

# Insurance cover proposal form celebrations and parties



## You and your event

### About you

Organisation & legal title (Ltd, Committee, PLC etc) _____	Address _____
_____	_____
Title (Mr, Mrs, Miss, Ms, Dr, Lady, Lord etc) _____	_____
_____	_____
First name _____	Postcode _____
_____	Daytime contact telephone no. _____
Last name _____	Email _____
_____	

YES NO

Are you the organiser of the celebration/party?

Whilst organising or participating in any event have you, or any official committee member or co-organiser:

**a)** Suffered any loss or circumstance which has, or might have given rise to a claim under this type of insurance in the last five years?

**b)** Had any insurance declined, cancelled or had special terms imposed by any event insurer?

Have you or any official committee member, partner, co-organiser or member of the insured been convicted of any criminal offence other than a driving offence, which is currently unspent?

### Celebration/party

Type of celebration/party _____	Is your event	indoors	outdoors	both
_____	Date of your celebration/party:			
Name of venue _____	From	<input type="text"/>	To	<input type="text"/>
_____	Total number of visitors expected to attend your celebration/party:			
Address _____	<input type="text"/>			
_____				
_____				
Postcode _____				

Please take reasonable care to answer all the questions honestly and to the best of your knowledge. Your answers to the questions will affect our decision to provide cover and the premium charged. If you don't understand a question or cannot answer it, please contact us immediately because if you don't answer the questions correctly, your policy may be void.

Celebration/Party activities

	YES	NO
<b>Will your event feature any of the following:</b>		
– Any trampolines, acrobatics, gymnastics or any activity requiring the use of harnesses?		
– Shooting, archery or use of projectiles?		
– Any motorised/mobile or aerial displays or races (including gravity powered go-karts)?		
– Any forms of fire i.e. torches, bonfires, fireworks, beacons or fire pits (not including BBQ's)?		
– Any activity taking place in or on water?		
– Inflatable play equipment, fairgrounds or electrical rides, circus acts or stunt acts of any kind?		
<b>If you have answered yes to any of the above, will these be provided and operated by a subcontractor carrying their own public liability cover?</b>		

**Please provide us with a list of your planned main activities:**

# Premiums (including insurance premium tax)

Please take time to fill-in this section correctly by ticking the box next to the premium level you require on the charts below – an example is shown opposite. Lastly, fill in the total premium box below.

Up to 100	£60 <input type="checkbox"/>	£86 <input type="checkbox"/>
Up to 250	£81 <input type="checkbox"/>	£119 <input type="checkbox"/>
Up to 500	£106 <input type="checkbox"/>	£160 <input type="checkbox"/>
Up to 1,000	£160 <input checked="" type="checkbox"/>	£213 <input type="checkbox"/>
Up to 2,500	£266 <input type="checkbox"/>	£319 <input type="checkbox"/>

## Public liability and cancellation package

TOTAL VISITORS	PUBLIC LIABILITY	CANCELLATION	PREMIUM
Up to 50	£1M	£2,500	£53
Up to 100	£1M	£2,500	£74
Up to 250	£1M	£2,500	£100

YES NO

Is the celebration/party dependent on any person over the age of 75? If yes, please complete the below\*

Is the age of the dependant(s) between 75 and 79 over 80

Please provide the dependents name \_\_\_\_\_

Please provide the dependents date of birth \_\_\_\_\_

Address of the dependent \_\_\_\_\_

Postcode \_\_\_\_\_

Please detail the dependent's relationship to the insured \_\_\_\_\_

Does the dependent have any pre-existing medical conditions \_\_\_\_\_

What is the dependents general state of health? \_\_\_\_\_

Please provide details of the dependents day to day activities which help maintain their state of health i.e. diet and exercise routines \_\_\_\_\_

Are written contracts or receipts in place between yourself and your venue and/or suppliers? \_\_\_\_\_

**\*We just want to make you aware that an additional premium will need to be applied for this extension.**

## Increased limits of public liability

PUBLIC LIABILITY	ADDITIONAL PREMIUM
£2M	£11
£5M	£27
£10M	£50

## Employer's Liability (not available without Public Liability)

EMPLOYERS	PREMIUM
Up to 10 volunteers/helpers/employees	£23

## Event equipment (Prices are in respect of up to 4 consecutive days)

COVER UP TO	PREMIUM
£2,000	£16

TOTAL PREMIUM COST	£
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**All sections are extendable by quotation.**

# Important information

## Next steps

### Please tick as appropriate:

- ☐ I would like a quotation  
☐ I would like to purchase a policy

How would you like us to send your documents?

- ☐ Post  
☐ Email

Please confirm, if you wish to proceed with the cover, how you wish to pay?

- ☐ Card payment over the phone  
☐ I enclose a cheque  
☐ I would like to pay by BACS transfer

If you would like to pay by card or by BACS, please supply us with your best daytime contact number and an indication of which time slot you would prefer us to contact you in:

Telephone no.

Time slots:

- ☐ 9am-12pm  
☐ 1pm-5pm

From time to time, Event Insurance Services Ltd would like to send you details of other products and services that may be of interest to you. Please tick to confirm you would be happy to receive these.

## Important – please sign below

**Any policy or quote will be issued based upon the information provided to us by you. You must take reasonable care to provide us with accurate information and you should notify us immediately if anything is incorrect or if you are unsure about any details. Providing inaccurate information could adversely affect your policy, including invalidating your policy and claims being rejected or not fully paid. Should any information change during the period of insurance you should notify us immediately. Insurance cover is subject to our terms and conditions. If you would like a copy, please refer to our website or contact us on 01425 470360.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Main Exclusions

For full terms and conditions a specimen policy wording is available online.

- The first £250 of each and every claim (except employer's liability and cancellation claims).
- Dangerous activities (please refer to your policy documents).
- Independent contractors, performers or suppliers.
- Any pre-existing medical condition.
- Cancellation following death, injury or illness of any party over the age of 75 years unless agreed in writing.

### Broker Details

Are you a broker? ☐ Yes ☐ No

Company name:

Postcode:

### Event Insurance Services Ltd.

Freepost,  
Ringwood,  
Hants BH24 1AJ

Exclusively arranged by



Ref



Issue No. 06/17

### Insurance Provider Details

This insurance is arranged by Event Insurance Services Ltd and underwritten by UK General Insurance Ltd on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch Office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

Event Insurance Services Ltd and UK General Insurance Limited are authorised and regulated by the Financial Conduct Authority.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

