

**Insured**

Organisation & legal title \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Daytime contact telephone no. \_\_\_\_\_  
 Email \_\_\_\_\_

**Event**

Name of event \_\_\_\_\_  
 Type of sporting event/activity: \_\_\_\_\_  
 Period of occupation of venue From \_\_\_\_\_ To \_\_\_\_\_  
 Open dates From \_\_\_\_\_ To \_\_\_\_\_  
 Venue \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Is your event  indoors  outdoors  both

Total number of visitors/participants expected to attend your event, on any one day.

Total number of visitors/participants expected to attend your event, over its duration.

Please note, the total number of visitors are calculated on the maximum number of people attending throughout the duration of the event (300 visitors a day over 4 days, equals 1200 visitors in total, even if the same people are attending each day).

	COVER REQUIRED	PREMIUM
Public Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>
Event Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Total Premium		<input type="text"/>

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.

**ABOUT YOU** YES NO N/A

- Are you the organiser of the event?  YES  NO
- Whilst organising or participating in any event have you, any official, committee member or co-organiser:
  - 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?  YES  NO
  - Had any insurance declined, cancelled or had special terms imposed by any event insurer?  YES  NO
- 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?  YES  NO

**SPORTING EVENT ACTIVITIES**

- Will your event feature any of the following:
  - Any forms of fire i.e. torches, bonfires, fireworks, beacons or fire pits (not including BBQ's)?  YES  NO
  - Shooting ranges and/or archery?  YES  NO
  - Any 'extreme element' such as a long time period, distance, use of obstacles or challenging terrain or conditions?  YES  NO
  - Any motorised/mobile/water bound or aerial activities?  YES  NO
  - Any trampolines, acrobatics, gymnastics or any activity requiring the use of harnesses?  YES  NO
  - Any inflatables, bouncy castles or similar?  YES  NO

Please can you list/describe any additional activities or sporting features that will take place at your event.

**PUBLIC LIABILITY** YES NO N/A

- Will you see evidence that any contractor, performer or exhibitor has public liability insurance equal to the sum Event Insurance Services is providing?  YES  NO  N/A
- Do you have a fully documented risk assessment and/or health & safety policy for the event?  YES  NO
- Will there be first aid at the event?  YES  NO
- If the event is lasting more than 12 hours or over 44km (27 miles), will the event be fully marshalled and/or with a participant tracking system in place?  YES  NO  N/A
- Will any temporary structures be erected at the event?  YES  NO

**EVENT EQUIPMENT**

- Do you have proof of purchase or hire for the equipment?  YES  NO
- If your equipment will be on site for more than one day or overnight, is security in place?  YES  NO

**Important**

THE POLICY 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 \_\_\_\_\_

WE CAN ONLY ACCEPT HAND SIGNED APPLICATIONS. UNFORTUNATELY, ELECTRONIC SIGNATURES CANNOT BE ACTIONED.

**public liability up to £10M** (Cover is in respect of up to 4 consecutive days)

TOTAL VISITORS	PREMIUM			
	£1M	£2M	£5M	£10M
Up to 100	£58	£84	£116	£155
Up to 250	£79	£116	£157	£207
Up to 500	£104	£157	£209	£258
Up to 1,000	£157	£209	£261	£310
Up to 2,500	£261	£313	£366	£413
Up to 5,000	£366	£417	£470	£517
Up to 10,000	£522	£574	£626	£723

**employer's liability £5M** (Cover is in respect of up to 4 consecutive days)

EMPLOYERS	PREMIUM
Up to 10 volunteers/helpers/employees	£52
Up to 20 volunteers/helpers/employees	£104

**event equipment** (Cover is in respect of up to 4 consecutive days)

COVER UP TO	PREMIUM
£2,500	£33
£5,000	£65
£7,500	£97
£10,000	£129
£15,000	£194
£20,000	£253

**Cancellation and adverse weather cover available by quotation.**

**All sections are extendable by quotation.**

