

FIREWORK INSURANCE PROPOSAL FORM

PLEASE READ & ANSWER THE FOLLOWING QUESTIONS BEFORE PROCEEDING

Question	Yes	No
Has the 'firer' Attended and actually launched fireworks at, at least 1 fireworks display in the last 2 years?		
Has the 'firer' attended a recognised 'Public Firework Display Safety Course' within the last 5 years?		
Has the 'firer' ever had a claim made against him/her, a co-organizer or committee member of any of those events the firer attended?		
Has the 'firer' ever had any special terms imposed or insurance declined in the past related to events or fireworks only?		
Have you and all members of the organizing team read and agreed to adhere to DTI regulations?		
Are you using cat 3 fireworks or below?		
Do the fireworks and fuses conform to BS7114 safety standards?		
Have you undertaken a risk assessment of the fireworks event? <u>You may be asked to produce this.</u>		

Insurance Broker			
Contact Name		Tel:	
Email			
Client Name and Address			
Location of Event			
Are there going to be any Temporary Structures (delete as applicable)		Yes	No
Period of Event	From		To
Period at Venue including Set Up and Breakdown	From		To

How Many People are attending your display?			
What level of Public Liability do you require (£1m, £2m, £5m, Other)			
Please List any third parties that are attending (these must have their own Insurance equal to your own requested level)			
a. Have you ever sustained a Cancellation, Property or Liability loss at an event?	Yes	No	
b. Have you ever had any insurance declined or special terms imposed (on event style insurance only)	Yes	No	
c. Have you ever been convicted (or charged but not tried) of any criminal offence involving dishonesty of any kind?	Yes	No	
d. Will Adequate First Aid be provided?	Yes	No	
e. Has the permission of the local authority been sought and granted?	Yes	No	
f. Has the advice of the local police and/or fire authority been sought?	Yes	No	
g. Will either be present at the staging of the event?	Yes	No	
h. Will staging and seating be erected?	Yes	No	
i. Will this be carried out by suitably qualified professionals with their own insurance?	Yes	No	
If the answer to a, b or c is yes, please give details here. If the answer to I is no, please give details here:			
Where did you hear about Us?			
Signed by client			
Full Name		Date	