

Event Insurance

STATEMENT OF FACTS What You Have Told Us



Please read the following Statement of Facts information carefully. It is a record of the latest information you have provided to us or has been assumed. If you disagree with any of the statements then you must contact us immediately.

Client contact name	Mr Alex Minford
Event name	Grosmont Events
Client organisation name	Grosmont Events
Address	Trevyr Grosmont Abergavenny Gwent NP7 8HS
Phone	07920157485
Email	trevyr1@btinternet.com
Event type	Family fun day
Event start date	15/07/2019
Event duration (days)	1 Day
Maximum number of guests to attend any one event	250
Please provide the address of the Event(s)	Trevyr Grosmont ABERGAENNY Gwent NP7 8HS
What is the gross annual turnover for these events?	£10,000.00
Public Liability	
You have elected to take following level of cover (£1million, £2 million, £5 million or £10 million)	£5m
Employers Liability	
How many staff, volunteers and helpers require employers liability?	0
Event Property Cover	
You have elected to take cover up to? (£2500, £5000, £7500, £10000, £15000, £20000)	£0.00
Maximum Single article limit is £2,000	
If you require multi-event cover please complete the following:	
1. The number of events you have elected to cover per annum are (15, 45)	15
2. What is the gross annual turnover for these events?	10000
3. What is the maximum number of visitors at any one event?	250
Cancellation Cover	
You have elected to take Cover up to (£1000, £2500, £5000, £7500, £10000)	£0.00

Other Information

Will the following be erected by suitably qualified professional personnel who have their own insurance:

Staging?

No

Seating?

No

Marquees?

No

Will there be a Firework Display at your event?

No

Will the Firework display at your event be undertaken by a professional contractor?

No

Please Note : We must obtain a completed 'Safety Issues' document before we can consider terms. We are unable to accept cover until this has been received

Is the event staged in the UK?

Yes

You are not a professional event organiser?

No

No dangerous activities are being undertaken at the event?

Yes

Will adequate first aid and/or other suitably qualified staff be in attendance?

Yes

Where necessary, have you sought the permission of the local authority and adhered to any recommendations for the police and / or fire authority to be in attendance?

Yes

No work will be carried out above 2.5m by any person insured under this policy?

Yes

Are written contracts in place between yourself and your venue and or suppliers?

Yes

Do you have a fully documented risk assessment and health and safety policy for the event(s)?

Yes

Will you see evidence that any contractor, performer or exhibitor has satisfactory insurance?

Yes

Whilst organising or participating in any event you, any official, committee member or co-organiser have not:

a) Suffered any loss or circumstance which has or might have given rise to claim under this type of insurance in the last five years?

Yes

b) Had any insurance declined, cancelled or had special terms imposed by an event insurer?

Yes

c) Been convicted of any criminal offence other than a driving offence in the last five years?

Yes

You or any official committee member have **not** been declared bankrupt or are the subject of any unsatisfied county court judgement?

Yes

You or any official committee member have **not** been the subject of a pending investigation, or been investigated in the last three years, by the charity commission, Revenue & Customs or any other regulatory body?

Yes

You or any other committee member have no knowledge of any circumstance that could cause the event to be cancelled, if cover for Cancellation Expenses is to be requested?

Yes

Additional Information

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Data Protection Act 1998

Please note that any information provided to Us, will be processed by Us and Our agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. We may also send the information in confidence for process to other companies acting on their instructions including those located outside the European Economic Area.

Declaration - Please read the declaration carefully.

I have read the Statement of Fact and the Policy Schedule supplied.

I understand that any material fact, which is information that may influence the Company in the acceptance and terms provided, has been disclosed and recorded.

I understand that if true answers have not been given that this insurance may not protect me in the event of a claim.

The information taken on this or any subsequent form, including a claim form, may be supplied to other bodies including the police to prevent and detect fraud

I agree that the Policy, Policy Schedule and Statement of Fact shall be the basis of the contract between me and the company.

I declare that to my knowledge and belief the answers and particulars given on this Statement of Fact, whether made by me or on my behalf are true and complete, and that I have not withheld any material information. Failure to disclose such information may result in claims not being met.