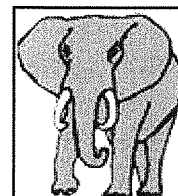




# Annual Proposal Form for Mellerup's (General Insurance) Ltd (Members of the British Association for Shooting & Conservation Ltd) SHOOT & RURAL PURSUITS INSURANCE



## GENERAL QUESTIONS: (To be completed by ALL applicants)

Name of Proposer:

Please give details/membership no. of any Shooting Organisation to which you belong e.g. BASC:

Contact Name: Mr/Mrs/Ms

Contact Address:

Postcode:  Tel No.

Full Description of activities:

Please give location address(s) of where events will take place

Cover Required From:

Are you currently or have you previously been insured for these risks? YES  NO

Name of Insurer:

Policy Number:  Expiry Date:

Do you have a Health & Safety risk assessment in place? YES  NO

Have you had a proposal declined, policy cancelled, renewal refused or been required to pay an increased premium? YES  NO

Have you been convicted of a criminal offence (Other than a motoring offence) not treated as spent under the rehabilitation of offenders act 1974? YES  NO

Have you been, subject to a receiving order, subject of a court judgement for an outstanding debt, or entered into an agreement with creditors? YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS BELOW

CLAIMS HISTORY: Please list below details of all claims/incidents that have occurred in last 5 years

Date of Incident	Description	Cost	Outstanding or Settled
		£	
		£	

Please complete appropriate to the event/activity

**1. GAME SHOOTS:** Turnover: £  (if applicable) Max. no. of Shoots per Season:

Max. no. of Guns per Event:  How long has the Shoot been in existence in its present form?  yrs

*If you require insurance against abandonment please request the Abandonment Proposal Form*

**2. FISHING CLUBS:** (Excluding Sea Fishing) Turnover - Commercial Business £

No. of Members:(Non-profit Clubs)  No. of Boats:(Max. length 10 Metres)

**3. PEST CONTROL:** Turnover: £  Do you use guns & traps? YES  NO

Do you use poison & flame guns? YES  NO  Max. no. of operatives:

**4. GAMEKEEPERS:** Turnover: £  No. of gun days?:

**5. ROUGH SHOOT or PIGEON SHOOT:** Turnover: £

Description of Activity:  Max. no. of Shoots:  Max. no. of Guns:

6. **DEER STALKING:** Turnover: £  Max. no. Stalkers:  Max. no. of Guests per Stalkers:

7. **GOOSE GUIDES:** Turnover: £  Full Description of Activities:   
 Please state if there is more than one Operative:

8. **CONSERVATION TRUSTS:** Turnover: £  No. of Hectares:   
 Does the property include Lakes, Watercourses etc.? YES  NO

9. **CLAY PIGEON SHOOTING/INSTRUCTORS; ARCHERY, AIR RIFLE, CROSSBOW OR LIVE SHOT RANGES:**  
 (N.B. For the use of Clubs & Fixed Commercial Ranges. Excludes events at Country Fairs, Fun Fairs & Travelling Commercial Ranges)  
 No. of Members (Non-profit Clubs):  Turnover - Commercial Business: £   
 Description of Activity:

10. **HAWKING & FALCONRY WORKING &/OR DISPLAY EVENTS:** Turnover - Commercial Business: £   
 Description of Activity:  No. of Members: (Non-profit Clubs)

11. **OTHER DISCIPLINE/ ACTIVITY -** Please specify giving full description:   
 Turnover: £  Maximum no. of Operatives:   
 No. of Members( Non-profit Clubs):  Maximum no. of Guns per Event:

**SECTION A: EMPLOYERS LIABILITY (optional) Limit of Indemnity - £10,000,000**

Number of Employees:  Annual Wage Role: £

**SECTION B: PUBLIC LIABILITY**

Limit if Indemnity: £1m  £2m  £5m   
 (tick as appropriate)  
 If a Club, Please State Number of Members:   
 If a business, please state Income from Commercial Activities: £   
 Are unregistered vehicles used in Connection with an Event? YES  NO

**SECTION C: PROPERTY DAMAGE**

Description	Sum Insured	Description	Sum Insured
<i>Rearing Houses &amp; Release Pens</i>	£ <input type="text"/>		£ <input type="text"/>
<i>Bird Rearing Equipment</i>	£ <input type="text"/>		£ <input type="text"/>
<i>Clay Pigeon Traps &amp; Equipment</i>	£ <input type="text"/>		£ <input type="text"/>
<i>Birds</i>	£ <input type="text"/>		£ <input type="text"/>

**SECTION D: PERSONAL ACCIDENT - Employees Only (Optional) N.B. Only if taken out in conjunction with Section B**

Capital Benefit: (please select) £5,000  £10,000  £15,000  £20,000   
 Weekly Benefit: (please select) Nil  £50  £100   
 Total Estimated Annual Wage Roll: £

**PROPOSER'S CONSENT CLAUSE** **DATA PROTECTION ACT 1998**  
 I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.  
 I/We declare that to the best of my knowledge and belief all the particulars on this proposal either completed by me or on my behalf are true and complete and I have taken all reasonable steps to ensure their accuracy.  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTICE TO PROPOSER**  
 The parties are free to chose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.  
 Any enquiries or complaint should be addressed in the first instance to your Broker. If you are not satisfied with the way a complaint has been dealt with you may ask the Policyholder and Market Assistance department at Lloyd's to review your case without prejudice to your rights in law. The address is: Policyholder & Market Assistance, Lloyd's Market Services, One Lime Street, London EC3M 7HA Tel: 020 7327 5693 or 020 7327 6950

Underwritten by BiB Underwriters Ltd with selected Lloyd's Underwriters. - BiB Underwriters Ltd, Enterprise House, Valley St., Darlington, DL1 1GY.  
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 Mellerup's General Insurance Ltd, 2 Parsonage St., Dursley, Glos., GL11 4EA. Mellerup's (General Insurances) Ltd is authorised & regulated by the Financial Services Authority. Firm Ref No. 307197