



Event Liability Proposal Form

Insured Details:

Name of Insured: _____
Address: _____
Town / City: _____
State/ County: _____
Country: _____

Regulatory:

Is the Insured a private individual (a person acting outside their business, trade or profession)? Yes No

Event Details:

Name of Event: _____
Address: _____
Town / City: _____
State/ County: _____
Country: _____

Type of Event to be insured:

Trade Show/ Consumer Show/ Meeting/ Seminars

Convention/ Conference open to the public

Convention/ Conference not open to the public

Sporting Events (please describe) _____

Other type of Event (please describe) _____

Does the Insured have any assets in the USA? Yes No

Does the Insured require Employers Liability for applicable Event(s)? Yes No

Event Dates:

Event From Date: _____ Event To Date: _____
Tennany From Date: _____ Tennancy To Date: _____

Public Liability Limit:

Please advise what limit you require:

GBP 500,000

GBP 1,000,000

GBP 2,000,000

GBP 5,000,000

GBP 10,000,000

GBP 20,000,000

Limits Of Indemnity:

Please provide the following financial information for your Event:

100% Gross Revenue:

100% Costs and Expenses:

Payroll:

What is the total estimated Pay Roll of all Employees for the Event?

Event Information:

What is the total number of attendees for the Event?

Does the Insured have a written health and safety policy detailing procedures applied to the Event and that all contractors/exhibitors are made aware of and required to comply with?

Yes

No

Has the Insured carried out and implemented a written risk assessment in respect of the Event?

Yes

No

Activities taking place at the Insured's Event(s):

Does the Insured's Event(s) include any of the following activities:

1. Bouncy castles or other inflatables

Yes

No

2. Creches

Yes

No

3. Fairgrounds or rides

Yes

No

Does the Insured provide, operate or control any of these activities or equipment themselves?

Yes

No

Has evidence of current PL & EL been obtained from the sub-contractors that provide operate or control any of these activities or equipment?

Yes

No

Do any other activities need to be considered?

Yes

No

Please provide full details of the activity including safety measures and confirmation as to if the Insured provides or operates any activities or equipment themselves?

Processes:

Please indicate if the Insured Event(s) involves any:

Working at height above 5 metres (16.4 feet) or depth of more than 2 metres (6.6 feet)?

Yes

No

Processes involving the application of heat other than the preparation of food and drink?

Yes

No

Claims History:

Have any claims for personal injury or damage to property by third parties or employees been made against the Insured in the past 5 years?

Yes

No

Specific Non Standard Coverage:

Does the Insured have any specific non-standard coverage requirements

Yes

No

Declaration:

Following all due enquiries with and by the Insured I can confirm that to the best of the Insured(s) knowledge and belief they have:

- never been prosecuted under the Health and Safety at Work Act or other Statute or regulation.
- not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 years
- not been declared bankrupt nor been involved in a company or business which has gone into liquidation, receivership or come to an arrangement with creditors in the last five years
- not waived any legal rights of recovery against contractors and exhibitors?
- checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners
- required all contractors, performers and exhibitors to provide evidence of insurance against third party liability risks before they are permitted on site?
- required all exhibitors to provide evidence of insurance against third party risks before we permit them on site

The information provided in connection with this proposal is true and the Insured has disclosed any and all material facts. The Insured understands.

a material fact is one likely to influence a reasonable underwriter in determining (a) whether or not to accept the risk; and/or (b) the level of the premium; and /or (c) the terms, conditions and limitations of the certificate. If you are in any doubt as to what constitutes a material fact then please tick no.

Yes

No

Any Additional Information: