



**COMBINED LIABILITY INSURANCE PROPOSAL FORM
(MARKET/CRAFT FAIR/CAR BOOT/ COMPUTER FAIR OPERATORS)**

1. Full NameT/A
2. Full Time Occupation
3. Business Address
.....
Post Code
- Date Established
- if less than 12 months do you have other experience in business of this nature?
.....
4. Business Description.....
5. Period of Insurance From To
6. Tel No..... Fax No..... Mobile No.....
7. Do you require: (delete as applicable)
 - i) Employers' Liability Yes/No £10,000,000 Limit of Indemnity
 - ii) Public Liability Yes/No Limit of Indemnity any one accident/unlimitedLimit of Indemnity required, please tick
£1,000,000 £2,000,000 £5,000,000
8. Details of Wage Payments.

	<u>No. of Employees</u>	<u>Estimated Wages</u>
Clerical/Administration		
Directors		
All Other Employees		
9. Gross Annual Turnover
£.....

10. Details of Locations

Address	No. of stalls/ Pitches	Indoor/ outdoor	No. of days per week
1).....
2).....
3).....
4).....
5).....

If over 5 locations please use additional sheet

11. A) Do you supply any stalls? Yes/No
- i) for events operated by you Yes/No
 - ii) for any other events. Yes/No

B) Do you erect and/or dismantle any stalls? Yes/No

If yes, please give brief details including number of stalls and frequency hired, erected or dismantled.

12. a) Do you use marquees? Yes/No
- b) Are they a) hired in? Yes/No
b) owned by you? Yes/No
 - c) Who erects and/or dismantles them

13. Have you ever insured against any of the risks now proposed?
(delete as applicable)

Yes/No

If yes, state the name of Insurers

14. Previous Insurance History

In respect of the risks now proposed has any Insurer ever

- a) Declined your proposal? Yes/No
- b) Cancelled or refused to renew your policy? Yes/No
- c) Increased your premium or required special terms? Yes/No

If yes, give details including the name of the Insurer.

d) Have you ever been prosecuted for breach of any statutory requirement or regulations relating to health or safety? Yes/No

If yes, give full details

15. Has the proposer, or any other person who is to be insured hereunder, sustained any loss or damage or been made aware of any incident/s during the last six years which may give rise to or would have been covered by this type of insurance had it been in force? YES/NO

If yes, give full details

DECLARATION: I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance thereon. I/We undertake to inform insurers of any material alterations to these facts occurring before/during/after completion of the contract of insurance.

Dated this day of20.....

FOR AND ON BEHALF OF

Signature of partner, Director or Principal

.....

Important: Material facts are those facts which are likely to influence the acceptance or assessment of this proposal. If you are in doubt whether a fact is material you should disclose it since failure to do so could invalidate your insurance.