



CUSTOMER INFORMATION FORM

Please ensure you answer ALL questions to enable us to obtain correct renewal terms on your behalf.

**Name of Club/School:
Proprietors Names:**

**Trading Name
(ie Sharon Harrison t/a Shazza's Splashers)**

Are you a member of a Recognised Body

PLEASE NOTE THAT COVER UNDER THIS POLICY IS SUBJECT TO ALL TEACHERS HOLDING A RECOGNISED QUALIFICATION.

Business Description

(Eg Aqua Aerobics Mothers & Toddlers, Pool Parties)

PLEASE PROVIDE A FULL AND ACCURATE DESCRIPTION OF ALL CLUB ACTIVITIES

Person to Contact:

Phone / Fax / email:

Correspondence Address:

Total Estimated Turnover or Membership

Total Weekly Teaching Hours

Total Weekly Clerical Hours

Total number of

Teachers
Volunteers
Self Employed Teachers

Do you have any involvement with Chlorination, Maintenance or Cleaning YES/NO:

If Yes please

complete the following:

Are all persons responsible for handling chemicals and / or dosing the pool appropriately trained or qualified to do so? **YES/NO**

Are appropriate records kept and regularly checked for the chemical levels of the pool and bacteriological levels? **YES/NO**

Do you have a test and reaction regime in place for pool chemical test results and bacteriological test results? **YES/NO**

Do you have a set procedure and guidelines in place for safe delivery of chemicals? **YES/NO**

Are risk assessments regularly completed and updated by a competent and qualified person? **YES/NO**

Are all chemicals stored correctly and separated according to risk assessments and national recommendations? **YES/NO**

All relevant employees are operating pool plant within the manufacturers guidelines or instructions? **YES/NO**

Do you keep written records / risk assessment of weekly maintenance checks of the pool site, pool plant and equipment? **YES/NO**

Is the pool plant on a maintenance contract? **YES/NO**

Is there a planned cleaning schedule in place? **YES/NO**

Are inspections undertaken and recorded to show evidence of completed or omitted cleaning tasks? **YES/NO**

Are cleaning materials kept separately away from pool chemicals and have their own separate equipment? **YES/NO**

Do you carry out teacher training? YES/NO;

If yes are they externally qualified?

Do you have the STAmark? **YES/NO**

Do you have an appointed person with risk management responsibility?
For example, a health and safety person **YES/NO**

Do you have a pool safety operation procedure in place? **YES/NO**

Are all staff suitably trained and qualified to carry out a specific job? **YES/NO**

Do you have in place open and close of business checks?
(eg attendance, stock and equipment checks) **YES/NO**

Are all buoyancy aids to CE and EU Standards? **YES/NO**

Do you provide Children's Birthday/Pool Parties? **YES/NO**

Optional items: mark as Yes if you want a "no obligation" quotation:

Business Equipment: **YES/NO**

Tick required sum insured

- £1000 sum insured
- £2500 sum insured

Business Interruption **YES/NO**

- Pool Plant and Machinery Extension

Contents of Office **YES/NO**

Tick required sum insured

- £5000 sum insured
- £10000 sum insured

Personal Accident **YES/NO**

(Excludes Pupils)

Business Care Legal Expenses Cover **YES/NO**

Have you, the club or school, or any teacher, club or school official, or helper etc

- Ever been refused insurance or had any special terms applied by an Insurer? **YES/NO**
- During the last 5 years sustained any loss, or had any claim made against you, whether insured or not, in connection with any of the covers required? **YES/NO**
- Ever been convicted of, or have any convictions pending for any offence involving dishonesty of any kind? **YES/NO**
- Ever been prosecuted, or received notice of intended prosecution under any Health and Safety at Work Act, or Consumer Protection Act, Child Protection Act, Sexual Offences Act or any similar legislation? **YES/NO**
- Have you made any previous claims, losses or know of any circumstances which may lead to a claim? **YES/NO**

If you have replied “yes” to any question, please give full details (on a separate sheet if necessary).

Do you wish abuse cover to be considered at an additional premium (only available if you have received the STAMark, or all teachers etc. have had Criminal Records Bureau checks)?

If yes, a separate abuse questionnaire will need to be completed.

Declaration

Incident Report & Claims Information – General

It is a condition under the terms of your policy that any circumstance that may give rise to a claim is reported to your Insurers.

In order to ensure you are complying fully with your policy terms and conditions you must declare:

You are not aware, after enquiry, of any circumstances which might give rise to a claim

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts. A material fact is one that would influence our decision as to whether or not to accept your customer information form for insurance, and, if we were to accept your customer information form, the terms on which we would insure you and the premium we would charge you. If you are in any doubt as to whether a fact is material you should disclose it.

A copy of the Customer Information Form should be retained by you for your own records.

All personal information supplied by you will be treated in confidence by Ault Insurance Brokers and the Insurer and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of Ault Insurance Brokers and the insurer.

Signature of Proposer(s):

Title of signatory:
(e.g.: treasurer/secretary/ etc)

Date of signing:

Signing this Customer Information Form does not bind the Proposer or the Insurer to complete the insurance.

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