

## Sports Insurance Quotation Form

Please complete ALL relevant sections of this form as accurately as possible to ensure your quotation is correctly calculated. Should there be any questions you are unsure of, please request a call back and one of our sports insurance specialists will call you to provide assistance.

Steps:

1

2

3

### About you

Your full name/s:

Club name: (to appear on policy)

Type of club: (sport type)

Correspondence / Postal address:

Post code:

Primary business address:

Post code:

Years established at this address:

Best daytime phone number:

Fax number:

Email address:

Website:



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### Details of cover

#### Limits of Cover

Weekly benefit required:

Weekly Benefit	£10	£15	£20	£25	£30	£35	£40	£45	£50.00 - £150.00
Accidental Death	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Loss of Limbs	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Total and irrecoverable loss of sight of one eye	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Loss of two limbs	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Total and irrecoverable loss of sight of both eyes	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Loss of one limb and irrecoverable loss of sight of one eye	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Permanent Total Disablement	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000	£45,000	£50,000
Temporary Total Disablement (Per Week)	£10.00	£15.00	£20.00	£25.00	£30.00	£35.00	£40.00	£45.00	£50.00 - £150.00
Cups and Trophies	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL
Kit Cover	£200	£200	£200	£200	£200	£200	£200	£200	£200
Hospitalisation	£50.00	£50.00	£50.00	£50.00	£50.00	£50.00	£50.00	£50.00	£50.00
Dental Cover	£100	£100	£100	£100	£100	£100	£100	£100	£100
Physiotherapy	£100	£100	£100	£100	£100	£100	£100	£100	£100

Public Liability:

#### Team Information

Number of Adult Teams: (max 20 players per team)

Number of Junior Teams: (max 20 players per team)



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### Your claims experience

Please provide the following details about your claims experience

#### *Claims Experience*

Number of claims in past 5 years:

Date of loss of most recent claim:

Amount claimed:

Have any preventative measures been taken:

Do you have any pending claims or are you aware of any potential future claims on your business that may influence cover when taking out a policy with us:  Yes  No

If answered 'Yes' to above, please provide full detail:

#### *Date of cover*

Your current renewal date:

Date cover required from:

Your current premium:

#### *Terms & Conditions*

I/we have read and agree to the LRO Insurance [Terms & Conditions](#)

