

## PUBLIC LIABILITY INSURANCE PROPOSAL FORM (ONE OFF EVENT)

**In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.**

### IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

<p><b>THE PROPOSER</b></p> <p>1. (a) Name of Proposer: <i>(Please show trading name if different)</i></p> <p>(b) Mailing Address: <b>(including Postal Code)</b></p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Risk Address:</p> <p>(f) Trade of Business:</p> <p>(g) Type of Event:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>2. <b>LIMIT OF INDEMNITY:</b> State of Limit of Indemnity required for any one occurrence</p>	<p>\$.....</p>
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<p>3. <b>PERIOD OF INSURANCE:</b></p> <p>(a) Time:</p> <p>(b) What Medical Precautions are in Place:</p> <p>(c) What Safety Precautions are in Place:</p> <p>(d) What Security Precautions are in Place:</p> <p>(e) How many persons will be attending the event?</p>	<p>From ..... To .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>4. <b>PREVIOUS INSURANCES</b></p> <p>(a) Are you now or have ever been insured against Public Liability Claims?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(b) Has any insurer ever:-</p> <p>(i) Declined your proposal?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(ii) Refuse to renew your policy?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(iii) Increased your premium on renewal or imposed special terms    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>If "Yes" give details, including name of Insurer: .....</p> <p>.....</p> <p>.....</p>	
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**5. CLAIMS HISTORY**

- (a) Have you had any claims made against you for personal injury or damage to property in the last five (5) years? Yes  No
- (b) If "Yes" please complete the table below:

Date	Particulars	Amount Paid	Amount Outstanding

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I/We agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the insurers of any material alteration to those occurring before the completion of the contract of insurance.

Signature of Proposer.....Date:.....

Name (Please Print).....