

# Celebrations Insurance

## Proposal form



# About you

## PLEASE NOTE:

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.

Organisation and legal title (Ltd, Committee, PLC etc.)

Title  Name

Address

Postcode

Daytime contact telephone no.

Email

Yes

No

Are you the organiser of the celebration?

**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

Type of celebration

Name of venue

Address

Postcode

Is your event:  Inside  Outside  Both

Date of your celebration:

From  To

Total number of visitors expected to attend your celebration:

# Premiums (including insurance premium tax)

## Public Liability

Prices are in respect of up to 2 consecutive days.

TOTAL VISITORS	PUBLIC LIABILITY	CANCELLATION	PREMIUM
Up to 50	£1M	£2,500	£58
Up to 100	£1M	£2,500	£82
Up to 250	£1M	£2,500	£109

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

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

Please provide the following details on the dependant:

Name Date of birth

Address

Postcode

Dependant's relationship to the insured

Yes

No

Does the dependant have any pre-existing medical conditions?

What is the dependants general state of health?

Please provide details of the dependants day to day activities which help:

Yes

No

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

## Premiums (including insurance premium tax)

### Increased limits of Public Liability

PUBLIC LIABILITY	ADDITIONAL PREMIUM
£2M	£13
£5M	£30
£10M	£55

### Employer's Liability

Not available without Public Liability. Prices are in respect of up to 2 consecutive days.

EMPLOYERS LIABILITY	PREMIUM
£5,000,000	£26

### Event Equipment

Prices are in respect of up to 2 consecutive days.

COVER UP TO	PREMIUM
£2,000	£19

TOTAL PREMIUM	£

#### 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, Public Liability bodily injury, and Cancellation claims).
- Dangerous activities (please refer to your policy documents).
- Liability of 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.

All sections are extendable by quotation.

# Celebration activities

Will your event feature any of the following:	Yes	No
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:

# Important information

## 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 and how you wish to pay?

Card payment over the phone      Enclosed a cheque      BACS transfer

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:      09:00-12:00      14:00-17:00

## 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.**

Please be assured that we take your privacy extremely seriously and we will only use your personal information to administer your account and to provide the products and services from us.

However, we would like to be able to let you know about related products or services that we think you might be interested in. If you are happy for us to get in touch every now and then, please tick the boxes below to say how we may contact you:

Email      Post      Text Message

Signature      **typed e-signature is acceptable**      Date

**Please return this form in the enclosed or provided FREEPOST envelope.**

Are you a broker?      Yes      Postcode

Company name

**\* Please note, you can complete and sign this form on behalf of your client**

## IMPORTANT

### Insurance provider details

This insurance is arranged by Event Insurance Services Ltd & underwritten by UK General Insurance Limited on behalf of Watford Insurance Company Europe Limited. Watford Insurance Company Europe Limited is a Gibraltar based insurance company with its registered office at; P O Box 1338, First Floor, Grand Ocean Plaza, Ocean Village, Gibraltar.

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 310101. You can check our details on the Financial Services Register <https://register.fca.org.uk/>. Watford Insurance Company Europe Limited is authorised and regulated by the Gibraltar Financial Services Commission under incorporation number 112869. This can be checked by visiting the Gibraltar FSC website at <https://www.fsc.gi/>.

As an insurance company authorised in Gibraltar, Watford Insurance Company Europe Limited is permitted under the Financial Services and Markets Act 2000 (Gibraltar) Order 2001 to conduct business in the United Kingdom under FCA reference 714197. You can check this by visiting the Financial Services Register on the FCA website at <https://register.fca.org.uk>. Details about the extent of its regulation by the Financial Conduct Authority are available on request.



For internal use:  
Reference

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