

| EVENT ALL RISKS INSURANCE PROPOSAL FORM | | | |
|---|--|-------|--------|
| PLEASE COMPLETE THE RELEVANT SECTIONS AND RETURN | | | |
| Contact Name | | | |
| Organisation (if applicable) | | | |
| Address | | Email | |
| Telephone | | | |
| Are you the organiser? If No please supply full details of the Organiser | | | Yes/No |
| | | | |
| Please state the experience or you/organiser have for events of this type | | | |
| Have you ever been | | | |
| a. Bankrupt | | | Yes/No |
| b. Disqualified from being a Company director? | | | Yes/No |
| c. Involved as an owner, director or partner with any Company that went into receivership, administration or liquidation? | | | Yes/No |
| d. Convicted (or charged but not tried) of any criminal offence involving dishonesty of any kind? | | | Yes/No |
| Have you ever suffered a loss (whether insured or not) in respect of any similar events? If Yes please give details of the loss. | | | Yes/No |
| | | | |

| | | | |
|---|--|--|--------|
| Event Name | | | |
| Event Description (e.g. seminar) | | | |
| Location/Venue | | | |
| Is the Venue | | | |
| a. Indoors | | | Yes/No |
| b. In a temporary structure (e.g. a marquee) | | | Yes/No |
| c. Outdoors | | | Yes/No |
| If your event is a combination of the above please state whether loss of all or one would cause a loss the cancellation of the Event. | | | |



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| | |
|--|--------|
| Is the Venue undergoing or due to undergo any construction or refurbishment work? If Yes please provide details. | Yes/No |
| | |
| Is Car Parking other than on tarmac provided for the Event? If Yes please provide details. | Yes/No |
| | |

| | | | | |
|--|------|--|----|--------|
| Period of event | From | | To | |
| Period at venue (including set up a breakdown) | From | | To | |
| Have all the licences, visas, permits been obtained and are all contractual arrangements in writing for the event? If No please provide details. | | | | Yes/No |
| | | | | |
| Has this event been held before? | | | | Yes/No |
| If Yes on how many occasions? | | | | |
| Has this event ever suffered a loss? If Yes please provide details. | | | | Yes/No |
| | | | | |

Leisure & Lifestyle Insurance Services Limited
 Basepoint Business Centre, Oakfield Close, Tewkesbury Business Park, Tewkesbury GL20 8SD
 Leisure & Lifestyle Insurance Services Limited is authorised and regulated by the Financial Services Authority. Our FSA register number is 477114. Registered in England No. 6445758

| Cancellation Insurance | |
|--|--------|
| Do you require Cancellation Insurance | Yes/No |
| Is the Venue currently fully operational and planned to remain so until completion of the Event(s) to be insured? If No please provide details. | Yes/No |
| | |
| Have all the necessary arrangements for the successful fulfilment of the Event(s) to be insured been made? | Yes/No |
| | |
| On what basis do you want to insure? You may request a quotation for both options. | |
| 1. Cost, Expenses & Commitments. | £ |
| 2. Loss of revenue (i.e. total income including profit). | £ |
| a. Do the proposed Sums Insured represent the full value of the basis proposed? | Yes/No |
| b. Do the proposed Sums Insured include Artistes Fees / Guarantees? | Yes/No |
| c. If cover is required for Loss of Revenue, can your Revenue figure be substantiated by records from previous Events? | Yes/No |
| If No to a) or Yes to b) or c) above, please state: for a) full details, b) the amount of such Fees / Guarantees and for c) the last 3 years Revenue figures | |
| Is the Event held in conjunction with or dependant upon another event? If Yes please give full details. | Yes/No |
| | |
| Please state the critical factors upon which the successful holding of the Event relies? | |
| | |
| Will the non-appearance of any person(s) cause cancellation or abandonment or curtailment of the Event? If Yes please complete the Non Appearance section below. | Yes/No |

| Non Appearance Insurance | | |
|---|---------------|---------------|
| Do you require Non Appearance Insurance? | | Yes/No |
| Please provide details of the persons to be insured. | | |
| Name | Date of Birth | Occupation |
| | | |
| | | |
| | | |
| | | |
| Please give details of any previous non-appearance of the above individuals. | | |
| Before answering the following questions, you must consult the person(s) to be insured who may be required to undergo an independent medical examination | | |
| Are any of the person(s) to be insured suffering from any physical, psychological or other medical condition? If Yes please provide details. | | Yes/No |
| | | |
| Are any of the person(s) to be insured undergoing any form of medical or other treatment? If yes please provide details. | | Yes/No |
| | | |
| Is the person(s) to be insured following any prescribed regime medical or otherwise? If Yes please provide details. | | Yes/No |
| | | |
| What allowance has been made for | | |
| Travel delay? | | |
| Set up time? | | |
| Stand by dates? | | |

| Liability Insurance | |
|--|---------------|
| Do you require public liability insurance? | Yes/No |
| Please state required value; £1m, £2m, £3m £5m or other | £ |
| Please state estimated attendance per day (number of persons) | |
| Please state the number stewards that will be used to ensure the safe running of the event | |
| Will the police or a security company be in attendance? If Yes please provide details. | Yes/No |
| | |
| Is the venue a secure site? If No please provide details. | Yes/No |
| | |
| Will alcohol be allowed into the venue? | Yes/No |
| Will alcohol be on sale at the venue? | Yes/No |
| Will any of the following be at the event? | |
| a. Celebrities? | Yes/No |
| b. Fairground/amusement rides? | Yes/No |
| c. Bouncy castle(s)? | Yes/No |
| d. Motorised/Mobile/Water Bound or Arial Displays or Processions? | Yes/No |
| e. Fireworks or Explosives? | Yes/No |
| f. Stunts/Racing or any kind of hazardous activity? | Yes/No |
| If the answer to b is Yes will their be public participation | Yes/No |
| If the answer to any of the above a-f is Yes will these activities be provided solely by independent suppliers? | Yes/No |
| If the answer to a-f above is Yes you must check to ensure that such independent suppliers have their own Public Liability Insurance with a Sum Insurance Limit at least equal to that which you have requested and that their insurance will be current for the entirety of your event. If the answer is No you must inform us immediately. | Yes/No |
| If the answer to any of the above a-f is No (that is you will at least partly provide such activities) will you ensure that all participants sign written disclaimers? If No please state below what precautions will be taken. | Yes/No |
| | |

| | | |
|--|---|--------|
| Will any grandstand, tiered seating or similar structure be provided for spectators? | | Yes/No |
| If Yes | a. What is the capacity? | |
| | b. Who will erect the structure? | |
| | c. Will you ensure that the erectors are made responsible for Public Liability insurance and that such insurance has a sum insured at least equal to that requested herein and will you check to ensure that such insurance is current for the entirety of the Event? | Yes/No |
| | d. Will the structure be inspected by a Local Authority Surveyor? | Yes/No |
| Will suitably qualified staff be in attendance to provide First Aid? | | Yes/No |

| Do you require Employers Liability Insurance | Yes/No |
|---|--------|
| If Yes please state | |
| a. The activities to be undertaken by employees (including casual staff or volunteers). | |
| b. The Clerical (non manual) Staff Wage Roll | £ |
| c. Wage Roll of remaining staff | £ |
| d. The number of casual/volunteer staff at the Event? | |

| 'Property 'All Risks' | | |
|---|-------------------|---------------------|
| Do you require "All Risks" Insurance? | Yes/No | |
| If Yes please state the items to be insured, the total value and the value of the most expensive single item. | | |
| Item | Total Sum Insured | Most expensive item |
| Marques or temporary structures | £ | £ |
| Audio-visual or electronic equipment | £ | £ |
| Computer equipment including laptops | 3 | £ |
| Portable communications equipment | £ | £ |
| Plasma Screens | £ | £ |
| All other equipment | £ | £ |
| Total Value to be insured | £ | |
| Please describe fully the other equipment | | |

| | |
|--|--------|
| Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the Event(s) to be insured which might result in a loss under this insurance? If Yes please supply full details. | Yes/No |
| | |

IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is those facts an insurer would regard likely to influence the acceptance or assessment of this proposal) may invalidate the Insurance. If you are in any doubt whether a fact is material you should disclose it. You are advised to keep a record (including copies of letters) of all information supplied to the Insurer for the purpose of entering into the contract of Insurance. A copy of the completed proposal form is available on request for a period of 3 months after it's completion

DECLARATION

1/We declare that the particulars and statements given in this Proposal and the information provided are to the best of my/our knowledge and belief complete and true and 1 am / We are willing to accept the Certificate of Insurance issued by Worldwide Hole 'N One Ltd on behalf of certain Lloyd's Underwriters including its terms conditions and exclusions

Signature:

Date:

Name (in block capitals)

Position:

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