



Proposal Form

Short Term Events

Important Information

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct. It is important that you let us know about anything that could influence the insurers attitude to your proposal.

Section A: General Questions

Please complete clearly in BLOCK CAPITALS

Name/Organisation

Address of premises

Postcode

Telephone no

Fax no

The Event

Name of Event

Full description including associated activities, sideshows etc. (attach a brochure if available)

a) Period at Venue

From

To

b) Event Open Dates

From

To

c) Estimated attendance

d) Estimated Gross Revenue

£

The Venue (where principal activities to be held)

Name

Address

Postcode

Event History

2. Has an Event been held before? Yes No

a) If YES, for how many years? _____ **Years**

Previous location and dates?

a) _____

b) _____

3. Have there been any losses, incidents or claims at any previous event that would have been covered by this policy? Yes No

4. Has any Insurer declined to insure, cancelled or refused renewal or imposed special terms in respect of this or any previous Event? Yes No

If YES please provide details

Section B: Public and Products Liability

5. Do you require cover under this Section? Yes No

6. Limit of liability required? £2,000,000 £5,000,000

7. Does the Event include hazardous activities, such as fairground and amusement rides, bouncy castles, motorised, waterborne or aerial activities or fireworks? Yes No

If YES, will such hazardous activities be provided, managed and supervised by Bona Fide Sub-Contractors with their own Public Liability Insurance? Yes No

(N.B. you must check that Bona Fide Sub-Contractors have Public Liability Insurance in force and for Hazardous activities you must retain documentary evidence, otherwise cover is excluded)

Section C: Employers Liability

Only available with Section B

8. Do you require cover under this Section? Yes No

Please state the number of employees, casual workers, helpers and volunteers _____

(N.B. Helpers and volunteers are deemed to be employees and are excluded from cover under the Public and Products Liability Section)

Section D: All Risks

The maximum Sum Insured under this Section is £100,000

9. Do you require cover under this Section? Yes No

If YES please state replacement value of all property used in connection with this event, including, but not limited, to

- a) Display stands, furnishings and fittings £ _____
- b) Marquees, tents and other temporary structures £ _____
- c) Audio visual equipment £ _____
- d) Portable communication equipment £ _____
- e) Portable toilets £ _____
- f) Stock £ _____
- g) Other (please specify) £ _____

(N.B. Wines, Spirits, cigarettes and tobacco limited to a maximum of £500)

Section E: Money

Only available with Section D

10. Do you require cover under this Section? Yes No

11. Please state the maximum amount at risk £ _____

(N.B. maximum Limit of Liability under this Section is £6,000 any one loss and a £2,000 Personal Carrying Limit (money any one person) also applies).

Section F: Cancellation

The maximum Sum Insured under this Section is £100,000

12. Do you require cover under this Section? Yes No

Please state the sum to be insured in respect of

13. Costs and Expenses £ _____

14. Net Profit £ _____

(N.B. evidence of such sum insured will be required from previous years records of the Event)

15. Is the Event to be held wholly in:

- a) a building? Yes No
- b) the open? Yes No
- c) temporary structure? Yes No
- d) or a combination of above? Yes No

e) If YES to d), please detail which and extent of each

16. Please provide full details of temporary structures

17. What are the most likely reasons for the Event not taking place?

18. Have all necessary contractual arrangements been made and all authorisations obtained?

Yes No

If NO, please provide full details

Section G: Non-Appearence

Only available with Section F

19. Do you require cover under this Section?

Yes No

20. Please specify Persons for whom cover is required

Person 1

Name(s)

Age(s)

Role at Event

Are they in good health?

Yes

No

Person 2

Name(s)

Age(s)

Role at Event

Are they in good health?

Yes

No

Person 3

Name(s)

Age(s)

Role at Event

Are they in good health?

Yes

No

POLICY COMMENCEMENT DATE

N.B: We recommend cover should commence at the time of organization and payment of deposits. Coverage under Section E and F, Cancellation and Non-Appearence, is not available unless purchased 14 days prior to Event Open Date. NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form, together with other information relating to the claim will be put on the register and made available to participants.

To set up and administer your policy Riva Insurance Brokers Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Riva Insurance Brokers Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

Insurance Premium Tax

The Finance Act 1994 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Section H: Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

Signature(s): _____

Date

_____/_____/_____

Please note: If you are returning this form to Riva ib by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.



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