

Special Events Insurance Proposal Form

For Cornish Mutual use only

Inspector's No./ Member's No.	Start Date	Quoted annual premium £	Number of Policy to be cancelled or amended	Policy Number SE
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Please read the accompanying summary of insurance before completing this form and keep a record (including copies of letters) of all information supplied to us for the purpose of entering into the contract. **Please use Capital Letters for your answers.**

Details of the proposer

Name of person(s) or organisation:

If an organisation, name and position of contact person:.....

Correspondence address:

..... Postcode:

Tel: Mobile:

Fax: Email:

Organisation or Event website address (if any):.....

Event details

Event name:.....

Event venue:.....

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Describe fully the event to be insured including all types of activities undertaken:

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Have you or any organiser of the event in relation to this event or any other previous event in which you or they are currently involved or have previously organised:

a) had an Insurer decline insurance, cancel or refuse to renew insurance or had any special terms, restrictions or conditions imposed? If 'Yes' please give details	Yes/No
.....	
b) been prosecuted or have such a prosecution pending? If 'Yes' please give details	Yes/No
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c) suffered any loss, damage, sickness or injury or incurred any liability in the last three years which has or could have given rise to a claim whether or not insurance was in force? If 'Yes' please give details	Yes/No

Have you or any organiser of the event:	
a) been declared bankrupt or been disqualified from being a company director or been involved as owner, director or partner with any company which went into receivership, administration or liquidation? If 'Yes' please give details	Yes/No
b) been the subject of any County Court Judgments? If 'Yes' please give details	Yes/No
c) been convicted or charged in respect of any criminal offence? If 'Yes' please give details	Yes/No

Period of Insurance

Over how many days does the event take place?	
Please indicate the period you would like the insurance to cover	
Important: You should take into account any duties, including preparation and dismantling, which may occur before or after the special event.	
From: DD/MM/YYYY	To: DD/MM/YYYY

Attendance

Please state the expected maximum daily attendance	
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Organisers and helpers

Please state the total number of organisers and voluntary helpers	
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Details of cover required

Please indicate your cover requirements below:

Cover	Requirement
Public Liability	YES
Employers' Liability	Yes/No
Personal Accident	Yes/No
Property	Yes/No
Money	Yes/No

Additional Information

Do you require that all participants/exhibitors/performers have their own Public Liability Insurance? if 'No' please give details:	Yes/No
Have you prepared a written risk assessment for this event? If 'No' please advise when this will be done.	Yes/No

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**Additional
Information box**

A large, empty rectangular box intended for providing additional information.

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Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and/or acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Please tick the box if you would like a copy of this proposal sent to you.

Marketing Preferences

From time to time Cornish Mutual would like to keep you up to date with information and offers on other insurance products and services that we feel may be of interest to you. We respect your privacy and will **never** share your information outside Cornish Mutual and its agents for marketing purposes. We also **will not inundate you** - we will only ever alert you to products or offers we think you may benefit from.

No I do **not** wish to receive offers or information from Cornish Mutual by post.

Yes please send me news, offers and information from Cornish Mutual by email.

Please note you will be given the option to unsubscribe from emails at any time.

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/we agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of the Cornish Mutual Assurance Co. Ltd.

I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurers Policy(ies).

I/we agree that the information provided on this proposal form and any information supplied by me/us shall be incorporated in and form part of the insurance contract

I/we wish to effect insurance with, and apply to become a member of, The Cornish Mutual Assurance Company Limited in accordance with the terms of the Company's Memorandum and Articles of Association.

Before signing the Declaration please check your answers carefully particularly if this proposal form is not completed in your own hand.

Signature of Policyholder(s)

Position Date