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| SPECIAL ONE OFF FESTIVAL/EVENT INSURANCE PROPOSAL FORM |
| Name of Insured |  |
| Address |  |
| Contact name |  | Email |  |
| Telephone |  |
| Please state the experience of you/organiser have for events of this type |  |
| “Has any Event(s) undertaken by you ever had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Event?” | YES/NO |
| If yes please provide details |

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| **FESTIVAL/EVENT DETAILS** |
| Event Name |  |
| Event Description (e.g. Music Festival) |  |
| Location/Venue |  |
| Is the Venue; |
| a. Indoors | Yes/No |
| b. In a temporary structure (e.g. a marquee) | Yes/No |
| c. Outdoors | Yes/No |
| Period of event | From |  | To |  |
| Period at venue (including set up a breakdown) | From |  | To |  |
| Have all the licences, visas, permits been obtained and are all contractual arrangements in writing for the event? If No please provide details of when these will be obtained. | Yes/No |
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| Has this event been held before? | Yes/No | If Yes then how many times? |  |
| CANCELLATION INSURANCE |
| Do you require Cancellation Insurance? If yes then total costs/income to insure: | **Costs:****Revenue:** |
| **If adverse weather cover is required then please complete the additional details on final page** |
| **LIABILITY INSURANCE** |
| **Do you require public liability insurance?**  | **Yes/No** |
| Please state required value; £2m, £5m, £10M or other |  |
| Please state estimated attendance per day (number of persons) |  |
| Please state the number stewards that will be used to ensure the safe running of the event |  |
| Will the police or a security company be in attendance? If Yes please provide details. |  |
| Will alcohol be allowed into the venue? | Yes/No |
| Will alcohol be on sale at the venue? | Yes/No |
| Will any of the following be at the event? |
| a. Fairground/amusement rides? | Yes/No |
| b. Bouncy castle(s)? | Yes/No |
| c. Motorised/Mobile/Water Bound or Arial Displays or Processions? | Yes/No |
| d. Fireworks or Explosives? | Yes/No |
| e. Stunts/Racing or any kind of hazardous activity? | Yes/No |
| If the answer to any of the above is Yes will these activities be provided solely by independent suppliers/sub-contractors? |  |
| **You must check to ensure that such independent suppliers have their own Public Liability Insurance with a Sum Insurance Limit at least equal to that which you have requested and that their insurance will be current for the entirety of your event.** |
| Will suitably qualified staff be in attendance to provide First Aid? |  |
| **Do you require Employers Liability Insurance**  | **Yes/No** |
| a. The activities to be undertaken by employees (including casual staff or volunteers). |  |
| b. The Clerical (non manual) Staff Wage Roll | £ |
| c. Wage Roll of remaining staff | £ |
| d. The total number of staff/casual workers/volunteers at the event |  |
| e. The total number of staff working at any one time |  |
| **OWNED AND HIRED IN EQUIPMENT INSURANCE**  |
| **Do you require equipment cover? If Yes then please confirm total replacement value:** | Marquee £Stages £Audio/Visual £Toilets £Other £ Total £ |

**IMPORTANT NOTICE**

Please note that failure to disclose all material facts (that is those facts an insurer would regard likely to influence the acceptance or assessment of this proposal) may invalidate the Insurance. If you are in any doubt whether a fact is material you should disclose it. You are advised to keep a record (including copies of letters) of all information supplied to the Insurer for the purpose of entering into the contract of Insurance.

It is understood that the signing of this Proposal does not bind the Proposer to complete or Underwriters to accept this Insurance, but the Proposer agrees that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

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| **DECLARATION** |
| Your Quotation will be made on the basis that you/your business or any directors/partners have not: |
| (a) ever been convicted or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974(b) ever been a partner or director of a partnership or company (as applicable) which went into liquidation, receivership, administration, or entered into a voluntary arrangement with its creditors (c) ever been declared bankrupt (d) ever been disqualified from being a director And any insurer has never; (a) declined your proposal, (b) declined to pay a claim in full or in part, (c) cancelled or declined to renew your insurance or (d) invited renewal at special terms. |
| **I can confirm I comply with this declaration ☐** |
| **Signature****Date** |