priest Road, Tramore,
Co. Waterford.

Tel: + 353 51 393814

Fax: + 353 51 393815

Email: waterford@pjtins.ie

Non Disclosure Warning: Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so may invalidate the insurance. It is in your own interests to mention such facts. If you are in doubt about whether certain facts are material these facts should be disclosed.

Law Applicable to Contract: Under the relevant European and Irish legal provisions you and the Insurer concerned are free to choose the law applicable to the contract. The Insurer proposes that Irish Law will apply to the contract, and this will apply unless both agree otherwise in writing.

PJT Insurance Services Ltd is regulated by The Financial Regulator

Proposer

Proposer's Name:

If company please advise :

Proposer's Address:

Full Business Description:

.....

.....

Number of Years Trading: Telephone No: Fax No:

Previous Broker:

Cover Required From: Renewal Date Required:

Property

Property

Cover Required? YES NO

The Basis of Cover will be Fire, Perils, Burglary and Accidental Damage unless otherwise specified.

or

Please specify perils to be insured:

.....

.....

Premises

Description of the Premises:

.....

.....

Sums Insured

Buildings: (Including Professional Fees and Debris Removal) €

or

Tenant's improvements: (if building not owned) €

Rent Payable: (if building not owned) €

Machinery & Plant and all Other Contents: €

Stock and Materials in Trade: €

(belonging to you or for which you are responsible)

Fire Brigade Charges: €

Landlord's Fixtures & Fittings: €

Other: €

Other: (Specify) €

Please state name and address of any interested parties in the Premises:

.....

.....

General Questions

Are the buildings Standard Construction? YES NO

(built of brick, stone, concrete, and roofed with slates, tiles, metal or asphalt). If NO give details:

Age of Premises: years

Are the buildings occupied solely by yourself in connection with your business? YES NO

If NO give details:

Do you require cover in respect of property in outbuildings? YES NO

If YES please give details of security:

Securities

Are the premises alarmed? YES NO

If YES, is there a maintenance contract in force? YES NO

Is there a Central Station Connection? YES NO

Please provide any other Security details:

Fire Protection

Are there : Smoke detectors fitted at the premises? YES NO

Are there: Fire Extinguishers YES NO (how many?)

Are there: Fire Hoses YES NO (how many?)

Is the premises fitted with a Sprinkler System? YES NO

Money

Cover Required? YES NO

Annual Cash Carrying: €

Limits Required

In Premises or in Transit: €

£

Overnight In Safe: €

In Bank Night Safe: €

Please provide details of safe: Make:

Model:

Other (Please Specify): €

Other (Please Specify): €

Business Interruption

Cover Required? YES NO

Indemnity Period: months * Sums insured should represent the annual figure multiplied by the number of years indemnity period required

Gross Profit (Include payroll): € (turnover and closing stocks less opening stocks, purchases and discounts)
or

Rent Receivable: €

Other (Please specify): €

Frozen Foods

Cover Required? YES NO

Type of Cabinet:	Sum Insured
.....
.....

Is a maintenance contract in force for all items of plant? YES NO

Legal Liabilities

Public Liability YES NO

Limit of Indemnity required: € 1.3m or € 2.6m or € 6.5m

Annual Turnover: (exc VAT) €

Employer's Liability: YES NO

Limit of Indemnity € 13,000,000

Breakdown of Wage Roll

Occupation:	Number of Employees	Wages
Clerical/Managerial/Admin/Non-Manual Directors	€
Other (Please specify)	€

General Questions

Does your facility have cctv internally with recordings kept for minimum of 3 months? YES NO

Do you sell any products? YES NO

Please confirm that you do the following:

- | | | |
|---|------------------------------|-----------------------------|
| (a.) Medical questionnaires are to be completed & signed by all members/participants before joining? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b.) Disclaimers are to be signed by all members/participants before joining? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c.) All pregnant members/participants are to obtain GP/doctors written agreement to continue fitness training? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please supply a full list of activities which take place on your premises:

.....

.....

.....

.....

Management Liability Incorporating Directors & Officers and Fidelity

Cover Required? YES NO

Can the Proposer confirm that:

(a.) the Company cannot be described as, nor is involved in, any of the following activities;

Mining, Information Technology, Broadcasting, Publishing, Media, Advertising, Tobacco, Healthcare, Pharmaceuticals, Aviation, Bank, Merchant Bank, Mortgage Company, Mortgage Lender, Stockbroker, Venture Capitalist, Fund Manager, Investment Company, Investment Trust, Hedge Fund, Hedge Fund Manager, Building Society, Friendly Society, Savings, Loans, Investment Management, Insurance or Reinsurance, Recruitment or Contract Management Services;

YES NO

(b.) the Company was incorporated more than 24 months ago

YES NO

(c.) the Company is incorporated with limited liability within the Republic of Ireland

YES NO

(d.) the Company does not have a listing of its shares or other securities on any stock exchange or other securities market;

YES NO

(e.) the Company has, for the latest fully-completed financial year, no more than a Gross Turnover of €20million and Gross Total Assets of no more than € 10million. (Please state the actual figures here)

Gross Turnover € Gross Total Assets €

(f.) the Company has published reports and accounts in the two latest consecutive financial years showing, unqualified reports by independent auditors or accountants, net profit (i.e. after tax, interest, etc), and positive net worth (i.e. both balance sheets show that assets exceed liabilities), no litigation, disputes, or contingent or extraordinary liabilities, and can pay any and all of its debts as they fall due.

YES NO

(g.) insurance is not sought in respect of claims;

made within the legal jurisdiction of the United States of America or Canada,

arising from legal liabilities faced by the Company (as opposed to the Directors and Officers) in respect of shares or other securities;

made by or on behalf of any person or entity holding (beneficially or otherwise) more than 25% of the issued share capital of the Company;

YES NO

(h.) he/she is not aware of any intention for the Company to be acquired by, or merged with, any other entity, or for there to be any other material change in the ownership of the Company (including, but not limited to, a management buy-out or an offering of its share or stock capital) and that no such event took place during the past 24 months;

YES NO

(i.) he/she has no knowledge of any claims or circumstances which may give rise to a claim under the certificate, nor of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the Proposer in respect of the legal liabilities or loss to which this Proposal Form relates;

YES NO

(j.) at no time in the past has there been a refusal or avoidance or cancellation of any insurance similar to that to which the Proposal Form relates;

YES NO

(k.) insurance quotations are sought for one of the following Limits of Indemnity:

(Please indicate the Limit sought)(if other than as shown here, please state requested limit here:)

€ 250,000

€ 500,000

€ 1,000,000

€ 2,500,000

PLEASE NOTE:

If the Proposer's response is 'No' to any part or all of (a) to (k), please contact your broker for an alternate Proposal Form.

Employment Practices Liability Entity Cover (Optional)

- (a.) Does the Proposer require a quotation for Employment Practices Liability Entity Cover? YES NO
- (b.) If Yes to Question (a), can the Company confirm that:
- (i.) It has written procedures, contracts of employment, personnel files, and employee handbook? YES NO
 - (ii.) It minutes all grievance and disciplinary hearings? YES NO
 - (iii.) It does not expect there to be any redundancies or other reductions amongst its employees in the next 24 months? YES NO
 - (iv.) No more than 5% of its employees have resigned, been made redundant or dismissed during the last 24 months? YES NO
 - (v.) It does not plan to make any amendments to the employee benefits package in the next 24 months nor has done so during the last 24 months? YES NO
 - (vi.) It does not have more than 75 employees YES NO
 - (vii.) It does not pay an average annual gross salary to any full-time employee in excess of €50,000 YES NO

If the answer to any part or all of Question (b) (i) – (vii) is 'NO', please provide details:

(c.) How many employees does the Company have?

Claims Experience (All Sections)

Please provide details of all losses (in the last 5 years) and amounts paid/outstanding:

Class of Business:	Date of Loss:	Details of Loss:	Amount of Loss:	Settled:	O/S:
1	€
2	€
3	€
4	€
5	€

Other Information

Are you at present insured in respect of any of the perils or contingencies to which this proposal applies? YES NO

If 'YES', state class of insurance and name of Insurers:

Has any insurer declined or required special terms to insure you or any director or partner or refused to renew any insurance whilst trading in your present or any other name? YES NO

If 'YES', give details:

Have you or any director or partner whilst trading in your present or any other name been declared bankrupt, or convicted of arson, fraud, forgery, stealing, robbery or receiving or any crime of violence associated with any of these or with any other offence against property? YES NO

If 'YES', give details:

General Declaration

I/We the undersigned desire to effect an Insurance in terms of the Policy to be issued by the Insurer concerned. I/We hereby declare that all the statements and particulars given by me/us in this Proposal, which I/we have read over, are correct and that no material fact has been omitted, misrepresented or mis-stated, I am/we are not aware of any other circumstances likely to affect the risk. I/We agree that the statements in the Proposal shall form the basis of the contract between the Insurer concerned and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so.

D&O Declaration (If applicable)

The Proposer declares and warrants that after full and reasonable enquiry and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable. The Proposer further declares and warrants that he/she has been duly authorised by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Certificate. The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Certificate in every respect. The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorised, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal as they deem necessary.

FOR AND ON BEHALF OF (Name of Company)

.....
SIGNATURE

Dated

.....
NAME OF SIGNATORY

.....
Position *

.....
* should be the Chairman, Managing Director, Chief Executive or Company Secretary of the Company