

IUA Model Contractual Bonus Insurance Proposal Form

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER SRC QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED.

1. Proposer's Details

- (a) Name of Proposer(s)

- (b) Contact Details of Proposer(s)
 - (i) Registered Address

 - (ii) Telephone Number

 - (iii) Email

- (c) What is the usual business of the Proposer(s) and how long engaged therein?

2. Beneficiary

- (a) Who is the beneficiary of the bonuses for which cover is being sought?
Team Sportsman Other
If '*Other*' please give details.

- (b) What is the contractual relationship between the Proposer and the beneficiary(ies) of the Contract under which the Proposer has a contractual liability to pay bonuses?
Employer Team Sponsor
Individual Sponsor Other
If '*Other*' please give details.

(c) Have written contracts been signed between the Proposer and the beneficiary?

YES NO

If 'Yes', please attach a copy(ies)

If 'No', please give details.

(d) Will these contracts remain in force for the entire period of insurance for which cover is being sought?

YES NO

If 'No', please give details.

(e) Are there any known or planned changes to the beneficiary's team or individuals likely to occur between the date of the commencement of insurance and the date when the Competition / Event commences?

YES NO

If 'Yes', please give details.

(f) Have there been any changes in the board member / owners / financial backers of the beneficiary in the past 12 months?

YES NO

If 'Yes', please give details.

(g) Is there likely to be any changes in the board member / owners / financial backers of the beneficiary in the next 12 months?

YES NO

If 'Yes', please give details.

(h) Loss Payee (if other than proposer stated in Question 1)

3. Risk Details

(a) (i) Name of Competition / Event

(ii) Period of Competition / Event

If a schedule of the Competition / Event is available, please attach.

(b) Describe the circumstances under which the Proposer will become liable to make a payment or payments to the beneficiary.

(c) Detail the extent of the financial obligations under such circumstances.

(d) Who is the Governing Body(ies) regulating this Competition / Event?

(e) Have there been any changes to the rules and regulations governing this Competition / Event since it was last held or are there any changes proposed for the forthcoming Competition / Event?

(f) Please provide the full results of the Competition / Event for the previous 3 occasions on which it has been held.

(g) Please provide the results of the individual / team for the previous 3 occasions in which they have competed

Please note that you must observe and comply with all applicable laws, ordinances and regulations whether, where applicable, national, federal, state or local

5. Additional Information

Do you know of any other matter, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss under this proposed Insurance?

YES

NO

If 'Yes' please list.

Please note the Declaration (Section 7) on this Proposal Form.

6. Law and Jurisdiction

- (a) You have the choice of law and jurisdiction applicable to any contract of insurance that may be issued as a result of this Proposal. Unless you request and the insurers agree otherwise in writing this Insurance is mutually agreed to be governed and construed in accordance with the laws of England and Wales whose courts shall have exclusive jurisdiction.
- (b) Please state which law and jurisdiction you wish to apply, if other than England and Wales, as stated above.

7. Declaration

To the best of my knowledge and belief, the information provided in connection with this proposal is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle insurers to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by insurers: if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete or insurers to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made or supplied to support this proposal shall form the basis of the contract.

I confirm that I am authorised to sign this proposal on behalf of the Proposer.

Proposer's Name :

Signature :

Position :

Date :

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