

Amateur Sports Club Personal Accident Quotation Request



Please complete this form and email to the address below to obtain a quotation. Please allow 48 hours for us to respond. Should you require a quotation by return, please call us when emailing so that the appropriate attention can be given to your request

Insurance Broker Name:		Agency No:	
Contact Name:		Tel. No:	
Contact Email:			

Name of Sports Club			
Name of Club Official			
Year founded		Total Club Membership (amateurs only)	
Address			

If any of the Insured Persons are Junior Members, please confirm split between Junior and Senior Membership

Sports to be insured	Number of teams (Individual Sports rated per 20 members or part thereof)	Total number of playing members		Average number of games per team each week during a season
A				
B				
C				
D				

Benefits required: Please enter the benefits required (Maximum lump sum £100,000)

Accident Bodily Injury Benefits:	
Description	Sum Insured £
Death (Death benefit for Junior Members restricted to £5,000 sum insured)	
Loss of one or more Limbs or one or both Eyes	
Loss of speech/hearing (25%of sum insured for loss of hearing in one ear)	
Permanent Total Disablement from gainful employment of any and every kind	

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Please enter the benefits required (Maximum income benefit £300 per week)

Accident Bodily Injury Benefits:	
Description	Sum Insured £
Temporary Total Disablement from usual occupation	

Standard Deferment Period 7 days. Payment Period 104 weeks.

Deferment Period	2 weeks	4 weeks	Other (weeks)

Please provide details of all accidents to members arising out of any Club sport or activity occurring during the past 3 years.

Date	Cause (state the sport or activity or if in the course of travel)	Nature of injuries	Period of Total disablement

Are all Club members, to the best of the Proposer's knowledge and belief, in good health and free from any material, physical or mental defect or infirmity? If no, please provide details	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

Do you hold this case?		Existing Insurer?	
Current Renewal Date		Target Premium?	£

IF YOU NEED MORE INFORMATION ABOUT OUR PRODUCTS OR HAVE AN ENQUIRY THAT DOESN'T 'FIT THE BOX', PLEASE CONTACT US

Arch Insurance UK Personal Accident & Travel - T 0113 386 3750
10th Floor, West One, 114 Wellington Street, Leeds, LS1 1BA.

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