

MEAD Sport and Leisure Limited

Specialist Liability Insurance Brokers

ANNUAL PUBLIC LIABILITY INSURANCE PROPOSAL FORM FOR SINGLE EVENTS

The Declaration at the end of this Proposal must be signed and dated. Please complete this Form in black ink & in capital letters

The Name of the Insured Individual or Organisation is			
The Contact Name		Position	
Address			
			Post Code
Telephone	Fax	Email	

Venue(s) where the principal activities will be carried out/performed
<i>A schedule of all of your planned events with estimated attendances would be most useful</i>

Events	
Type of Events	
Maximum Period of Occupation of Venues	Days
Maximum number of Events per annum	
Estimated Annual Turnover £ or maximum number of people seen per session	Commencement Date required

Type of Event
<p>Please indicate the general nature of the events involved ie art/craft show or flower show and also give details of the activities you will be arranging at the event(s). Please attach any brochures that you may have promoting the event(s)</p>
<p style="text-align: right;">Please list all details on a separate piece of paper as necessary</p>

Level of Cover required		
SECTION ONE - Public Liability Cover - Please indicate Limit of Liability required		
£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
SECTION TWO - Employers Liability Cover		
Standard Limit of Liability of £10,000,000 provided - We require Employers Liability cover YES <input type="checkbox"/> NO <input type="checkbox"/>		
SECTION THREE - Event Property Cover		
Please indicated the type and value of the Property that you require insured		
Description	Sum Insured £	

1. Whilst organising or participating in an event(s) have you, any Official, Committee Member or Co-organiser:

- | | YES | NO |
|---|--------------------------|--------------------------|
| (a) Sustained any loss or damage or liability during the last five years whether insured or not | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Had any insurance declined or cancelled or had special terms imposed | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you or any Official, Committee Member or Co-organiser ever been convicted or charged but not yet tried for an offence other than a driving offence YES NO

If YES please provide full details

3. Are any dangerous activities going to be undertaken at the event(s) YES NO
 (Activities entailing a foreseeable risk of damage to property or likely to cause bodily injury, unless reasonable precautions are taken, or activities for which a disclaimer is used must be signed by the participants)

If YES please provide full details including whether the activity is under your sole control or is provided independently by third parties with their own Public Liability insurance
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4. Will adequate first aid be provided and if so will suitably Qualified staff be in attendance YES NO

5. Will the permission of the Local Authority be sought or has been granted YES NO

6. Will the advice of the Police or Fire Authority be sought and will either be present at the staging of the event(s) YES NO

7. Will staging and seating be erected and if so will this be carried out by suitably qualified professionals with their own insurance YES NO

8. If the event(s) is staged over a number of days has 24 hour security of the site been arranged YES NO

9. Estimated maximum number of people at any one event.....

10. Previous Insurer Previous Premium £ where applicable

DECLARATION

To the best of my/our knowledge and belief the information provided in connection with this Proposal, whether by my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void this insurance. (A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters. If you are in any doubt as to whether a fact is material or not please disclose it on a separate attached sheet)

I understand that the signing of this Proposal does not bind me/us to complete the insurance but agree that should a contract of insurance be concluded this Proposal and statements made therein shall form the basis of the contract.

Signatures of all Proposers	Date
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PLEASE RETURN THIS FORM TO: MEAD Sport and Leisure Ltd., PO Box 1035, Smallburgh, Stalham, Norwich, NR12 9ZL

If you have any questions please call us on **FREEPHONE 0800 0850 261**

E: ask@sportsinsurancemead.com www.sportsinsurancemead.com