



## Annual Proposal Form 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(es) 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:  y Date:

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

Have you had 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 the last 5 years

Date of Incident	Description	Cost	Outstanding or Settled
		£	
		£	

Please complete appropriate to the event/activity

**1. GAME SHOOTS:**

Private Syndicate or Commercial:

Annual Turnover: (if applicable) £

Maximum Number of Shoots per Season:

Maximum Number of Guns per Event:

How long has the Shoot been in existence?  years

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

**2. FISHING CLUBS:** (excluding Sea Fishing)

Commercial or Non-Profit Club?	<input type="text"/>
Annual Turnover: (if applicable)	£ <input type="text"/>
Number of Members: (Non-Profit Clubs)	<input type="text"/>
Number of Boats: (Max. Length 10 Metres)	<input type="text"/>

**3. PEST CONTROL:**

Annual Turnover: (if applicable)	£ <input type="text"/>
Do you use Guns & Traps?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you use Poisons & Flame Guns?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Maximum number of Operatives:	<input type="text"/>

**4. GAMEKEEPERS:**

Annual Turnover: (if applicable)	£ <input type="text"/>
Maximum Number of Gun Days:	<input type="text"/>

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

Annual Turnover: (if applicable)	£ <input type="text"/>
Full Description of Activity:	<input type="text"/>
Maximum Number of Shoots per year:	<input type="text"/>
Maximum Number of Guns per shoot:	<input type="text"/>

**6. DEER STALKING:**

Annual Turnover: (if applicable)	£ <input type="text"/>
Maximum Number of Stalkers:	<input type="text"/>
Maximum Number of Guests per Stalker:	<input type="text"/>

**7. GOOSE GUIDES:**

Annual Turnover: (if applicable)	£ <input type="text"/>
Full Description of Activities:	<input type="text"/>
Maximum Number of Operatives:	<input type="text"/>

**8. CONSERVATION TRUSTS:**

Annual Turnover:	£ <input type="text"/>
Number of Hectares:	<input type="text"/>
Does the property include lakes, etc?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**9. CLAY PIGEON SHOOTING/INSTRUCTORS; ARCHERY, AIR RIFLE, CROSSBOW OR LIVE SHOT RANGES:**

*(For the use of Clubs & Fixed Commercial Ranges. Excludes events at Country Fairs, Fun Fairs & Travelling Commercial Ranges)*

Commercial or Non-Profit Club?	<input type="text"/>
Annual Turnover: (if applicable)	£ <input type="text"/>
Number of Members: (Non-Profit Club)	<input type="text"/>
Description of Activity:	<input type="text"/>

**10. HAWKING & FALCONRY WORKING &/OR DISPLAY EVENTS:**

Annual Turnover: (if applicable) £

Description of Activity:

Number of Members: (Non-Profit Clubs)

**11. GUN DOG TRAINING:**

Annual Turnover: £

Description of Activities:

**12. WILDFOWLING:**

Annual Turnover: £

Number of Members:

Description of Activities:

**13. OTHER DISCIPLINE / ACTIVITY:**

Please specify giving full description:

Annual Turnover: (if applicable) £

Number of Members: (Non-Profit Clubs)

Maximum Number of Operatives:

Maximum Number of Guns per Event:

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

Number of Employees:

Annual Wage Roll: £

Employers Reference Number (ERN):

Are you ERN Exempt? YES  NO

If 'Yes' please state reason ERN Exempt:

(eg. No payroll, Casual employees, Below Threshold etc)

*You should have an ERN number if your annual waggeroll is over £5,000.*

**SECTION B: PUBLIC LIABILITY**

Limit of Indemnity: £1m  £2m  £5m  £10m   
(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

If so please state Number of unregistered vehicles:

**SECTION C: PROPERTY DAMAGE (Optional)**

Description	Sum Insured	Description	Sum Insured
Rearing Houses & Release Pens			
Bird Rearing Equipment			
Clay Pigeon Traps & Equipment			
Birds			
Steel/Shipping Containers			
Tools & Portable Machinery, Lawnmowers etc			

If you have included 'Clay Pigeon Traps & Equipment' please complete the following:

State the full address of where the equipment is kept including postcode:

What is the equipment kept in?  
(eg. Steel Container, Barn, Private House, etc)

In respect of Steel Containers do they have the following security in place:

Locking Bars and 2 Mortise Closed Shackle Padlocks such as Chubb IK21 or IK11 or Ingersol CS712? YES  NO

Padlock Shroud to protect the above padlocks? YES  NO

Is anyone in sight of the Steel Container: YES  NO

State any other security in place:  
(eg. Alarm, Security Guards, Locked gates etc)

**SECTION D: PERSONAL ACCIDENT (Optional) - Employees & Members**

**Employees:** Capital Benefits range from £5,000 to £30,000 in sets of £5,000

Capital Sum Insured:

Estimated Annual Wage Roll: £

Temporary Total Disablement:  per week  
(weekly benefit)

**Members:** Capital Benefits range from £5,000 to £30,000 in sets of £5,000

Temporary Total Disablement (weekly benefit) is automatically included at 1% of the Capital Sum Insured

Capital Sum Insured: £

**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 reasonable steps to ensure their accuracy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTICE TO PROPOSER**

The parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Underwritten by BIBU with AXA Insurance plc - BIBU, The Hamlet, Hornbeam Park, Harrogate HG2 8RE

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