

## Sports, Social and Leisure Club - Supplementary Questionnaire

Name of Insured:

### Activity Information

Does your business/premises:

- |   |            |
|---|------------|
| 1. offer sporting facilities  | Y/N        |
| 2. have a swimming pool<br>If 'Yes', please confirm whether the pool;   | Y/N        |
| a. is indoor  | Y/N        |
| b. has any water flumes, slides   | Y/N        |
| c. has been approved by local authority   | Y/N        |
| d. is supervised by a qualified lifeguard   | Y/N        |
| 3. have a sauna, solarium, jacuzzi, turkish bath or hot tubs  | Y/N        |
| 4. have sun beds or sun showers   | Y/N        |
| 5. offer beauty treatments  | Y/N        |
| 6. offer any medical, physiotherapy or other forms of sports treatment other than the provision of any first aid or administration of prescribed drugs or medicines | Y/N        |
| 7. offer any ensure coaching, tuition, instruction or advice<br>If 'Yes' please confirm;  | Y/N        |
| a. all coaches and/or instructors are suitably qualified to National Governing Body or UK Coaching Certificate Standards  | Y/N        |
| b. whether liability cover is to be extended to include these activities  | Y/N        |
| 8. offer any crèche facilities<br>a. If 'Yes' please confirm all staff are CRB checked  | Y/N<br>Y/N |
| 9. have a children's playground or indoor soft play area  | Y/N        |
| 10. offer or provide any water, air, mechanical or shooting based sports or activities  | Y/N        |
| 11. have any fixed or mobile rides inflatable rides or coin operated rides  | Y/N        |
| 12. have any mechanical rides (e.g. go karts, mechanical bulls)   | Y/N        |
| 13. have climbing facilities or bungee related rides  | Y/N        |
| 14. have any skate parks, ramps, rails etc  | Y/N        |
| 15. have any amusement or thrill seeking rides (e.g. roller coasters)   | Y/N        |
| 16. allow boot sales or camping at the premises   | Y/N        |
| 17. sell or distribute any products   | Y/N        |
| 18. have any catering facilities  | Y/N        |
| 19. carry out any work above 5 metres in height   | Y/N        |
| 20. have any other facilities or activities in addition to those listed above   | Y/N        |

If you have answered 'Yes' to any of the questions above, please provide details below:

**Entertainment Information**

Does your business/premises:

- |   |       |
|---|-------|
| 1. sell alcohol<br>If 'Yes', please confirm;  | Y/N   |
| a. whether sold to general public (e.g. non club members)   | Y/N   |
| b. opening hours  | _____ |
| 2. have entertainment more than once per week (e.g. live music, bands, disco)                           | Y/N   |
| 3. have a designated dance floor<br>If 'Yes' please confirm approx size                                 | Y/N   |
| 4. employ doormen / security  | Y/N   |
| 5. charge for entry to events (other than fees for guest entry or special occasions e.g. New Years Eve) | Y/N   |
| 6. have a function room or hall which is leased or hired to non members                                 | Y/N   |
| 7. hold any annual events (e.g. fireworks)  | Y/N   |
| 8. offer any other forms of entertainment in addition to those listed above                             | Y/N   |

**If you have answered 'Yes' to any of the questions above, please provide details below:**

**Spectator Stands**

- |                                  |         |
|----------------------------------|---------|
| Do you have any spectator stands | Y/N     |
| If 'Yes' please confirm;         |         |
| • maximum capacity               | _____   |
| • construction                   | _____   |
| • sum insured                    | £ _____ |

**Floodlights**

- |                                    |         |
|------------------------------------|---------|
| Is cover required for floodlights  | Y/N     |
| If 'Yes' please confirm;           |         |
| • Portable Floodlights Sum Insured | £ _____ |
| • Fixed Floodlights Sum Insured    | £ _____ |

**Grounds Maintenance Equipment**

- |  |         |
|--|---------|
| Is all ground maintenance equipment:   |         |
| • subject to regular maintenance inspections with defects being repaired immediately   | Y/N     |
| • stored within a locked building when not in use / outside of business hours  | Y/N     |
| • what is the maximum sum insured stored in any one building in respect of grounds maintenance equipment including portable hand tools | £ _____ |

**Playing Surfaces**

- |  |         |
|--|---------|
| Is cover required for playing surfaces e.g. tennis courts, astroturf pitches | Y/N     |
| If 'Yes' please confirm;   |         |
| • surface type   | _____   |
| • sum insured  | £ _____ |