

SPECIAL EVENTS PROPOSAL FORM



Ansvar Insurance Company Limited
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Agent
 Agent No. Agency Ref.
 Quote Ref./Policy no.

Please use BLOCK CAPITALS and, where applicable, answer the questions by putting a [✓] in the square adjoining the correct answer. If you [✓] any of the shaded boxes please provide details.



PROPOSER'S DETAILS (Please state full legal entity)

Full name of organiser(s) including, where appropriate, the Committee/Trustees for the Time Being etc.

Type of organisation:

Sole Trader Partnership Limited Company
 Registered Charity Recognised Charity (in Scotland and Northern Ireland) Charity Number
 Applying for charity status Voluntary Organisation Non-Profit Company/Organisation

Venue address or location

Postcode

Correspondence address

Postcode

Telephone numbers

Office Daytime (if different)

Period of Insurance

From To

(please include days for preparation, erection, dismantling and removal)

State: a) number of days on which the public will attend b) estimated daily attendance
 c) number of employees and volunteers involved in the event

Are you: a) show or event organiser Yes No
 b) exhibitor only? Yes No If YES, give details of business or trade
 c) organiser and exhibitor? Yes No

Do you have any other policies with Ansvar? Yes No

If YES, provide details

Please indicate if you would like details of the following:

Charity Connect Business Insurance Charity Shops Church Connect Home Connect Trustees Indemnity

RISK DETAILS

Description of the event e.g. concert, fete or exhibition including details of planned activities, side-shows etc.

Will the event include any of the following:

- | | | | |
|---|--|---|--|
| a) Aerial events e.g. gliding, parachuting, hang gliding, and the like? | Yes <input type="checkbox"/> No <input type="checkbox"/> | h) Water sports e.g. canoeing, windsurfing, water skiing etc? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Bonfire and fireworks displays? | Yes <input type="checkbox"/> No <input type="checkbox"/> | i) Abseiling? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Horse, pony, donkey or other animal rides? | Yes <input type="checkbox"/> No <input type="checkbox"/> | j) Bouncy castles? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Mechanical fairground amusements/rides? | Yes <input type="checkbox"/> No <input type="checkbox"/> | k) Bungee running or jumping? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Motorised events of any kind (including racing)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | l) Fly on the wall? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Powered model aircraft flying display? | Yes <input type="checkbox"/> No <input type="checkbox"/> | m) Martial arts of any kind? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g) Processions involving motorised vehicles? | Yes <input type="checkbox"/> No <input type="checkbox"/> | n) Shooting or archery? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | o) Other hazardous activities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you [] any shaded boxes please give details (including whether members of the public will participate, safety precautions that will be taken, and if separate insurance has been arranged in respect of these activities)

If YES, for bonfire and firework displays, will police and fire brigade authorities be advised in advance and their recommendations fully complied with? Yes No

If YES, for bouncy castles, will supervision be provided at all times by responsible adults when in use? Yes No

If YES, for motorised events of any kind or processions involving motor vehicles have you:

- a) instructed all participants to ensure their motor insurance covers this activity? Yes No
- b) obtained approval from the local police and highway authority? Yes No

Will any grandstand tiered seating or similar structure be provided for spectators? Yes No

If YES, will it be inspected by the Local Authority or a qualified surveyor? Yes No

State any other material fact concerning the event or contractual obligations (e.g. local authority insurance requirements).

Will qualified first aid personnel be in attendance for the event and a means available for summoning emergency assistance? Yes No

GENERAL DETAILS

Are you now or have you previously been insured against any of the risks proposed?

IF YES, (a) name of insurer (b) expiry date of policy
(c) policy number

Has any insurer in respect of Special Events insurance:

- (a) declined any proposal, cancelled or refused to renew a policy? Yes No
- (b) increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)? Yes No

To your knowledge, have you or any official, trustee or director been:

- (a) convicted or charged with, or received a caution for any criminal offence other than motoring offences? Yes No
- (b) declared bankrupt or had any unsatisfied County Court Judgement? Yes No
- (c) insured against any of the risks proposed either in your name or in another name? Yes No

Have you sustained loss or damage or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes No

If YES, provide details including dates, circumstances and costs, etc.

COVER DETAILS

PUBLIC/PRODUCTS LIABILITY **Note: Cover under this section is compulsory**

State indemnity limit required: £1 million £2 million £3 million £5 million

ALL RISKS Do you require cover? Yes No

If YES, attach a list of property to be covered giving a full description (*make/model/value*). Total sum insured required

£

CANCELLATION EXPENSES Do you require cover? Yes No

For show or event organiser, state sum insured required:

£

(maximum sum insured £25,000)

For exhibitors only, state sum insured required:

£

(maximum sum insured £5,000)

EMPLOYERS LIABILITY (£10 million indemnity limit) Do you require cover? Yes No

MONEY Do you require cover? Yes No

If YES, state sum insured required for money in transit:

£

locked safe

£

PERSONAL ACCIDENT Do you require cover (available only for your employees and volunteers aged 16 to 70 inclusive)? Yes No

If YES, number of employees and volunteers aged 16 to 70 years?

If YES, [✓] benefits option required for death, loss of limbs or eyes:

a) £5,000

b) £10,000

c) £

and temporary total disablement:

a) £25 per week

b) £50 per week

c) £

per week

IMPORTANT NOTES

- Our liability does not commence until this proposal has been accepted.
- We reserve the right to ask for special terms or decline this proposal.
- Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal, may render the policy voidable by us. If you are in any doubt whether certain facts are material, these should be disclosed.
- A copy of this proposal will be supplied by us on request within 3 months of its completion.
- You should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract of insurance.
- A copy of the usual policy form issued for this class of business is available on request.
- English Law will apply unless expressly agreed otherwise.
- We may write to you or your insurance agent with details of other products and services available from Ansvar that we think may be of interest to you. However, if you do not wish to receive any marketing from us please tick this box.
- Insurers pass the information to the Claims and Underwriting Exchange register, run by Insurance Database Services (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this. You should show this notice to anyone who has an interest in property insured under the policy.
- **Data Protection Act - Use of your information**
For the purpose of the Data Protection Act 1998 the data controller in relation to the information you supply for this insurance is Ansvar, part of the Ecclesiastical Insurance Group. As a data subject you have the right under the Act to ask your Data Controller for a copy of personal data you have supplied and ask for inaccurate data to be corrected. Information you supply is used for purposes of administration by the insurer and its agents, by re-insurers and your intermediary. It may also be made available to regulators and ombudsmen as necessary. In deciding whether to offer insurance, its terms or assessing claims made, insurers may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

DECLARATION

I/We declare that the above proposal together with this declaration shall be the basis of the contract between me/us and Ansvar and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

Signature

Name

Position in charity/organisation

Date

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION

PLEASE ENCLOSE A COPY OR DRAFT OF ANY LITERATURE OR PROGRAMME REGARDING YOUR EVENT