

# CRAFTSINSURE

GM  
INSURANCE  
IMBER  
BROKERS  
& SONS LTD

## STARTER

LIABILITY INSURANCE FOR CRAFT WORKERS

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& SONS LTD

### SUMMARY OF COVER

Cover applies whilst at home in addition to craft fairs and also extends for selling to shops as well as from shops.

**Public Liability:** Covers legal liability to third parties for personal injury or damage to property. £5,000,000 limit of indemnity any one occurrence - unlimited in the policy period.

**Products Liability:** Covers legal liability arising from the sale or supply of products including food and drink. £5,000,000 limit of indemnity any one occurrence and in all any one policy period.

**Employers' Liability:** Covers legal liability for injury, death or disease sustained by employees at work. £10,000,000 limit of indemnity any one event.

**Territorial Scope:** Those countries forming part of the EU as at 1st March 2005.

**Exclusions:** Excluding any liability arising from...



- a) Manufacture sale or supply of Pharmaceuticals of any description other than propriety branded medicines not requiring a doctor's prescription.
- b) Manufacture or sale of safety critical auto products, being: any part or item of the car that affects the safety of the vehicle or passengers.
- c) Manufacture or sale of counterfeit goods.
- d) Tattooists (other than Henna tattoos without PPD [para-phenylene diamine] added).
- e) Body part piercing (other than ear piercing) and acupuncture.
- f) Operators of amusement rides, simulators and inflatables.
- g) Exports to USA/Canada (unless previously agreed by underwriters and any additional premium required being paid).
- h) No more than 3 Employees, including part time and/or casuals, at any one time .
- i) Craft Fair organisers or similar.

**Specially Rated Crafts:** Those involved in woodworking, metalworking, stoneworking and working at heights or who have more than three employees, including part time and/or casuals, at any one time.

### IMPORTANT NOTICE

- a) The liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium payment cleared.
- b) A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact you should contact us.
- c) G.M. Imber & Sons Ltd. are regulated by the Financial Services Authority, (FSA No. 448476).

If you have any queries or require assistance in completing this form please don't hesitate to contact G.M.Imber & Sons Limited on:-

**01342 327250**

77A HIGH STREET, EAST GRINSTEAD, WEST SUSSEX RH19 3DD

**PROPOSAL FORM**

*(please answer all questions)*

Date Insurance to Commence.....  
 Mr/Mrs/Miss/Ms./Dr./Other..... Full Name.....  
 Trading Name.....Company Registration number.....  
 Address.....  
 .....  
 .....Post Code.....  
 Tel. No. (business).....(home).....(mobile).....  
 State Goods produced:.....State Goods sold.....  
 State processes involved in production:.....

1a. Have you or any person directly connected with the ownership or management of the business ever been convicted or accused of arson, fraud, theft, receiving stolen goods or any other act of dishonesty?  
 YES NO

If "Yes", give details.

1b. Have you or any person directly connected with the ownership or management of the business ever had a County Court Judgement registered against them?  
 YES NO

If "Yes", give details including dates and amounts.

2a. Has any insurer ever declined or refused to renew your insurance, increased the premium, modified the cover or made special stipulations?  
 YES NO

If "Yes", give details.

2b. In respect of any risk to be covered by this insurance, give details of all claims made against you in the last five years? If 'none' state 'none'.

3. Do you also own a shop? If so, would you like us to quote to insure it? YES NO  
 If "Yes", please advise renewal date and name of current Insurer.

4. Where do you trade from? Please specify (i.e. stall, kiosk, InShops unit, trailer, pier, etc.)

5. Number of Employees: Full time ..... Part time/Casuals .....

**DECLARATION**

I declare that all the statements and particulars made with regard to this proposal, which I have read and checked, are true and if any answer has been given by any other person that person shall be deemed to be my agent for the purpose. I have not suppressed, omitted, misrepresented or mis-stated any material fact and I agree that this declaration shall be the basis of the contract between me/us and Brit Insurance Ltd.

Signature..... Date.....

Position (if signing on behalf of a Company).....

I enclose annual premium of **£55** representing Annual Premium of £38.69 (inc. IPT) and G.M.Imber & Sons Ltd. fee of £16.31. Cheques should be made payable to **G M Imber & Sons Limited** or if paying by debit or credit card complete the details below.



If selecting this method of payment please don't forget your signature authorising its use. If paying by debit card the issue number is required (if applicable).

**THANK YOU**

I authorise you to charge my credit/debit card - card number:

Amount: £

Card Valid From   /   Valid To   /

Issue Number   Security Number

Signature .....

Please return the completed proposal together with your payment to:-  
**G M IMBER & SONS LTD., 77A HIGH STREET, EAST GRINSTEAD, WEST SUSSEX RH19 3DD.**