

Special Event Connect Proposal Form

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Business division of Ecclesiastical Insurance Office plc



Agent	Agent No.
Agent Ref.	Quote Ref/Policy No.

Please use BLOCK CAPITALS and, where applicable, answer the questions by putting a [✓] in the square adjoining the correct answer. If you [✓] any of the shaded boxes please provide details.

Proposer's details

Full name of charity/organisation (state full legal entity including, where appropriate, the Committee/Trustees for the Time Being etc):

Type of charity/organisation (please tick one or more)

<input type="checkbox"/> Recognised charity	<input type="checkbox"/> Applying for charity status	<input type="checkbox"/> Registered charity
<input type="checkbox"/> Limited by guarantee	<input type="checkbox"/> Charitable Incorporated Organisation	Charity registration number:
<input type="checkbox"/> Voluntary organisation	<input type="checkbox"/> Not-for-profit company/organisation	

Name and address for correspondence (if different from the address above):

Postcode

Office tel number	Daytime tel number
Fax number	Website address
Email	

Period of Insurance (please include days for setting up, dismantling and removal)

From	To
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Are you:

a) event organiser? Yes No

b) exhibitor or participant only? Yes No

c) organiser and exhibitor? Yes No

If YES, give details of business or trade

Do you have any other policies with Ansvar? Yes No

If Yes, provide details

Risk Details (to be completed in all cases)

If you [✓] any of the shaded boxes please provide details.

01. Do you require cover for

a) single event

Yes No

b) multiple events

Yes No

If YES, please advise number of events planned for the next 12 months

02. State (For a multi-event policy your answers should be in respect of your largest event)

a) number of days on which the public will attend

b) estimated daily attendance

c) number of employees and volunteers involved in the event

03. What is your Employer Reference Number (ERN)?

If you have no ERN, please confirm that you are exempt from holding one.

Yes

04. Description of the event(s)

e.g. concert, fete, or exhibition including details of planned activities, side-shows, etc

PLEASE ENCLOSE ANY AVAILABLE LITERATURE OR PROGRAMME DESCRIBING YOUR EVENT AND THE ACTIVITIES UNDERTAKEN

05. Venue or location address(es)

For a multi-event policy, "to be confirmed" is acceptable for venues that have not yet been arranged.

06. Do you require cover for any of the excluded activities listed in the brochure?

Yes No

You will find details of our standard excluded activities in our policy summary for this type of policy. If you require cover for any of these excluded activities we will give consideration to your request subject to you providing full details (or on a separate sheet of paper) of the activity, including the control, supervision and safety arrangements. Not all of the activities excluded will be acceptable for cover.

NOTES:

- a) FIREWORK DISPLAYS - If you request cover for a firework display we will require you to complete a separate form – 'FIREWORK DISPLAYS – SAFETY ISSUES AND DECLARATION'
- b) MOTOR VEHICLES – Please see exclusion c) in endorsement 213

07. Do you require cover for any activity that we normally exclude but which is provided by a professional supplier of such activity, and is not already included within our standard cover?

Yes No

You will find details of our standard cover for additional activities provided by professional suppliers in our policy summary for this type of policy. If you require this cover for any additional activity we will give consideration to your request subject to you providing full details (or on a separate sheet of paper) of the activity concerned. Not all of the activities in our standard exclusion will be acceptable for cover.

08. Will any grandstand tiered seating or similar structure be provided for spectators?

Yes No

If YES, will it be inspected by the Local Authority or a qualified surveyor?

Yes No

Risk Details (to be completed in all cases)

If you [✓] any of the shaded boxes please provide details.

09. Will qualified first aid personnel be in attendance for the event(s) and a means available for summoning emergency assistance? Yes No

10. State any other material fact concerning the event(s) or contractual obligations (e.g. local authority insurance requirements)

General Details (to be completed in all cases)

01. Are you now or have you previously been insured against any of the risks proposed either in your name or in another name? Yes No

If YES, state the:

Name of insurer

Policy No.

expiry date of policy

02. Has any insurer in respect of you or any director, partner, trustee or official in the charity/organisation ever:

a) declined a proposal Yes No

b) cancelled or refused to renew a policy? Yes No

c) increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)? Yes No

03. To your knowledge, have you or any director, partner, trustee or official in the charity/organisation been:

a) convicted, or charged with but not yet tried for, a criminal offence (any convictions spent under the Rehabilitation of Offenders Act can be ignored) other than motoring offences? Yes No

b) declared bankrupt, insolvent or the subject of a County Court Judgement which has not been satisfied? Yes No

c) prosecuted or received notice of intended prosecution, under any health and safety at work, consumer protection or environmental legislation? Yes No

d) involved in any legal dispute, action, prosecution, HM Revenue & Customs dispute or investigation/inquiry or DSS review in connection with the business/organisation (excluding motoring offences) Yes No

04. Has the charity/organisation, or any director, trustee or official of the charity/organisation sustained loss or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes No

If YES, provide details including dates, circumstances and costs etc.

Standard Cover

If you [✓] any of the shaded boxes please provide details.

PUBLIC & PRODUCTS LIABILITY Note: Cover under this section is compulsory

State the indemnity limit required: £1 million £2 million £3 million £5 million £10 million

Do you make, supply or sell any goods or commodities?

Yes No

Optional Covers (complete section if cover required)

If you [✓] any of the shaded boxes please provide details.

EMPLOYERS LIABILITY Do you require cover?

Yes No

All Risks Do you require cover?

Yes No

Unspecified charity/organisation property

Single article limit required: £250 £500 £1,000 £1,500 £2,000

Unspecified sum insured required (minimum £1,000): (must be at least treble the chosen single item limit)

£

Specified item(s) description (make/model etc.)

£

£

£

CANCELLATION EXPENSES Do you require cover?

Yes No

For event organiser, state the sum insured required (maximum £25,000)

£

For exhibitor or participant only, state the sum insured required (maximum £10,000)

£

MONEY Do you require cover beyond the standard limits?

Yes No

If YES, state sum insured for money in transit:

£

in locked safe

£

PERSONAL ACCIDENT Do you require cover? (refer to brochure for cover and age limits)

Yes No

a) State benefit required:

£5,000 / £50pw £10,000 / £100pw

b) State the number of employees and volunteers

Important Notes

CHECK THAT ALL QUESTIONS HAVE BEEN COMPLETED AND ANSWERED CORRECTLY BEFORE SIGNING

- Our liability does not commence until this proposal has been accepted.
- We reserve the right to ask for special terms or decline this proposal.
- Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal, may render the policy voidable by us. If you are in any doubt whether certain facts are material, these should be disclosed.
- A copy of this proposal will be supplied by us on request within 3 months of its completion.
- You should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract of insurance.
- A copy of the usual policy form issued for this class of business is available on request.
- Any policy issued will be governed by the law of England unless your legally registered address is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies it shall be English law.

DATA PROTECTION ACT – USE OF YOUR INFORMATION

Ansvar Insurance and its agents (we/us) will use your information to:

- 1) Administer your insurance policy by us, our agents, re-insurers and your intermediary.
- 2) Disclose it to solicitors, loss adjusters, service providers, regulators and ombudsmen as necessary.

- 3) Make, at our option, checks against publicly available information such as electoral roll, County Court Judgements, bankruptcy or repossessions to enable us to decide whether to offer insurance to you, the terms of such insurance, and to review any previous claims you have made.
- 4) Keep you informed by post, telephone, e-mail, text messaging or other electronic means, about insurance and financial products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted for these purposes unless you indicate an objection to receiving such information by contacting us either by email at ansvar.marketing@ansvar.co.uk or write to us at Ansvar Insurance, Ansvar House, St Leonards Road, Eastbourne, East Sussex, BN21 3UR or telephone us on 0845 60 20 999 to have your details removed from our marketing lists.

Further details are available in our privacy policy on our website www.ansvar.co.uk. We may need to pass the email addresses we collect to other companies for administrative purposes only. We may use third parties to carry out certain activities, such as processing and sorting data, monitoring how you use our website, market research purposes and issuing our e-mails for us. Third parties will not be allowed to use your personal information for their own purposes.

Declaration by the Proposer(s)

I/We consent to Ansvar and its agents processing any data required to administer this proposal and any resulting insurance.

I/We declare that the above proposal, any other information we supply at Ansvar's request and this declaration shall be the basis of the contract between me/us and Ansvar and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

Name of person completing this form

Signature

Position in charity/organisation

Date