

PROPOSAL FORM FOR INSURANCE

PUBLIC LIABILITY (ONE OFF EVENT)

Please ensure that all 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.

SECTION 1 DETAILS OF PROPOSAL

1.		
•••	a. Name of Proposer:	
	b. Mailing Address:	Postal Code:
	c. Trading Name (if different):	
	d. VAT No./TRN (where applicable):	
	e. Telephone No./Fax No.:	
	f. Email address:	
	g. Risk Address:	
	h. Trade of Business:	
	i. Type of Event:	
2.	Limit of Indemnity Required for any one occurrence:	
3.	Period of Insurance: FromTo	
	a. Time:	
	b. What medical precautions are in place?	
	c. What safety precautions are in place?	
	d. What security precautions are in place?	
	e. How many persons will be attending the event?	
4.	Previous Insurances	
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١.	a. Are you now or have ever been insured against Public Liability Claims?	□ Yes □ No
•	a. Are you now or have ever been insured against Public Liability Claims?b. Has any insurer ever:	☐ Yes ☐ No
	b. Has any insurer ever:	🗆 Yes 🗆 No
	b. Has any insurer ever: i. Declined your proposal?	☐ Yes ☐ No



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5.	Claims	History
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Have you had any claims made against you for personal injury or damage to property in the last five (5) years? ☐ Yes ☐ No If Yes, please complete the table below:

Date	Particulars	Amount Paid	Amount Outstanding

SECTION 2 DECLARATION

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

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated 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.

Proposer Name (Please print)	 		
Signature		Date	